

Health As a Fundamental Right: Constitutional Vision & Human Rights Responsibility

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I. INTRODUCTION

For humans to survive and fully enjoy life, they must be in good health. Health is now seen in modern constitutional theory as a comprehensive aspect of social, economic, and environmental well-being rather than just a medical issue. According to the World Health Organization, health is defined as total physical, mental, and social well-being, demonstrating its inextricable link to human rights and dignity. Although the Indian Constitution does not specifically acknowledge the right to health as a basic right, the growing body of case law surrounding Article 21 has solidified the inclusion of health in the range of rights guaranteed by the Constitution. The State's obligation to guarantee conditions favourable to health and welfare is further emphasized by the Directive Principles of State Policy. India's aspiration to build a welfare state places significant responsibility on the government to ensure that healthcare facilities are accessible, affordable, and equitable.

Judicial interpretation, policy reforms, and international commitments have collectively shaped the right to health into a foundational principle of governance.

II. PHILOSOPHICAL AND LEGAL FOUNDATIONS

The philosophical roots of the right to health lie in natural rights theory, which views life and liberty as inherent human entitlements. Health is an indispensable element of the right to life, as life cannot be enjoyed without physical and mental well-being. Social contract theory further reinforces the responsibility of the State to protect citizens' welfare, including their health. In a welfare state like India, the government is constitutionally obligated to create

conditions that ensure social justice and equal opportunity, which directly relate to healthcare access. The framers of the Indian Constitution drew upon these philosophies and incorporated broad commitments to social welfare. While the right to health was not explicitly listed as a fundamental right, the constitutional structure leaves no doubt that the framers intended the State to play an active role in improving public health and ensuring equitable access to essential services.

III. CONSTITUTIONAL FRAMEWORK FOR THE RIGHT TO HEALTH

The constitutional basis for the right to health is derived both from Fundamental Rights and Directive Principles. Article 21 has been interpreted broadly to include everything necessary for a dignified life, such as clean water, adequate nutrition, and access to medical care. The Supreme Court's expansive interpretation has transformed Article 21 into a repository of social rights, with health being one of its most essential components.

The Directive Principles of State Policy complement this approach by outlining the State's responsibility to ensure humane working conditions, public assistance during sickness, and improved public health. Articles 38, 39, 41, 42, and 47 collectively articulate a constitutional vision of a socially just and health-conscious nation. Although these principles are not enforceable in courts, they serve as essential guidelines for legislation and policymaking.

IV. JUDICIAL INTERPRETATION AND DEVELOPMENT OF THE RIGHT

The judiciary has been the primary force in elevating the right to health to the status of a fundamental right.

Through progressive judgments, the Supreme Court has consistently emphasized that the right to life includes the right to health.

In *Bandhua Mukti Morcha v. Union of India*¹, the Court held that the State must ensure the health and welfare of workers, linking health directly to Article 21. In *Parmanand Katara v. Union of India*², the Court declared that medical professionals cannot refuse emergency treatment under any circumstances. *Consumer Education and Research Centre v. Union of India*³ recognized health and medical care as fundamental rights in the context of occupational hazards.

Another landmark judgment, *State of Punjab v. Mohinder Singh Chawla*⁴, reaffirmed that the right to health is integral to the right to life and that the government is obligated to provide medical facilities. In *Paschim Banga Khet Mazdoor Samity v. State of West Bengal*⁵, the Court held that the State cannot avoid responsibility for failing to provide adequate medical services by citing financial constraints. More recent cases such as *Mohd. Ahmed v. Union of India*⁶ dealt with the affordability of life-saving medicines and recognized the State's obligation to provide expensive treatment to those who cannot afford it. These decisions demonstrate how the judiciary has repeatedly reinforced the State's duty to protect and promote health as a constitutional right.

V. INTERNATIONAL HUMAN RIGHTS COMMITMENTS

India's responsibilities extend beyond its constitutional obligations due to its participation in international human rights frameworks. The Universal Declaration of Human Rights affirms the right to a standard of living adequate for health and well-being. The International Covenant on Economic, Social and Cultural Rights, which India has ratified, requires States to progressively realize the right to the highest attainable standard of health.

¹ *Bandhua Mukti Morcha v. Union of India*, AIR 1984 SC 802.

² *Parmanand Katara v. Union of India*, (1989) 4 SCC 286

³ *Consumer Education and Research Centre v. Union of India*, (1995) 3 SCC 42

International commitments articulate broader dimensions of health, including access to food, safe water, sanitation, and shelter. The World Health Organization's constitution proclaims health as a fundamental human right, and the Sustainable Development Goals call for universal health coverage and strengthened health systems. These global frameworks guide India's policy direction and reinforce its duty to protect and advance the right to health.

VI. POLICY AND LEGISLATIVE MEASURES IN INDIA

To improve healthcare delivery, India has passed a number of laws and implemented a number of programs. The National Health Policies of 1983, 2002, and 2017 place a strong emphasis on preventive treatment, universal health coverage, and lowering out-of-pocket costs. The National Health Mission has played a key role in enhancing the infrastructure for both urban and rural health.

One of the biggest health protection programs in the world, Ayushman Bharat, aims to offer insurance coverage under PM-JAY, primary healthcare services, and financial protection through Health and Wellness Centers. The goals of laws like the Mental Healthcare Act and the Clinical Establishments Act are to safeguard patient rights, guarantee quality, and regulate private healthcare. The State's attempt to convert international and constitutional commitments into workable healthcare interventions is reflected in these policy measures.

VII. CHALLENGES IN REALIZING THE RIGHT TO HEALTH

Despite progress, India continues to face systemic challenges that hinder the full realization of the right to health. Inadequate infrastructure, shortage of medical professionals, and insufficient public investment restrict access to essential services. Rural

⁴ *State of Punjab v. Mohinder Singh Chawla*, (1997) 2 SCC 83

⁵ *Paschim Banga Khet Mazdoor Samity v. State of West Bengal*, (1996) 4 SCC 37

⁶ *Mohd. Ahmed (Minor) v. Union of India*, 2014 SCC OnLine Del 1508

and marginalized regions often lack proper healthcare facilities, leading to regional disparities. High out-of-pocket spending continues to push millions into poverty, reflecting inadequacies in insurance coverage.

Environmental issues such as air pollution, water contamination, and hazardous waste directly affect public health. The COVID-19 pandemic exposed structural weaknesses, including limited critical care capacity and uneven distribution of healthcare resources. The private sector's dominance in tertiary care often makes healthcare unaffordable for economically weaker sections, necessitating stronger regulatory oversight and accountability mechanisms.

VIII. CRITICAL ANALYSIS

The gap between constitutional ideals and implementation outcomes stems from structural limitations, inadequate funding, and fragmented governance. While judicial interpretation has strengthened the right to health, the absence of a clear statutory mandate weakens enforcement. Policies often lack coordination and long-term planning, resulting in uneven progress across states. A comprehensive legal framework, similar to the models adopted by countries that explicitly guarantee the right to health, could enhance clarity, accountability, and resource allocation. The current health system remains heavily dependent on litigation to enforce rights, which is neither sustainable nor equitable.

IX. TOWARDS A RIGHTS-BASED HEALTHCARE SYSTEM

Realizing the right to health requires a paradigm shift toward a rights-based approach. Strengthening primary healthcare must be prioritized to reduce the burden on tertiary facilities. Universal health coverage should be expanded to reduce financial barriers and ensure that essential services reach underserved populations. Technological innovations such as telemedicine and digital health records can support more efficient and accessible healthcare delivery.

Community participation is crucial for responsive and decentralized health governance. Addressing social determinants such as nutrition, water, sanitation, housing, and environmental health is essential for a

holistic approach to healthcare. A universal rights-based system would emphasize equity, accountability, and inclusiveness.

X. CONCLUSION & SUGGESTION

The development of the right to health in India represents a continuous and evolving relationship between constitutional promises, judicial innovation, public policy, and international commitments. Although the Constitution does not expressly categorise health as a fundamental right, the interpretation of Article 21 by the Supreme Court has made it clear that the right to life necessarily includes access to healthcare, adequate nutrition, safe living conditions, and a healthy environment. Over the years, judicial intervention has ensured that health is viewed as an essential component of human dignity. This understanding is reinforced by India's obligations under various international treaties and declarations, which collectively highlight the importance of ensuring the highest attainable standard of health for every person.

Policy initiatives such as the National Health Mission, the various National Health Policies, and large-scale programmes like Ayushman Bharat reflect the State's efforts to bring healthcare closer to the people. Legislative measures, including the Mental Healthcare Act and the Clinical Establishments Act, further show the government's commitment to safeguarding patient rights and maintaining quality standards. However, despite these efforts, India continues to face significant challenges in fully realizing the right to health. The country still grapples with inadequate public investment, regional disparities in health infrastructure, shortages of trained medical professionals, high out-of-pocket expenditure, and persistent environmental hazards. The COVID-19 pandemic exposed systemic weaknesses and demonstrated the urgent need for stronger public health systems, well-prepared emergency mechanisms, and equitable access to essential medical services.

To move towards a system where the right to health becomes a meaningful, enforceable, and universally accessible entitlement, the country must adopt a more cohesive, rights-based approach. This requires sustained political will, an integrated governance

system, and a legal framework that clearly defines the obligations of the State. A people-centric model of healthcare—where equity, accountability, and participation are central guiding principles—can transform the existing structure into one that genuinely serves the needs of all individuals, especially the marginalized and vulnerable.

X.SUGGESTIONS

1. Enact a Comprehensive Right to Health Law: A strong and unified legal framework is essential to make the right to health truly enforceable. Enacting a dedicated Right to Health law would clearly define patient rights, outline the obligations of the State, and set minimum standards for healthcare services across the country. Such legislation should also establish independent monitoring bodies and grievance redressal mechanisms to ensure accountability. By creating a statutory framework, India can reduce excessive reliance on courts and ensure that every citizen has a legally protected entitlement to timely and quality healthcare.

2. Increase Public Health Expenditure: To make healthcare accessible and affordable, India must significantly enhance public spending on health. Higher investment is required to strengthen primary healthcare infrastructure, improve hospital facilities, ensure a steady supply of medicines and equipment, and expand emergency and critical care services. Increased funding would also ease the financial burden on families, many of whom fall into poverty due to medical expenses. Enhanced public expenditure is the foundation on which equitable and universal healthcare can be built.

3. Strengthen Primary Healthcare: A robust primary healthcare system is essential for effective disease prevention and early intervention. Strengthening primary care involves equipping Health and Wellness Centres with adequate staffing, diagnostic tools, essential medicines, and efficient referral systems. By prioritizing preventive and community-based healthcare, India can reduce the pressure on tertiary hospitals and improve access for rural and marginalized populations. Strong primary care ensures

that health services are available closer to communities and delivered efficiently.

4. Regulate the Private Sector More Effectively: The private sector plays a major role in healthcare delivery, but it often operates with limited oversight. Strong regulation is necessary to ensure ethical medical practices, transparent pricing, quality standards, and patient safety. A balanced and accountable public-private partnership can enhance access to specialized healthcare services, but only if the private sector is regulated fairly and consistently. Effective regulation protects patients from exploitation and ensures that healthcare remains accessible and affordable.

5. Expand Universal Health Coverage: Universal health coverage must be broadened so that financial constraints do not prevent people from receiving necessary medical care. Schemes like Ayushman Bharat should be expanded to include outpatient services, diagnostics, and preventive care, which form the bulk of healthcare expenses. By integrating national and state-level insurance schemes and reducing fragmentation, India can lower out-of-pocket expenditure and provide comprehensive protection to vulnerable communities.

6. Improve Medical Education and Workforce Distribution: Addressing workforce shortages requires reforms in medical education and more equitable deployment of health professionals. Increasing medical and nursing seats, improving the quality of training, and offering incentives for service in rural and underserved regions can help bridge the gap in healthcare availability. Ensuring a well-distributed and well-trained workforce is essential for reducing disparities between urban and rural areas and improving the overall functioning of the healthcare system.

7. Address Environmental Determinants of Health: Health outcomes are heavily influenced by environmental and social conditions, such as clean air, safe water, adequate sanitation, nutritious food, and proper housing. Policies must adopt a multisectoral approach that integrates environmental regulation, pollution control, urban planning, and agricultural practices with public health objectives. Addressing

these determinants holistically will significantly reduce disease burden and enhance overall well-being.

8. Enhance Digital Health Infrastructure: Digital health innovations present major opportunities for bridging gaps in service delivery. Telemedicine platforms, electronic health records, mobile health applications, and AI-driven diagnostic tools can make healthcare more efficient, particularly in remote or underserved regions. For digital initiatives to succeed, they must be accessible, user-friendly, and inclusive, ensuring that all communities—especially rural populations—benefit equally from technological advancements.

9. Strengthen Public Health Preparedness: The COVID-19 pandemic demonstrated the urgent need for resilient public health systems. Strengthening preparedness involves building robust disease surveillance networks, improving emergency response mechanisms, ensuring adequate stockpiles of essential medical supplies, and enhancing coordination across government departments. Long-term investment in public health infrastructure is crucial for responding effectively to future health emergencies and minimizing their impact on society.

10. Promote Community Awareness and Participation: Active community involvement is essential for building a responsive and accountable healthcare system. Public awareness campaigns, school-based health education, and collaboration with civil society can improve health literacy and encourage preventive healthcare practices. When communities participate in planning and monitoring health programmes, policies become more effective and better aligned with local needs. Empowering citizens ultimately strengthens the health system and promotes a culture of collective responsibility.

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