INTERNATIONAL JOURNAL FOR LEGAL RESEARCH AND ANALYSIS

Open Access, Refereed JournalMulti Disciplinary
Peer Reviewed Edition :

www.ijlra.com

 ISSN: 2582-6433

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ISSN: 2582-6433

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ISSN: 2582-6433

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www.ijlra.com
Volume 2 Issue 7 | Jan 2024
ISSN: 2582-6433

CONSTITUTIONAL MANDATE OF RIGHT TO HEALTH

AUTHORED BY - PREETHI ARUMUGAM

ABSTRACT[1]

"Health care is not a privilege. It's a right. It's a right as fundamental as civil rights. It's a right as fundamental as giving every child a chance to get a public education."[2]

---Rod Blagojevich

It is not new that the right to health is one of the most essential and basic rights of the humans. Health plays an invaluable part in the life of every human. With having such paramount background, the constitutional protection of right to health becomes necessary. Health as a human right includes access to food, clothing, medical services, clean environment, humane working conditions. Healthcare as a human right means that all the hospitals, clinics must be easily accessible and the services of the doctors must be easily available to the people whenever needed on equitable basis. There are numerous judgments by the Supreme Court which has held Right to heath as a fundamental right. This article focuses on bringing the constitutional background of Right to Health and to trace the judgments holding such aspect.

Key words: Healthcare, Health, Fundamental Right, Constitution

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Contact No - 8870758273, Mail ID – preethiarumugam2015@gmail.com
[2] Howard Bauchner, *Health Care is a right and not a privilege*, 323 (11) NATIONAL LIBRARY OF MEDICINE 1049 (2020)

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INTRODUCTION

Health is one of the basic necessities of life. Health is nothing but the situation where the person is free from all pain and disease. The definition which is widely accepted by all is the one which is given by World Health Organisation (WHO).

"Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease"[3]

This definition makes it clear that health means physical, mental and social wellbeing of a person and most importantly being free from all pain and disease. Further, the World Trade Organisation (WTO) has played a pioneering role in the development of health policies both at the national level and the global level with the objective of securing high quality healthcare to the people.

With technological developments going hike on one hand, the health of the people keeps on degrading. To combat this, various schemes and policies have been introduced with the objective of protecting the interest of the consumers. The Constitution of India being a supreme law of the country, is expected to have provisions with regards to the same for the protection of health of the citizens. Further, the Supreme Court, being the guardian of all the rights, is expected to play an active and significant role in upholding the health of the consumers. Keeping all this in regards, the framers of the constitution has rightly inserted the provisions relating to health in the Fundamental Rights and Directive Principles of State Policy. Various international instruments have also recognised the right to health.

Everyone has "the right...to the enjoyment of the highest attainable standard of physical and mental health".[4]

"Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services..."[5]

[3] WORLD HEALTH ORGANISATION, https://www.who.int/about/governance/constitution (last visited June 19, 2022)
[4] International Convention on Economic, Social and Cultural Rights, 1966, Article 12
[5] UN Declaration of the Human Rights, 1948, Article 25

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RIGHT TO HEALTH

The healthcare shall be designed to have the following standards,

a. **Availability** – All the geographical areas irrespective of being an urban or rural areas shall have adequate hospitals. These hospitals shall have adequate infrastructural facilities to provide due care to the patients. Also, proper equipment shall be available at the hospitals and the healthcare professionals shall also be trained in such aspect.
b. **Quality** – Apart from making the healthcare services and adequate hospital infrastructure available to the people, it is also highly important to have a check on the quality of the services being rendered by the healthcare professionals. It shall be seen that such services are rendered on time and are patient-centered and safe.
c. **Access** – Healthcare services offered shall be universally accessible on an equity basis.
d. **Non-Discrimination** – The healthcare services shall be offered by the medical professionals without any discrimination on an equitable basis.
e. **Transparency** – The information and all the data relating to their health shall be accessible without breaching their privacy.
f. **Accountability** – The hospitals as well as the healthcare professionals shall be made liable and accountable for the negligent and deficient services provided by them.[6]

HISTORICAL BAKGROUND AND EVOLUTION OF INDIA'S HEALTH RIGHTS

Health rights in India can be traced back to the early civilizations of Harappa and Mohenjo daro, which revealed well-planned towns with baths and drainage systems when excavated. Several indigenous medical systems have evolved over millennia, emphasising the maintenance of health rather than the treatment of sickness[7].

Ayurveda and Yoga, two Indian healing systems, place a greater emphasis on health maintenance than on medical treatment. India has also assimilated various medically oriented foreign systems of medicine, such as Unani, Allopathy, and Homeopathy. Despite the fact that the various systems are often practised in isolation by their practitioners, they are extremely complementary, for example, Allopathy for communicable diseases and Ayurveda and yoga for ageing and

[6] Md. Baharul Islam, *Right to Health: A Constitutional Mandate*, 3(3) IJARIIE 2395-4396 (2017).
[7] J. Healy & M. Mckee , *Accessing Health Care- Evolution of Health Services in* India, 33(6) OXFORD UNIVERSITY PRESS 7, 256 (2004).

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lifestyle problems[8]. Modern technology, on the other hand, has changed this, resulting in the institutionalisation and urbanisation of health-care facilities in India.

In India, human rights have long been championed and protected. Our Constitution was written with a strong commitment to human rights in mind by our nation's founding fathers. The difficulty facing our founding fathers in choosing the destiny of our country was to establish a political system that would assure a free and independent society as well as human dignity, freedom, and advancement[9].

Therefore, the guidelines for national health planning were offered by a variety of committees. The Indian government created these committees on a regular basis to examine the existing situation of health and provide recommendations for future action. The committees' recommendations are summarised below:

In 1940, the National Planning Committee passed a resolution urging the merger of preventive and curative functions, as well as the training of a large number of health staff, based on the suggestions of the Sokheys Committee. The Bhore Committee, which was founded in 1943, lay the groundwork for independent India's health-care system. India's health-care system moved from a bureaucratic government-based top-down strategy to a decentralised community-based bottom-up strategy once the Panchayati Raj was founded. Mahatma Gandhi, the nation's father, popularised and promoted this style many years ago.[10]

The Bhore Committee (1943-1946) made the following recommendations:

- Preventive, promotional, and curative services must be integrated at all administrative levels.
- The establishment of Primary Health Care Centres (PHC) in rural India to provide comprehensive health care.
- A 75-bed hospital for a population of 10,000 to 20,000 people should be located in each PHC to operate as a supervisory, coordinating, and referral institution for a population of

[8] Ibid
[9] Statement by Goolam E. Vahanvati, The Solicitor General of India, *"Report of the Working Group on the Universal Periodic Review of India*", Human Rights Council, Geneva, 10th April- 2008, http:// www.wilpf.int.ch.pdf. (last visited June 19, 2022)
[10] PEOPLE'S ARCHIVE OF RURAL INDIA, https://ruralindiaonline.org/en/library/resource/national-planning-committee-series-report-of-the-sub-committee-national-health/#:~:text=The%20Sub-Committee%20on%20National%20Health%20was%20chaired%20by,a%20Rajya%20Sabha%20member%20from%201952%20to%201956%29. (last visited June 20, 2022)

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40,000 people in the long term (3 million plan).

- It also included a three-month required Community Medicine training programme, as well as a review of medical education and research.
- The committee recommended that the country create National Health Service Programs[11].

The following are the specifics of the Bhore Committee's long-term plan proposal:

The district health scheme, commonly known as the three million plans, was to be organised in a three-tier structure within 30 to 40 years, based on an average district population. The main unit will be on the outskirts. A subset of these primary units will be supervised by a secondary unit, which will have the dual role of providing a more efficient type of health service at its headquarters while also overseeing the work of these main units. The district's headquarters will be outfitted with an organisation that includes all of the necessary facilities for modern medical practise, as well as the supervisory staff in charge of the district's health administration in its various specialised types of services.

1. PRIMARY UNIT

A 75-bed hospital manned by six medical officers, including medical, surgical, and obstetrical and gynaecological specialists, would treat every 10,000 to 20,000 individuals (depending on density in different areas). At the hospital, there would be 20 nurses, three hospital social workers, eight ward attendants, three compounders, and other non-medical professionals. Two medical officers and public health nurses would give preventive health care and curative therapy to patients in their homes. Sanitation inspectors and health assistants would aid the medical team in their attempts to avoid and promote disease. At the very least, three of the six doctors should be women. Twenty-five beds would be set aside for medical difficulties, ten for surgical procedures, ten for obstetrical and gynaecological treatments, twenty for infectious diseases, six for malaria, and four for tuberculosis. This primary unit would have suitable ambulatory support to link it to the secondary unit if the need for secondary level care arose. Each province was given the flexibility to structure its primary units however it thought fit for its people, but quality and accessibility were not to be sacrificed[12].

[11] BHORE COMMITTEE (1943-1946), https://www.nhp.gov.in/bhore-committee-1946 (last visited June 19, 2022)
[12] Ibid

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2. SECONDARY UNIT

A secondary unit would have no more than 30 primary units. A 650-bed hospital with 140 doctors, 180 nurses, and 178 other employees, including 15 hospital social workers, 50 ward attendants, and 25 compounders, would be the secondary institution. The secondary unit would manage the primary units' preventive and curative efforts in addition to serving as a first-level referral hospital. Medical 150, Surgical 200, Obstetrics and Gynaecology 100, Infectious Disease 20, Malaria 10, Tuberculosis 120, and Paediatrics 50 beds would be distributed among the secondary unit hospital's 650 bed.

3. DISTRICT HOSPITAL

A 2500-bed hospital with 269 doctors, 625 nurses, 50 hospital social workers, and 723 other professionals would be located in each district centre, mostly providing tertiary care. 300 medical beds, 350 surgical beds, 300 obstetrics and gynaecology beds, 540 tuberculosis beds, 250 paediatric beds, 300 leprosy beds, 40 infectious diseases beds, 20 malaria beds, and 400 mental health beds would be available at the facility. Many of these district hospitals would be affiliated with medical schools. Medical education and training activities, such as internships and refresher courses, would be available at each of the three levels. This statement placed a strong emphasis on primary health care. Primary health care was later designated at the Alma-Ata Conference as a vital approach for achieving Health for All (HFA) by the year 2000. The allopathic medical system provided the foundation for the Bhore committee's approach. Traditional health practises and indigenous systems of medicine, which had a substantial impact and were a part of their socio-cultural context in rural India, were left out of the Bhore committee's proposed model. The strategy was top-down rather than completely decentralised. It did, however, provide a ready-made model at the time of independence, and as a result, it was adopted as a model for both health policy and the development of the country[13].

Before the end of the second five-year plan (1956-61), the Government of India constituted the "Health Survey and Planning Committee," **The Mudaliar Committee (1961),** to assess the progress made in the health sector following the submission of the Bhore committee report.

[13] Supra Note 68

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The following are the committee's main recommendations:

- As the quality of health care provided by primary health centres improves, the number of individuals served by these centres should be limited at 40,000.
- •Providing speciality services to district hospitals so that they can serve as a regional centre.
- Each state has a regional organisation that sits between the headquarter and the district, with a Regional Deputy or Assistant Director in charge of supervising two or three district medical and health officials.
- •An All-India Health Service would be established on the model of the Indian Administrative Service[14].

The Chaddah committee (1964) proposed that one basic health worker per 10,000 people be allocated to vigilance operations via monthly house visits as part of the national malaria eradication effort. These individuals were envisioned as multipurpose health workers with additional tasks such as collecting vital statistics and family planning. The family planning health assistant was to manage three or four of these basic health workers.[15]

The Mukerjee Committee, established in 1965, advocated that family planning initiatives be handled by separate personnel so that malaria programmes may receive undivided attention from the workforce[16].

The Jungalwalla Committee, established in 1967, emphasised the integration of health-care systems and the elimination of private practise by government physicians. Integrated health services are defined as "a service with a unified strategy for all problems rather than a segmented approach for all different problems," according to the definition. Sick care and a variety of public health programmes are coordinated by a single administrator. The following are the suggestions given by the committee:

[14] THE MUDALIAR COMMITTEE (1961), https://www.nhp.gov.in/mudaliar-committee-1962 (Last Visited Jun 20, 2022).
[15] CHADHA COMMITTEE (1963), https://www.nhp.gov.in/chadha-committee-1963_pg#:~:text=This%20committee%20was%20appointed%20under%20chairmanship%20of%20Dr.,the%20maintenance%20phase%20of%20National%20Malaria%20Eradication%20Programme (Last Visited Jun 20, 2022).
[16] MUKERJEE COMMITTEE (1965), https://www.nhp.gov.in/mukherjee-committee-1965 (Last Visited Jun 20, 2022).

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- No private practise
- Unified cadre
- Common seniority
- Recognition of supplementary qualifications
- Equal pay for equal labour
- Special compensation for specialised work[17].

ASPECTS OF THE RIGHT TO HEALTH

1. The Right to Appropriate Medical Care

The right to health care necessitates the provision of high-quality health facilities, goods, and services, such as hospitals, doctors, and pharmaceuticals, to all people on an equal footing. They must be accessible to all, respect dignity and various needs, and function in an open and transparent manner. Preventive, creative, palliative, and rehabilitative health services, as well as frequent screening programmes, appropriate treatment of common ailments, illnesses, injuries, and impairments, both physical and mental, and all essential medications, must be provided by these establishments[18].

2. The Right to a Sufficient Supply of Water, Food, Nutrition, and Shelter

Equal access to the underlying determinants of health, such as an appropriate quantity of food and proper nutrition, safe and potable water, basic sanitation, and adequate housing and living conditions, is required for everyone to be in good health[19]. The Right to a Sufficient Supply of Water, Food, Nutrition, and Shelter is also an essential part of the Right to Health

3. The Right to a Healthy Workplace and a Healthy Environment

The right to a healthy environment necessitates "the prevention and reduction of population exposure to dangerous substances or other unfavourable environmental circumstances that directly or indirectly damage human health," such as air, water, and soil pollution. The right to a safe and healthy working environment necessitates the implementation of "preventive measures in relation to occupational accidents and diseases," as well as the reduction of "causes of health

[17] JUNGALWALLA COMMITTEE (1967), https://www.nhp.gov.in/jungalwalla-committee-1967 (Last Visited Jun 20, 2022)
[18] U.N. Committee on Economic, Social and Cultural Rights (CESCR), General Comment 14 (GC 14), Par 12
[19] Ibid

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hazards inherent in the workplace."[20]

4. **Maternal, Child, and Reproductive Health Rights**

The right to health necessitates specific provisions for strengthening child and mental health, sexual and reproductive health services[21], and the treatment of diseases affecting women, as well as the elimination of women's health risks and protection from domestic abuse[22].

5. **The Right to Take Part in Health-Related Decisions**

The encouragement of effective community participation in "defining priorities, making choices, planning, implementing, and evaluating ways to achieve better health" is required by the right to health[23]. This includes participation in the "provision of preventive and curative health services, such as the organization of the health sector, the insurance system and, in particular, participation in political decisions relating to the right to health taken at both the community and national level[24]."

6. **The Right to Health-Related Information Access**

This includes "The promotion of medical research and health education, as well as information campaigns, in particular with respect to HIV/AIDS [and other sexually transmitted diseases], sexual and reproductive health, traditional practises, domestic violence, the abuse of alcohol and the use of cigarettes, drugs, and other harmful substances," according to the right to access health-related information[25].

RIGHT TO HEALTH & PREAMBLE AND DIRECTIVE PRINCIPLES OF STATE POLICY TO THE CONSTITUTION

The Constitution's Preamble, which sets the tone for the Indian Republic, mentions social, economic, and political justice, as well as equality of status and opportunity. The right to life and personal liberty is guaranteed in the preamble of the Indian Constitution, which tries to provide for a welfare state with socialistic patterns of society under Article 21 of the Constitution. The

[20] U.N. Committee on Economic, Social and Cultural Rights (CESCR), General Comment 14 (GC 14), Par 15
[21] U.N. Committee on Economic, Social and Cultural Rights (CESCR), General Comment 14 (GC 14), Par 14
[22] U.N. Committee on Economic, Social and Cultural Rights (CESCR), General Comment 14 (GC 14), Par 21
[23] U.N. Committee on Economic, Social and Cultural Rights (CESCR), General Comment 14 (GC 14), Par 54
[24] U.N. Committee on Economic, Social and Cultural Rights (CESCR), General Comment 14 (GC 14), Par 17
[25] U.N. Committee on Economic, Social and Cultural Rights (CESCR), General Comment 14 (GC 14), Par 36

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notion of democratic socialism attempts to enhance people's access to health care. Parts III and IV of the Constitution also contain provisions that express the socialist principle. When egalitarian ideals are implemented, rights are recognised, and each individual's dignity is upheld, the result is a socialist society[26].

Article 38 of the Indian Constitution imposes a responsibility on states to guarantee a social order in order to promote the welfare of the people, but we cannot achieve this without public health. It means that people's welfare is difficult to achieve without public health.

Article 39(e) dealt with workers' health protection.

Article 41 established a duty on the state to provide public aid, primarily to the sick and disabled.

Article 42 establishes a maternity benefit to protect the infant's and mother's health.

In India, ***Article 47*** of the Directive Principle of State Policy says that it is the state's main job to improve public health, make sure that justice is done, and make sure that workers are treated well. Also, it is the state's job to make sure that people don't drink or do drugs that are harmful to their health. ***Article 48A*** says that the state must try to protect and enforce a clean environment for people's health.

Article 47 states that one of the state's key responsibilities is to promote the nutrition and standard of living of its people, as well as public health. Because our materialistic means are few and the claimants are numerous, none of these lofty aspirations can be realised without managing pollution[27].

Since the Food Corporation of India is a government agency, it must follow both the letter and the spirit of ***Article 47***. To improve public health, it shouldn't let food grains that don't meet standards get on the market. ***Article 47*** says that the government has to protect poor people who eat food that isn't up to par from harmful effects[28]. In a welfare state, it is the responsibility of the

[26] BAKSHI, P.M., "THE CONSTITUTION OF INDIA" (Universal Law Publishing Co. Pvt. Ltd. New Delhi 2003)
[27]Javed Vs State of Hryana, AIR 2003 SC 3057
[28] Tapan KumarVs FCI, (1996) 6 SSC 101

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government to make and keep conditions that are good for health.[29]

The state's policies should be geared at ensuring the health of workers in particular[30]. The state established village panchayats and granted them the necessary powers and authority to function as self-governing bodies[31].

Article 41 says that sick or disabled people have the right to help. It talks about "The state shall, within the limits of its economic capacity and development, make effective provisions for the right to work, to education, and to public assistance in case of unemployment, old age, sickness, disability, and other cases of undeserved want." It's easy to see what they mean for health. ***Article 42*** gives the state the same power as ***Article 48A*** to make sure people have fair and humane working conditions, get help during pregnancy, and protect the environment. ***Article 51A .(g).*** gives the same obligation to every Indian citizen[32].

RIGHT TO HEALTH UNDER FUNDAMENTAL RIGHTS AND FUNDAMENTAL DUTIES

The right to health is a part of the right to life, which ***Article 21*** of the Constitution says is a basic right for all people. The Supreme Court has given the right to health a name through different ways of interpreting it. The Constitution of India says that everyone has the right to life and personal freedom, which includes the right to health.

Protection of Life and Personal Liberty (Article 21) deals with the idea that "no one shall be deprived of his life or personal liberty except in accordance with the procedures set by law." The right to live means more than just the ability to stay alive, and it includes the right to live with human dignity and respect. In a number of cases, the Supreme Court has said that the right to health and medical care is a fundamental right protected by Article 21. This is because health is a key part of a meaningful, purposeful, and dignified life at work[33].

[29] Vicent Vs UOI, AIR 1987, SC 990
[30] The Constitution of India, Article 39(e), Acts of Parliament (India)
[31] The Constitution of India, Article 40, Acts of Parliament (India)
[32] The Constitution of India, Article 51 A(g), Acts of Parliament (India)
[33] *Right to Health In India – Constitutional Perspective*, UJA (Jun 20, 2022, 9 18 PM) https://uja.in/right-to-health-in-india-constitutional-perspective/

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In a landmark decision in ***Parmanand Katara v. Union of India & others*** the Supreme Court said that every sector, whether at a government hospital or somewhere else, has a professional duty to protect life with its services. No law or other action by the government can stop or slow down doctors from fulfilling their most important duty. The obligation prescribed under the Fundamental Rights is total and absolute[34].

Article 21 of the Indian Constitution gives the right to health legal standing in India. "No one shall be deprived of his life or personal liberty except in accordance with legal procedure," states Article 21. In the case of ***Consumer Education & Research Centre v. Union of India and others,*** the Supreme Court of India correctly emphasised that the right to life does not imply simple animal existence or continual drudgery throughout one's life. The right to a clean and healthy environment is part of the right to life[35].

In the case of ***Paschim Banga Khet Mazdoor Samiti v. State of West Bengal,*** the Supreme Court reiterated the importance of access to primary healthcare. In this example, a train accident victim was denied care owing to a lack of resources, and he was eventually treated in a private hospital, but died as a result of the delay. The Supreme Court ruled that the state must provide required primary healthcare, and that the lack of funds cannot prevent the state from fulfilling its obligations[36].

Article 21 makes the state responsible for ensuring that everyone's right to life is protected. As a result, the preservation of human life is of crucial importance. The state-run hospitals have a legal obligation to provide medical help in order to save lives. Failure by a government hospital to give timely medical treatment to a person in need of such treatment is a violation of Article 21's right to life. In the case of serious medical cases, the Court issued supplementary guidance:

a. Appropriate facilities at public health clinics be provided so that the patient can receive basic care and have his condition stabilised.
b. Hospitals at the district and sub-divisional levels should be renovated to allow for the treatment of critical cases.
c. Specialist treatment facilities should be expanded, and hospitals at the district and sub-

[34] Parmanand Katara v. Union of India. 1989 AIR 2039, 1989 SCR (3) 997.
[35] Consumer Education & Research Centre V. Union of India and Others, AIR 1995 SC 922
[36] Paschim Banga Khet Mazdoor Samiti V. State of West Bengal, AIR 1996 SC 2426

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divisional levels should be equipped to meet the expanding demand.

d. In order to assure bed availability in State level hospitals in the event of an emergency, a centralised communication system should be in place so that the patient can be moved to the nearest hospital with a bed available for the treatment required.
e. For transport of a patient from a public health centre to a state hospital, proper ambulance arrangements should be made.
f. Ambulances should be appropriately equipped and staffed with medical personnel.

In the case of ***Indian Medical Association v. V.P. Shantha***[37]***,*** the Supreme Court made another significant ruling in favour of the right to health. It was decided that providing medical services for a fee, whether therapeutic or diagnostic, contributed to the definition of "service" under the Consumer Protection Act of 1986. As a result, any medical practitioner or facility found guilty of withholding treatment or delivering substandard services may be held liable under the Consumer Protection Act.

Following a review of previous case law, the Supreme Court's Constitution Bench in ***Navtej Singh Johar and others Vs. Union of India***[38] determined that under Article 21 of the Indian Constitution, the right to health and health treatment is one of the dimensions of the right to life. The court concluded that "the right to life is worthless unless it is accompanied by the protection of certain concomitant rights, including but not limited to the right to health." The right to health is considered important to a life of dignity and well-being, and includes, for example, the right to emergency medical care and the right to public health maintenance and improvement.

The Supreme Court declared in ***Union of India vs. Moolchand Kharaiti Ram Trust***[39] that the state must provide basic requirements such as food, nutrition, medical help, hygiene, and contribute to the improvement of health. According to the decision in ***State of Punjab v. Mohinder Singh Chawla***[40], the right to life encompasses the right to health.

The High Court of Madhya Pradesh concluded in ***Sushil Kumar Patel v. Union of India***[41] that

[37] Indian Medical Association v. V.P. Shantha, AIR 1996 SC 550
[38] Navtej Singh Johar and others Vs. Union of India (2018) 10 SCC 1
[39] Union of India Vs. Moolchand Kharaiti Ram Trust (2018) 8 SCC 321
[40] State of Punjab v. Mohinder Singh Chawla (1997) 2 SCC 83
[41] Sushil Kumar Patel v. Union Of India W.P. No.20889/2020

ISSN: 2582-6433

Article 21 of the Indian Constitution imposes an explicit obligation on the state to take whatever actions are necessary to assure citizens' access to health facilities. In this case, it also requires the state to ensure that all citizens infected with Coronavirus disease have access to life-saving measures and treatments, such as Oxygen and Remdesivir.

Article 23 has a tenuous connection to health. Human trafficking is prohibited by Article 23(1). Women's trafficking is well documented to lead to prostitution, which is a major role in the spread of AIDS. "No kid under the age of 14 years should be employed to work in any industry or mine or engaged in any other hazardous employment," according to Article 24. As a result, this essay focuses on the importance of child health. The right to health has been enlivened by the legal prohibition of marketed human organ transplantation and the effective use of the Consumer Protection Act to cope with defective medical services[42].

Article 25 protects the right to profess and exercise religion to everyone, including non-Indians. Religious denominations are given special protection under Article 26. Both can be enjoyed by everyone as long as they follow the rules of public order, morality, and health, as well as the rest of the Constitution. The individual has the right to exercise these liberties, but it must not infringe on the rights of others.[43].

With respect to the Fundamental Duties, every person of India has a responsibility to maintain and improve the natural environment, including forests, lakes, rivers, and wildlife, as well as to have compassion for living creatures, according to Article 51-A of the Constitution. It demonstrates that every citizen has a fundamental responsibility to conserve and improve the natural environment, which is linked to public health.

According to ***Article 243-W*** of the Constitution, the state legislature may invest municipalities with such powers and authorities as may be necessary to enable them to function as institutions of local self-government by legislation. This power relates to subjects covered by the Twelfth Schedule, item 6, which includes public health, sanitation, and solid waste management[44]

[42] Supra Note 90
[43] Church of God in India v. K. K. R. Majestic Colony Welfare Association (2000) 7 SCC 282
[44] Supra Note 90

ISSN: 2582-6433

CONCLUSION

In a country like India, where poverty is the fundamental concern of the political economy, recognizing health care as a human right becomes really vital. The poverty-stricken and other ignored groups usually encounter countless challenges in accessing facilities, such as geographic boundaries, economic constraints, cultural perceptions, absence of understanding and information, and a substandard or unresponsive health system.

Numerous of the aforementioned difficulties faced by the healthcare business in India are solvable with digitalization existing or under development. However, technological and medical advancements have substantially boosted its use. In addition, the needs of the present generation of tech-savvy individuals must be met expeditiously due to its convenience of use, efficiency gains, and intelligent features. It has become time for the health care system, healthcare department, practitioners that includes telemedicine into their medical care services to safeguard the people' right to health in assuring access to care.