

Right to Health: A Constitutional and Human Right Perspective in India

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Abstract- *The right to health has evolved as one of the most significant human rights in the modern legal framework. It represents not only the absence of disease but the presence of complete physical, mental, and social well-being. Though the Constitution of India does not explicitly guarantee the right to health as a fundamental right, judicial interpretation under Article 21—the right to life—has recognized it as an integral component of human dignity. The Directive Principles of State Policy (DPSPs) also emphasize the duty of the State to promote public health. This paper examines the constitutional and legal dimensions of the right to health in India, its development through judicial pronouncements, and its interrelation with international human rights instruments. It further analyzes the challenges in implementing this right and suggests reforms for strengthening the healthcare framework in India. The study concludes that recognizing health as a fundamental and enforceable right is crucial for achieving the constitutional goal of social and economic justice.*

Keywords:

Right to Health, Fundamental Rights, Article 21, Directive Principles, Judicial Interpretation, Human Rights, Public Health, Constitution of India.

I. Introduction

Health is fundamental to the existence of human beings and the development of any nation. The World Health Organization (WHO) defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” The right to health thus includes access to timely and appropriate healthcare services, safe working conditions, adequate housing, nutrition, and a healthy environment.

In India, the framers of the Constitution visualized a welfare state in which the State would be responsible for ensuring social and economic justice to its citizens. While the Constitution does not explicitly recognize the right to health as a fundamental right, it is implicit in Article 21, which guarantees the right to life and personal liberty. Furthermore, the Directive Principles of State Policy (DPSPs) contained in Part IV, particularly Articles 38, 39(e), 41, 42, and 47, impose an obligation on the State to improve public health, provide adequate living conditions, and ensure humane working environments.

Judicial interpretation has been instrumental in expanding the meaning of the right to life to include the right to health, medical care, and a pollution-free environment. Several landmark judgments by the Supreme Court have affirmed that health is an essential aspect of the right to life. Yet, despite this constitutional and judicial recognition, the reality on the ground reflects inequality, insufficient medical infrastructure, and limited access to healthcare, especially for the marginalized sections of society.

Objectives of the Study

1. To understand the concept and scope of the right to health as a human and constitutional right.
2. To examine the constitutional provisions related to health and their interpretation.
3. To analyze the role of the Indian judiciary in expanding the ambit of the right to health under Article 21.
4. To study India's obligations under international law concerning the right to health.
5. To identify challenges and recommend reforms for the effective implementation of this right.

Research Questions

1. How has the Indian Constitution recognized the right to health?
2. What role has the judiciary played in interpreting and protecting the right to health?
3. What are the major obstacles in ensuring universal access to healthcare in India?
4. How do international conventions influence Indian health law and policy?
5. What measures can be adopted to strengthen the enforcement of the right to health?

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Constitutional and Legal Framework of Right to Health in India

1. Fundamental Rights and Right to Life (Article 21)

Article 21 of the Constitution states that “No person shall be deprived of his life or personal liberty except according to procedure established by law.” The judiciary has interpreted this article broadly to include a range of rights necessary for leading a life of dignity. The right to health, though not explicitly mentioned, has been read into the right to life as an inseparable component.

In *Bandhua Mukti Morcha v. Union of India* (1984), the Supreme Court held that the right to live with human dignity includes the protection of health and strength of workers. Similarly, in *Consumer Education and Research Centre v. Union of India* (1995), the Court declared that the right to health and medical care is a fundamental right under Article 21, applicable to both employers and the State.

2. Directive Principles of State Policy (Part IV)

Several DPSPs directly relate to health:

- **Article 38:** Directs the State to promote the welfare of the people by securing social, economic, and political justice.
- **Article 39(e):** Protects workers’ health by ensuring that citizens are not forced to work in hazardous conditions.
- **Article 41:** Obliges the State to make provisions for public assistance in cases of sickness and disability.
- **Article 42:** Ensures humane conditions of work and maternity relief.
- **Article 47:** Mandates the State to raise the level of nutrition and standard of living and improve public health.

Although DPSPs are non-justiciable, they guide legislative and administrative policies to realize the welfare state ideal.

3. Other Constitutional Provisions

- **Article 15(2):** Prohibits discrimination in accessing public facilities, including hospitals.
- **Article 23:** Protects against exploitation in unhealthy labor conditions.
- **Article 24:** Prohibits child labor in hazardous industries, indirectly safeguarding health.

4. Statutory Provisions

Various statutes also protect the right to health, such as:

- **The Factories Act, 1948** – Provides for the health, safety, and welfare of workers.
- **The Employees State Insurance Act, 1948** – Offers medical and financial benefits to employees.
- **The Public Health (Prevention and Control of Diseases) Act, 2021** – Regulates health emergencies and disease control.
- **The National Food Security Act, 2013** – Ensures nutritional security, contributing to health protection.

Judicial Interpretation and Landmark Case Laws

1. Parmanand Katara v. Union of India (1989)

The Supreme Court held that every doctor, whether in a government or private hospital, has a professional obligation to provide immediate medical aid to preserve life. The Court emphasized that Article 21 obliges the State to protect life and health.

2. Consumer Education and Research Centre v. Union of India (1995)

The Court declared that the right to health and medical care is a fundamental right under Article 21. It directed the State to provide medical facilities to workers exposed to occupational hazards.

3. Paschim Banga Khet Mazdoor Samity v. State of West Bengal (1996)

The Court held that the State has a constitutional obligation to provide adequate medical facilities to its citizens. Failure to do so would amount to a violation of Article 21.

4. State of Punjab v. Mohinder Singh Chawla (1997)

The Court reaffirmed that the right to health is integral to the right to life and that the government has a duty to provide medical facilities.

5. Mohini Jain v. State of Karnataka (1992) and Unni Krishnan v. State of Andhra Pradesh (1993)

The Court linked the right to education with the right to health, emphasizing that access to education and health are interdependent for human development.

6. Vincent Panikurlangara v. Union of India (1987)

The Supreme Court held that the maintenance and improvement of public health is a constitutional obligation and a primary duty of the State.

International Perspective on the Right to Health

The right to health is recognized as a universal human right under international law.

- **Universal Declaration of Human Rights (UDHR), 1948:** Article 25 declares that everyone has the right to a standard of living adequate for health and well-being.
 - **International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966:** Article 12 recognizes the right to the highest attainable standard of physical and mental health.
 - **Convention on the Rights of the Child (CRC), 1989:** Article 24 obliges States to ensure children's access to healthcare.
 - **World Health Organization (WHO) Constitution, 1946:** Declares that the enjoyment of the highest attainable standard of health is a fundamental right of every human being.
- India, being a signatory to these international instruments, has incorporated their principles into domestic law through judicial interpretation and policy measures.

Challenges in Implementation

Despite constitutional recognition and judicial support, several barriers hinder the realization of the right to health in India:

1. **Inadequate Infrastructure:** Lack of hospitals, medical equipment, and staff in rural areas.
2. **Economic Inequality:** High medical costs make healthcare inaccessible for the poor.
3. **Unequal Access:** Disparities between urban and rural healthcare services.
4. **Privatization:** Excessive commercialization of healthcare reduces affordability.
5. **Public Health Expenditure:** India's expenditure on health remains below 2% of GDP.
6. **Lack of Awareness:** Many citizens are unaware of their health rights.
7. **Pandemic Preparedness:** COVID-19 exposed weaknesses in the public health system.

II. Suggestions and Recommendations

1. **Legislative Recognition:** Enact a comprehensive law explicitly recognizing the right to health as a fundamental right.
2. **Increased Public Investment:** Raise health expenditure to at least 3% of GDP.
3. **Strengthening Public Healthcare:** Improve infrastructure and ensure equitable distribution of resources.
4. **Affordable Healthcare:** Regulate private sector pricing and promote public insurance schemes.
5. **Digital Health Initiatives:** Use technology to expand access to remote areas.
6. **Public Awareness:** Conduct campaigns to educate citizens about their health rights.
7. **Accountability Mechanisms:** Establish grievance redressal forums for health-related violations.
8. **Preventive Health Measures:** Emphasize nutrition, sanitation, and preventive care.

III. Conclusion

The right to health is central to the concept of human dignity and well-being. The Indian judiciary has played a crucial role in elevating it from a moral obligation to a justiciable fundamental right under Article 21. However, legal recognition alone is insufficient. Effective implementation requires political will, adequate funding, and institutional reform. Ensuring accessible, affordable, and quality healthcare is essential for achieving the goals of justice, equality, and human welfare envisioned by the Constitution of India. Health must be treated not as a privilege but as a universal human right that the State is duty-bound to protect and fulfil.

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