A study of Public Health under the Indian constitution

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***Abstract*—Health means our ability to remain free of illness and injuries.But health isn't only about disease.**
The new agenda for Public Health in India includes the epidemiological transition, demographical transition, environmental changes and social determinants of health.
Public health is an age-old phenomenon without which we cannot enjoy our human life. There is a close nexus between health and life.
Constitution of India through its Part III provides the fundamental rights to its citizens and some to non-citizen also under Article21, DPSP and many other provisions of the Constitution.
The role of the government in influencing population health is not limited within the health sector but also by various sectors outside the health systems.
Health system strengthening, human resource development and capacity building and regulation in public health are important areas within the health sector.
Contribution to health of a population also derives from social determinants of health like living conditions, nutrition, safe drinking water, sanitation, education, early child development and social security measures.

***Index Terms*—Public Health sector, role of government.**

1. INTERDUCTION

The practice of public health has been dynamic in India, and has witnessed many hurdles in its attempt to affect the lives of the people of this country. Since independence, major public health problems like malaria, tuberculosis, leprosy, high maternal and child mortality and lately, human immunedeficiency virus (HIV) have been addressed through a concerted action of the government. Social development coupled with scientific advances and health care has led to a decrease in the mortality rates and birth rates The country is encumbered with two phases, the well-known ones are the infectious diseases like malaria, tuberculosis, smallpox and the recently developed Corona Virus that has been stated as a pandemic by WHO etc and the novel and increasing one are the non-infectious chronic diseases like cancer and coronary diseases. Study of available qualitative as well as quantitative data undoubtedly demonstrates exceptionally irregular health as well as development improvement in different parts of the nation. Yet, in the practically well performing states, there are areas where there has been slight change since Independence. The government segment is over centralized and the issues linked with it are the lop-sided planning, inadequate and unbalanced financial outlays, and low moral values, lack of accountability and dereliction of duties by medical plus nursing professionals. There has been an extraordinary growth of the private segment in both most important and less important health

In order to prevent and treat illnesses, we need appropriate healthcare facilities such as health centres, hospitals, laboratories for testing, ambulance services, blood banks, etc., that can provide the required care and services that patients need.In order to run such facilities, we need health workers, nurses, qualified doctors and other health professionals who can advise, diagnose and treat illnesses.Article 21 of the Indian Constitution guarantees the right to life and personal liberty. It states that no person shall be deprived of their life or personal liberty except according to the procedure established by law. This fundamental right is one of the most important and widely interpreted provisions in the Indian Constitution, In 1996, the Kerala government made some major changes in the state.Forty percent of the entire state budget was given to panchayats.They could plan and provide for their requirements.This made it possible for a village to make sure that proper planning was done for water, food, women's development and education

2. A STUDY OF PUBLIC HEALTH PROBLEM

In 2024, researchers, policymakers, and mental health practitioners will actively explore innovative

techniques in global mental health research and practice in response to rising global concerns. The WHO's commission's mandate targets loneliness and promotes social connection, demonstrating its commitment to reducing the negative consequences of loneliness and social isolation on physical health. Lockdowns, physical isolation, and the shift to distant work and online schooling have increased loneliness rates worldwide during the COVID-19 pandemic. This increase in loneliness has exacerbated mental health challenges, highlighting the complex relationship between social isolation and psychological well-being. Amid the growing recognition of global mental health, there is an increasing demand for comprehensive and inclusive mental health policies that consider all regions, age groups, and individuals, including key populations Given the evolving landscape of public health and the dynamics of mental health, researchers must embrace life-span approaches to mental health research. This perspective recognizes that mental health is influenced by biological, psychological, and social factors that interact dynamically over time. For example, this approach has been particularly valuable in understanding the long-term impacts of early life experiences on adult mental health and in developing interventions that address mental health needs at different life stages A comprehensive and evidence-based approach to mental health research and advocacy, integrating findings from neuroscience, genetics, and psychological science, is crucial to bridging the gap between basic sciences and the clinical application of these findings.Addressing sexual and reproductive health and rights (SRHR) equity remains a critical challenge, as disparities in access to SRHR information and services persist across diverse populations, despite ongoing research and interventions . In the dynamic field of public health, ongoing efforts to enhance access to reproductive health services, including comprehensive sex education, contraception, and abortion, are crucial for achieving universal health coveragePrioritizing community engagement is crucial for promoting SRHR equitably In 2019, nearly 690 million people were undernourished, and around 2 billion experienced moderate or severe food insecurity. The lessons learned from the COVID-19 pandemic have highlighted the importance of investing in strong health systems. Despite the initial progress in global health coverage and increased financial commitments to health, sustaining these gains has been challenging post-pandemic. Financial strain on nations has led to reduced government health spending and higher out-of-pocket payments for healthcare worldwide. A report from the WHO, International Bank for Reconstruction and Development (IBRD), and World Bank (2023) reveals this aftermath, indicating that approximately 2 billion people face financial hardship due to catastrophic and impoverishing health spending, a stark increase beyond pre-pandemic rates, reaching approximately 13.5% globally in 2019

3. PUBLIC HEALTH AND FUNDAMENTAL RIGHTS & DPSP

The case of Airedale National Health Service vs. Bland6 resulted in a leading decision on this issue given by the House of Lords. Bland suffered from major injuries and was in coma for three years. His doctors and relatives approached the Court for permission to switch off life support. The Court held that switching off the support system was in the nature of an omission rather than a positive act. By withdrawing the support system Bland was being returned to the position he was in when he first entered the hospital. The Court then held that the doctor’s duty was to provide a patient with a treatment which was in his best interests. Continued treatment may not harm Bland but would not even benefit him and so was not in his best interests. The Court held that switching off the life support system in such cases did not amount to an offence. However, the Court did make a distinction between active and passive treatment. It observed: It is not lawful for a doctor to administer a drug to his patient to bring about his death, even though that course is prompted by a humanitarian desire to end his suffering, however great that suffering may be…So to act is to cross the Rubicon which runs between- on the one hand the care of the living patient and on the other hand euthanasia- actively causing his death to avoid or to end his suffering. Euthanasia is not lawful at common law.

The Court In C.L. Venkata Rao vs. Govt. of Andhra Pradesh,9 the Andhra Pradesh High Court was 9 2005 6 ALD 327 decided on 23.8.2005 concerned

with the issue of strikes by doctors and facilities in medical hospitals. The Court relied on the Medical Regulations framed under Section 20 A read with Section 33(m) of the Indian Medical Council Act, 1956. If a physician posted in a medical college/ institution both as teaching faculty or otherwise shall remain in hospital/college during the assigned duty hours. If they are found absent on more than two occasions during this period, the same shall be construed as a misconduct if it is certified by the Principal/Medical Superintendent and forwarded through the State Government to Medical Council of India/ State Medical Council for action under these Regulations. On the basis of these two provisions, the Division Bench came to the conclusion that doctors do not have a right to strike. However, since the strike had been withdrawn the Court directed that no action be taken against the striking doctors. The Court also dealt with a second issue concerning the provision of emergency health care services in case doctors go on strike. The high court directed the State government to have an emergency plan ready in case doctors go on strike including opening up military and similar hospitals for common people during the strike. The court exhorted private hospitals to provide free treatment to poor patients in case of strike by government doctors. The third issue was the one raised by doctors.

Prisoners' Health There are innumerable judgements of Supreme Court and high courts,

showing how prisoners' rights are violated. Some of them related to health care are mentioned here. The judgements highlight the highly unsatisfactory conditions prevailing inside prisons and the failure of the prison authorities to provide an environment which is conducive to the maintenance of prisoners' rights, partly rooted in the belief that the prisoners do not deserve all the rights and the protections that the Constitution provides to all citizens. Besides being morally wrong and legally invalid, this belief does not show adequate recognition of some basic facts about the prison population.

In Ramamurthy vs. State of Karnataka13 the Supreme Court stated that …the century old Indian Prison Act, 1894 needs a thorough look and is required to be replaced by a new enactment which would take care of the thinking of Independent India and our constitutional mores and mandate.

Public Interest Litigation, Fundamental Right and its Consequences Two developments in the 1980s led to a marked increase in health-related litigation. First was the establishment of consumer courts making the suing of doctors and hospitals for medical negligence and deficiency in service easier and cheaper. Second was the growth of public interest litigation, an expanded interpretation of the Right to Life as a fundamental right and one of its off shoots being the recognition of health and health care as a fundamental right.

In India the Bureau of Indian Standards (BIS) has worked out minimum requirements of personnel, equipment, space, amenities, etc for hospital care.. For doctors they have recommended a ratio of one per 3.3 beds and for nurse one per 2.7 beds for three shifts [BIS 1989, and 1992].

Again way back in 1946 the Bhore Committee had recommended reasonable levels (that at that time were about half that of the levels in developed countries) to be achieved for a national health service, which are as follows: one doctor per 1600 persons; one nurse per 600 persons; one health visitor per 5000 persons; one midwife per 100 births; one pharmacist per 3 doctors; one dentist per 4000 persons; one hospital bed per 175 persons; one PHC per 10 to 20 thousand population depending on population density and geographical area covered; and 15per cent of total government expenditure to be committed to health care, which at that time was about 2per cent of GDP. The first response from the government and policy makers to the question of using the above norms in India is that they are excessive for a poor country and we do not have the resources to create such a

1.Nursing Homes and Hospitals. Maintenance of proper medical and other records, which should be made available statutorily to patients and on demand to inspecting authorities. example data on notifiable diseases, detailed death and birth records, patient and treatment data, financial returns etc. Regular medical and prescription audits which must be reported to the appropriate authority Regular inspection of the facility by the appropriate authority with stringent provisions for flouting norms and requirements Periodical renewal of registration after a thorough audit of the facility

2. Physicians and other medical practitioners: Ensuring that only properly qualified persons set up practice Compulsory maintenance of patient records, including prescriptions, with regular audit by concerned authorities Fixing of standard reasonable charges for fees and services Regulating a proper geographical distribution Filing appropriate data returns about patients and their treatmen

3. Diagnostic Facilities: Ensuring quality standards and qualified personnel Standard reasonable charges for various diagnostic tests and procedures Audit of tests and procedures to check their unnecessary use Proper geographical distribution to prevent over concentration in certain areas

4.Pharmaceutical industry and pharmacies: Allowing manufacture of only essential and rational drugs Regulation of this industry must be switched to the Health Ministry from the Chemicals Ministry Formulation of a National Formulary of generic drugs which must be used for prescribing by doctors and hospitals Ensuring that pharmacies are run by pharmacists through regular inspection by the authorities Pharmacies should accept only generic drug prescriptions and must retain a copy of the prescription for audit purpose

4. CONCLUSION

In 2024, the global public health landscape faces complex challenges requiring resilient health systems, increased public funding, and stronger international collaboration. The aftermath of COVID-19 has highlighted the need for sustained investments in public health to address financial strain and reduce out-of-pocket payments. Key areas, like global health security, mental health, substance use, food safety, environmental sustainability, and emerging technologies, demand coordinated action. Governments must collaborate in resource sharing, capacity building, and equitable health policy development to reduce disparities and strengthen global health resilience. Achieving this requires innovation, evidence-based policies, and sustainable practices across sectors. A unified global approach rooted in cooperation and mutual support is essential for confronting public health challenges. This shared commitment will help build a more resilient, equitable, and healthier global society, ensuring public health remains a top priority worldwide. Good health pertains to clean and safe drinking water, sanitation, adequate housing, education and humane working conditions, nutritious foods etc.

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