

Analysing Right to Health as a Fundamental Right for Prisoners

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1. Introduction

The right to health is widely recognised as a fundamental human right under international law and constitutional jurisprudence. The World Health Organization's Constitution expressly declares that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being".¹ Similarly, the Universal Declaration of Human Rights (UDHR)² and the International Covenant on Economic, Social and Cultural Rights (ICESCR)³ guarantee the right to an adequate standard of health and view it as essential to the right to life itself. In India, although the Constitution⁴ does not explicitly mention "health" among the fundamental rights, the Supreme Court has long held that Article 21 which guarantees the right to life and personal liberty includes within it the right to live with human dignity and with the "health and strength" necessary for a dignified existence.⁵ This judicial interpretation has steadily extended Article 21 to embrace a range of socio-economic rights, including access to medical care and a clean environment.⁶ Directive Principles such as Article 47 (state duty to raise health and nutrition standards) reinforce that the State must actively secure public health.⁷

In this context, prisoners form a particularly vulnerable group who are totally dependent on the State for food, shelter, hygiene and medical care. Courts have explicitly recognised that incarceration does not strip an individual of fundamental human rights beyond the loss of liberty, including the rights to life, dignity and necessary medical treatment.⁸ India's Supreme Court and high courts have repeatedly held that prisoners retain the right to health as part of their Article 21 rights, and that jail authorities must provide adequate medical care as a non-negotiable duty of the State.⁹ In recent years this principle has been reaffirmed in both landmark constitutional rulings and contemporary judgments. This paper therefore examines the right to health for prisoners in India tracing its doctrinal evolution, key judicial

¹ Constitution of the World Health Organization, July 22, 1946, 14 U.N.T.S. 185.

² G.A. Res. 217 (III) A, Universal Declaration of Human Rights (Dec. 10, 1948).

³ International Covenant on Economic, Social and Cultural Rights, Dec. 16, 1966, 993 U.N.T.S. 3.

⁴ India Const.

⁵ *Parmanand Katara v. Union of India*, (1989) 4 SCC 286

⁶ *Paschim Banga Khet Mazdoor Samity v. State of W.B.*, (1996) 4 SCC 37

⁷ India Const. art. 47.

⁸ *Inhuman Conditions in 1382 Prisons, In re*, (2016) 3 SCC 700

⁹ *Parmanand Katara v. Union of India*, (1989) 4 SCC 286; *Paschim Banga Khet Mazdoor Samity v. State of W.B.*, (1996) 4 SCC 37

pronouncements, and international standards to demonstrate that health care behind bars is now firmly recognised as part of the fundamental right to life and dignity in India.

Right to Health under Article 21 and Statutory Law

Article 21 of the Indian Constitution guarantees that no person shall be deprived of life or personal liberty “except according to procedure established by law”.¹⁰ The Supreme Court has repeatedly interpreted this clause broadly to protect the quality of life itself, not just mere animal existence. In *Francis Coralie v. UOI* (1981) the Court famously held that the right to life must be read to include the right to live with human dignity.¹¹ Shortly thereafter, in *Sunil Batra v. Delhi Adm. (I)* (1978) Justice V.R. Krishna Iyer declared that even death-sentenced prisoners remain “human beings possessing rights guaranteed by Article 21”.¹² In *Sunil Batra II* (1980) the Court explicitly catalogued “basic minimum needs” necessary for humane prison life, which it included “timely medical services” alongside other essentials like proper accommodation and nutrition.¹³ In effect, no prisoner can be subjected to any deprivation not necessitated by the fact of incarceration, and “timely medical services” are expressly part of the right to life.¹⁴ This landmark formulation laid the foundation for all subsequent decisions on prisoners’ health rights in India.

Beyond the prison context, the Supreme Court has on many occasions held that the State’s obligation to protect life under Article 21 encompasses health. In *Paschim Banga Khet Mazdoor Samity v. West Bengal* (1996) a watershed case for right-to-health jurisprudence, the Court held that denial of timely medical treatment necessary to save life violates Article 21.¹⁵ The Court ordered government hospitals to provide emergency treatment without delay even if beds are full. Similarly, in *Pt. Parmanand Katara v. UOI* (1989) the Court held that the right to life imposes a duty on doctors and hospitals not to “refuse to treat, or neglect treatment of, victims of road accidents or other emergencies,” even in the absence of formalities.¹⁶ These and other rulings affirm that the State must respect, protect and fulfill the health of individuals as an intrinsic part of Article 21.¹⁷ The Court reasoned that “when life is lost, the status quo ante shall not be restored”¹⁸, underscoring that prevention of untimely death and preservation of health are core values of Article 21.

In addition, India’s Directive Principles impose a duty on the State to improve public health and living conditions, which, while not justiciable, guide constitutional interpretation. Indeed, *Minerva Mills v. UOI* (1980)¹⁹ and other cases have held that even though DPSPs are not fundamental rights, they inform the meaning of fundamental rights like Article 21. Thus Article 21 is read in harmony with Article 47’s mandate “to raise the level of nutrition and the standard of living” of the people, further bolstering the obligation to ensure health care access for all citizens, especially the incarcerated population. The Supreme

¹⁰ India Const. art. 21.

¹¹ *Francis Coralie Mullin v. Administrator, Union Territory of Delhi*, (1981) 1 SCC 608

¹² *Sunil Batra v. Delhi Admn.*, (1978) 4 SCC 494

¹³ *Sunil Batra (2) v. State (UT of Delhi)*, (1980) 3 SCC 488

¹⁴ *Sunil Batra (2) v. State (UT of Delhi)*, (1980) 3 SCC 488

¹⁵ *Paschim Banga Khet Mazdoor Samity v. State of W.B.*, (1996) 4 SCC 37

¹⁶ *Parmanand Katara v. Union of India*, (1989) 4 SCC 286

¹⁷ *Parmanand Katara v. Union of India*, (1989) 4 SCC 286; *Paschim Banga Khet Mazdoor Samity v. State of W.B.*, (1996) 4 SCC 37

¹⁸ *Parmanand Katara v. Union of India*, (1989) 4 SCC 286

¹⁹ *Minerva Mills Ltd. v. Union of India*, (1980) 3 SCC 625

Court in *Shri Arjun Gopal & Ors. v. UOI* reiterated that healthcare is a fundamental right under Article 21 and constitutes a core element of the right to life.²⁰

2. International and Comparative Perspectives

India's approach aligns with international human rights standards. The Universal Declaration of Human Rights declares that everyone has the right to a standard of living adequate for health.²¹ The ICESCR explicitly guarantees "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health".²² The World Health Organization's Constitution similarly proclaims health as a fundamental right.²³ Regional systems also treat health as integral to life: for example, the European Court of Human Rights has held that severe denial of medical care in detention can violate the right to life²⁴ and the prohibition of inhuman treatment²⁵ in the European Convention. The United Nations' soft-law instruments specifically address prisoners; for instance, the UN Standard Minimum Rules for the Treatment of Prisoners (the "Mandela Rules" 2015) provide that prisoners should enjoy the same standards of health care as are available in the community, and that medical services in prisons are not to be of a lesser standard than those available to free citizens.²⁶ Other UN guidelines emphasize that detainees must be provided with adequate medical care.²⁷

In short, international law and practice converge on the principle that detaining persons do not lose their entitlement to health. To the contrary, the State has a heightened duty to ensure health care for prisoners, who cannot secure it on their own. The Committee on Economic, Social and Cultural Rights' General Comment No. 14 (2000) clarifies that the right to health includes timely and appropriate health care for all and prohibits discrimination in access.²⁸ General Comment 36 (2018) on the right to life also stresses that States must protect life by, among other things, ensuring access to medical care in detention.²⁹ These international norms support the Indian view where failure to provide medical treatment to a prisoner can constitute a form of cruel and inhuman punishment contrary to both domestic and international law.

Prisoners' Right to Health under Indian Jurisprudence

The Indian judiciary has reaffirmed that prisoners, despite being lawfully deprived of liberty, retain all other fundamental rights under the Constitution. "Convicts are not by mere reason of the conviction denuded of all the fundamental rights which they otherwise possess," stated the Supreme Court in *Sunil*

²⁰ *Arjun Gopal v. Union of India*, (2019) 13 SCC 523

²¹ G.A. Res. 217 (III) A, Universal Declaration of Human Rights, art. 25 (Dec. 10, 1948).

²² **International Covenant on Economic, Social and Cultural Rights, art. 12, Dec. 16, 1966, 993 U.N.T.S. 3.**

²³ Constitution of the World Health Organization, July 22, 1946, 14 U.N.T.S. 185.

²⁴ European Convention for the Protection of Human Rights and Fundamental Freedoms, art. 2, Nov. 4, 1950, 213 U.N.T.S. 221.

²⁵ European Convention for the Protection of Human Rights and Fundamental Freedoms, art. 3, Nov. 4, 1950, 213 U.N.T.S. 221.

²⁶ U.N. Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), G.A. Res. 70/175, U.N. Doc. A/RES/70/175 (Dec. 17, 2015).

²⁷ U.N. Body of Principles for the Protection of All Persons under Any Form of Detention, G.A. Res. 43/173, U.N. Doc. A/RES/43/173 (Dec. 9, 1988).

²⁸ Comm. on Econ., Soc. & Cultural Rights, General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), U.N. Doc. E/C.12/2000/4 (2000).

²⁹ Comm. on Econ., Soc. & Cultural Rights, General Comment No. 36: The Right to Life (Art. 6), U.N. Doc. E/C.12/GC/36 (2018).

Batra I, echoing Justice Iyer's colourful phrase, "Like you and me, prisoners are also human beings".³⁰ The key exception is that certain rights are curtailed by imprisonment; but the right to life and dignity survives incarceration. The "One Leaf Doctrine" was articulated: every right not expressly taken away by law remains with the prisoner.

Building on this principle, the Supreme Court's seminal verdict in Sunil Batra II (1980) mandated that prisons conform to the UN Standard Minimum Rules. Justice Krishna Iyer's judgment famously listed "basic minimum needs" as an "umbrella" under which prisoners enjoy rights including timely medical services. The Court ordered prison manuals and procedures to be rewritten to incorporate these rights, thereby placing health care at the core of prisoners' constitutional entitlements.³¹

Later cases have continued this theme. In Paschim Banga Khet Mazdoor Samity v. State of West Bengal (1996), although the dispute was not about prisons, the Court made general pronouncements on medical care that apply to all, including prisoners. It held that a governmental health system that refuses emergency treatment for lack of hospital beds violates Article 21.³² Hence, any denial or delay of necessary medical treatment that endangers life or health is unconstitutional. Even in non-life-threatening cases, the courts have taken a strict line. For instance, a Gujarat High Court judgment explicitly held that "every person should be availed of medical treatment as it is a basic human right," and criminal/custodial detainees must receive proper mental and physical health care by jail authorities.³³

Moreover, the court system has extended prisoner health rights through remedies. The writ of habeas corpus, traditionally used to secure release from unlawful detention, has been innovatively applied to regulate prison conditions. In Sunil Batra II, the Court held that habeas corpus can be used to challenge inhuman conditions of detention and compel reform.³⁴ This creative use of jurisdiction has allowed courts to directly enforce health and sanitary standards. Thus, prisoners can litigate on grounds of insufficient medical care just as any other violation of Article 21.

International cases also influence India. Indian judges have noted foreign jurisprudence that deliberate indifference to inmates' medical needs is unconstitutional.³⁵ Although not binding, such comparisons reinforce that the right to health of prisoners is a universal principle of justice.

3. Key Judgments and Legal Developments

Below are some landmark and recent cases shaping the doctrine that prisoners have a constitutional right to health:

- Sunil Batra v. Delhi Administration (I & II): Established that prisoners do not lose fundamental rights on conviction and enshrined an expansive list of "basic minimum needs" for inmates, explicitly

³⁰ Sunil Batra v. Delhi Admn., (1978) 4 SCC 494

³¹ Sunil Batra (2) v. State (UT of Delhi), (1980) 3 SCC 488

³² Paschim Banga Khet Mazdoor Samity v. State of W.B., (1996) 4 SCC 37

³³ Rasikbhai Ramsing Rana v. State of Gujarat, 1997 SCC OnLine Guj 296

³⁴ Sunil Batra (2) v. State (UT of Delhi), (1980) 3 SCC 488

³⁵ Estelle v. Gamble, 429 U.S. 97 (1976).

including timely medical services.³⁶ It pioneered judicial oversight of prison conditions and set out guidelines for prison reform consistent with the UN's Standard Minimum Rules (SMR).³⁷

- *Parmanand Katara v. UOI*: Held that Article 21 places a duty on the State and medical professionals to save life. Doctors (private or public) cannot refuse emergency care to accident victims on procedural or authorization grounds, for “when life is lost the status quo ante cannot be restored”.³⁸ Although not exclusively a prison case, it buttresses the proposition that saving life through medical aid is a constitutional imperative that must extend to prisoners.
- *Paschim Banga Khet Mazdoor Samity v. West Bengal*: Declared that denying timely medical treatment to preserve life violates Article 21. Government hospitals were ordered to admit and treat accident victims without waiting for police formalities or bed availability.³⁹ This principle has been cited in prison cases to require prompt treatment of sick inmates.
- *Consumer Education & Research Ctr. v. UOI*: A key environmental case that, among other things, explicitly recognized the right to health and clean environment as integral to Article 21. The Court emphasized that citizens’ right to live includes the right to “healthful environment” and implicitly to healthcare.⁴⁰ While not a prison case per se, it laid groundwork for later prison-health claims by confirming that socioeconomic entitlements fall under Article 21.
- *Rasikbhai Ramsing Rana v. State of Gujarat*: The Gujarat High Court held that medical treatment is a basic human right for every person, and that prison authorities must provide adequate physical and mental healthcare to inmates.⁴¹ The court ordered regular medical check-ups and treatment facilities in prisons, underscoring that the need for healthcare does not diminish because a person is jailed.
- *Shatrughan Chauhan v. UOI*: A significant prison reform case. The Court directed the constitution of prison-sentencing review boards and committees for systemic reforms. It reaffirmed that basic human rights of prisoners (including medical care) must be protected through regular reviews.⁴² While its focus was on undertrials and sentencing, it emphasized that courts must monitor prisons to ensure fundamental rights are not abrogated.

4. State’s Obligation and Prison Policy

Under Indian law, the State bears the responsibility for prisoner health. The Prisons Act, 1894⁴³ and the Prison Manuals (state-level) impose duties on jailers to ensure inmates’ well-being, including medical care. For example, Rule 6 of the Prison Manual (Delhi Prisons)⁴⁴ requires all prisoners to be medically

³⁶ *Sunil Batra v. Delhi Admn.*, (1978) 4 SCC 494; *Sunil Batra (2) v. State (UT of Delhi)*, (1980) 3 SCC 488

³⁷ U.N. Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), G.A. Res. 70/175, U.N. Doc. A/RES/70/175 (Dec. 17, 2015).

³⁸ *Parmanand Katara v. Union of India*, (1989) 4 SCC 286

³⁹ *Paschim Banga Khet Mazdoor Samity v. State of W.B.*, (1996) 4 SCC 37

⁴⁰ *Consumer Education & Research Centre v. Union of India*, (1995) 3 SCC 42

⁴¹ *Rasikbhai Ramsing Rana v. State of Gujarat*, 1997 SCC OnLine Guj 296

⁴² *Shatrughan Chauhan v. Union of India*, (2014) 3 SCC 1

⁴³ Prisons Act, No. 9 of 1894 (India).

⁴⁴ Delhi Prisons Manual, R. 6 (India).

examined on admission. Sections 37 to 39 of the Prisons Act⁴⁵ explicitly require sick prisoners to be treated and, in the case of contagious disease, isolated. However, gaps between law and reality are often stark due to overcrowding and resource constraints. The judiciary has repeatedly directed that existing laws be fully implemented.⁴⁶

From the constitutional perspective, prison health issues are treated as rights violations rather than mere policy matters. If the State's prison administration is negligent or willfully blind to inmate health, courts will intervene. For example, if a prisoner dies from an untreated illness in custody, courts have held that the State must compensate the family for violating the deceased's Article 21 rights. Conversely, where State hospitals deny treatment to jail doctors due to lack of beds, courts have held the hospitals vicariously liable for violating life-rights.⁴⁷

In practical terms, Indian courts have ordered a range of remedies. They have mandated better prison infrastructure, ensured appointment of prison medical officers, and even directed construction of jail hospitals. In extreme cases of mass disease outbreak, courts have ordered transfer of inmates to outside hospitals. During the Covid-19 pandemic, for instance, the Supreme Court's special suo motu writ "In Re: Contagion of Covid-19 Virus in Prisons" required states to conduct mass testing, provide PPE, and consider temporary release of eligible prisoners. A three-judge bench repeatedly instructed state governments to expand remission policies, expedite parole boards, and allow bail to reduce overcrowding as a public health measure.⁴⁸ These steps were explicitly justified as protecting inmates' health and life. In sum, the judiciary treats prison healthcare as a public duty rather than optional benevolence.

5. Constitutional Basis and Doctrinal Analysis

The doctrinal root for protecting prisoners' health lies in the breadth of Article 21 and the principle of equality. Since *Maneka Gandhi v. UOI* (1978), Article 21 has been interpreted to guarantee all aspects of a dignified life.⁴⁹ The Maneka test requires that any state action limiting life or liberty be "just, fair and reasonable". Subjecting prisoners to squalid conditions or untreated illnesses fails that test. Courts have held that prison rules or orders which are arbitrary or inadequate violate Article 21.

Furthermore, Article 14 reinforces that prisoners cannot be discriminated against in health matters.⁵⁰ Although law has curbed their liberty, courts have insisted that prisoners remain equal beneficiaries of the Constitution's humane guarantees. Similarly, denying medicine to an undertrial or convict simply because of caste, religion, or offense would attract equality analysis.

The judiciary has also drawn on other fundamental guarantees. Article 19(1)(g) is not directly engaged, but the idea of livelihood has been analogized to mean prisoners' ability to sustain health.⁵¹ Article 22 indirectly supports that detained persons must not be subjected to unusual hardships.⁵² Article 21's limits

⁴⁵ Prisons Act, No. 9 of 1894, §§ 37–39 (India).

⁴⁶ *Sunil Batra (2) v. State (UT of Delhi)*, (1980) 3 SCC 488

⁴⁷ *Paschim Banga Khet Mazdoor Samity v. State of W.B.*, (1996) 4 SCC 37

⁴⁸ *Contagion of Covid-19 Virus in Prisons, In re.* (2021) 12 SCC 819

⁴⁹ *Maneka Gandhi v. Union of India*, (1978) 1 SCC 248

⁵⁰ India Const. art. 14.

⁵¹ India Const. art. 19(1)(g).

⁵² India Const. art. 22.

clause ensures only that deprivation of life or liberty must follow law; it never authorises deprivation of health or dignity. No statute or prison rule explicitly allows withholding medical care, so any such neglect is “not by law”.

Critically, even though the right to health is often described as an “economic” or welfare right, Indian courts have assimilated it into the traditionally civil/political right to life. This avoids a rigid divide and makes healthcare justiciable. The Court famously noted that the Indian Supreme Court should not see public health as outside the Constitution’s reach.⁵³ The outcome is a “living tree” approach: Article 21 has grown to cover the right to health.

6. Key Principles from Case Law

From the above analysis, several guiding principles emerge:

1. **Fundamental rights of prisoners:** Convicted or not, all prisoners retain rights to life and dignity. Only the freedom of movement is lost; all other rights (speech, religion, medical care, etc.) continue subject to custody. “Prisoners are humans possessed of fundamental rights apart from forfeiture of their liberty,” held the Supreme Court.⁵⁴ The “umbrella of rights” including health, as enunciated in *Sunil Batra II*, remains authoritative.⁵⁵
2. **Equivalence of care:** Courts have emphasized that prisoners should receive healthcare equivalent to that available to the free population. This principle is explicit in the Mandela Rules and implicit in Indian law. In *Sunil Batra II*, the Court directed states to follow UN minimum standards.⁵⁶ It can be inferred that the State must not provide substandard or limited care to prisoners simply because they are incarcerated.
3. **Non-derogation:** The state cannot enact a law or rule that effectively removes the right to health from prisoners. For instance, a rule saying only one doctor per 100 inmates is not enough if it leads to denial of needed care. *Sunil Batra I* expressly held that no custom, rule or policy can override a prisoner’s Article 21 rights.⁵⁷
4. **Proportionality and policy:** While recognizing health rights, courts have also balanced this against practical concerns. They generally stop short of micromanaging prisons, trusting that prison administrators will act reasonably once reminded of their constitutional duties. They have not read Article 21 to compel luxurious healthcare, only necessary and timely care to maintain life and dignity. But given India’s poor prison standards, even minimal compliance often requires court orders.
5. **Compensation for violation:** Following cases like *Rudul Sah v. Bihar* (1983), courts now often grant monetary compensation when a prisoner’s Article 21 is violated.⁵⁸ Courts see this as fitting remedy

⁵³ *Paschim Banga Khet Mazdoor Samity v. State of W.B.*, (1996) 4 SCC 37

⁵⁴ *Sunil Batra v. Delhi Admn.*, (1978) 4 SCC 494

⁵⁵ *Sunil Batra (2) v. State (UT of Delhi)*, (1980) 3 SCC 488

⁵⁶ *Sunil Batra (2) v. State (UT of Delhi)*, (1980) 3 SCC 488

⁵⁷ *Sunil Batra v. Delhi Admn.*, (1978) 4 SCC 494

⁵⁸ *Rudul Sah v. State of Bihar*, (1983) 4 SCC 141

for wrongs like custodial death or disablement from jail conditions. This also deters prison authorities from complacency.

6. International Comparisons

Comparative experience largely supports India's trajectory. In the United States, for instance, the Eighth Amendment⁵⁹ has been interpreted since *Estelle v. Gamble* (1976) to require adequate medical care in prisons.⁶⁰ A state's "deliberate indifference" to a prisoner's serious medical needs is considered unconstitutional. While India has no explicit Eighth Amendment analogue, the concept of cruel, inhuman and degrading treatment, is dealt with by Article 21.⁶¹ In Europe, the European Court of Human Rights has repeatedly found violations where states have failed to provide necessary healthcare in detention, on grounds of the right to life⁶² or prohibition of inhuman treatment⁶³ of the European Convention.

The United Nations Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules), adopted in 2015, explicitly enshrine prisoners' right to healthcare.⁶⁴ Rule 24 provides that healthcare for prisoners should be governed by the same ethical and professional standards as those outside prison; states must not lower healthcare standards for inmates.⁶⁵ India's Supreme Court has urged adoption of such international norms in *Sunil Batra II*.⁶⁶ Under Rule 27(1) of the Mandela Rules, prisons should provide "comprehensive primary health care" through visiting or institutional clinics.⁶⁷ These international guidelines have persuasive force. They underscore that India's constitutional requirement of providing timely medical care to prisoners is in line with global legal standards.

Another instructive standard is the UN Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment (1992).⁶⁸ Principle 24 states that detainees should have prompt access to medical attention and treatment at the state's expense.⁶⁹ Principle 25 says that the death of a detainee or any suspected injury or disease with possible ill treatment shall be immediately investigated.⁷⁰ Indian courts have essentially applied these principles as well. Jail deaths are investigated and held to account, and prisoners routinely have their requests for medical transfer taken up by courts.

⁵⁹ U.S. Const. amend. VIII.

⁶⁰ *Estelle v. Gamble*, 429 U.S. 97 (1976).

⁶¹ India Const. art. 21.

⁶² European Convention for the Protection of Human Rights and Fundamental Freedoms, art. 2, Nov. 4, 1950, 213 U.N.T.S. 221.

⁶³ European Convention for the Protection of Human Rights and Fundamental Freedoms, art. 3, Nov. 4, 1950, 213 U.N.T.S. 221.

⁶⁴ U.N. Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), G.A. Res. 70/175, U.N. Doc. A/RES/70/175 (Dec. 17, 2015).

⁶⁵ U.N. Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), Rule 24, G.A. Res. 70/175, U.N. Doc. A/RES/70/175 (Dec. 17, 2015).

⁶⁶ *Sunil Batra (2) v. State (UT of Delhi)*, (1980) 3 SCC 488

⁶⁷ U.N. Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), Rule 27(1), G.A. Res. 70/175, U.N. Doc. A/RES/70/175 (Dec. 17, 2015).

⁶⁸ U.N. Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, G.A. Res. 43/173, U.N. Doc. A/RES/43/173 (Dec. 9, 1988; reaffirmed 1992).

⁶⁹ U.N. Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, Principle 24, G.A. Res. 43/173, U.N. Doc. A/RES/43/173 (Dec. 9, 1988; reaffirmed 1992).

⁷⁰ U.N. Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, Principle 25, G.A. Res. 43/173, U.N. Doc. A/RES/43/173 (Dec. 9, 1988; reaffirmed 1992).

Prisoners' Health in Practice and Law

Despite strong legal protections on paper, implementation remains a challenge. India's prisons are notoriously overcrowded; as of 2023, average occupancy nationally is more than capacity. Overcrowding strains existing medical facilities, leading to rationed care. The prevalence of communicable diseases (tuberculosis, HIV, scabies) is high in jails. Lack of sanitation and nutrition further undermine inmates' health. In recent years, the courts have intervened repeatedly on these practical issues. For instance, after reports of an inmate death from illness in Nagpur Central Jail, the Bombay High Court ordered urgent improvements to jail hospitals. In Madurai Jail (2016), the Madras High Court directed funds be spent on medical equipment and ensured regular doctor visits.

The COVID-19 pandemic brought these issues sharply into focus. India's prison population was at grave risk due to cramped conditions. In *In Re: Contagion of Covid-19 Virus in Prisons*, the Supreme Court took suo motu notice of the pandemic threat to inmates.⁷¹ It ordered each state to form a High-Powered Committee to assess and decongest prisons.⁷² Many states responded by releasing tens of thousands of eligible inmates on interim bail or parole. The Court also directed vaccination drives inside jails and prioritized prisoner testing. This extraordinary intervention highlighted that protecting prisoners' health can also serve public health at large.

On the legislative front, India still has no separate constitutional provision or statute explicitly defining "health" as a fundamental right. Public health, including prison health, falls under the Concurrent List (state and central). The Indian Medical Council Regulations require doctors to attend to prisoners in emergency.⁷³ The Prisons Act⁷⁴ and respective State Prison Manuals lay down procedures for medical care. But these are only as effective as state compliance. Where prisons failed, the courts have innovated. In effect, Indian jurisprudence has 'constitutionalized' a right to health for prisoners via Article 21, even absent direct legislation.

Conclusion

India's judiciary has convincingly established that the right to health is inseparable from the right to life and personal liberty and this holds true for the imprisoned population. Landmark rulings have progressively mapped out the State's constitutional duty to provide medical care behind bars. The rule of law in this area is now well-settled: "the duty of the State to provide medical treatment to the prisoners, to take care and ensure their safety and security... needs no affirmation".⁷⁵ Comparative and international standards strongly support this, treating prison healthcare as a non-derogable human right.

Nevertheless, challenges remain in on-the-ground delivery. Judicial oversight will likely continue to play a crucial role. Recent cases demonstrate that compensation and specific orders can enforce compliance. Going forward, it is hoped that legislative and executive reforms such as more funding for prison hospitals, better training of staff, and robust monitoring will align reality with the constitutional ideal. At minimum,

⁷¹ *Contagion of Covid-19 Virus in Prisons, In re*, (2021) 12 SCC 819

⁷² *Contagion of Covid-19 Virus in Prisons, In re*, (2021) 12 SCC 819

⁷³ Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 (India).

⁷⁴ Prisons Act, No. 9 of 1894 (India).

⁷⁵ *Sunil Batra (2) v. State (UT of Delhi)*, (1980) 3 SCC 488



every prisoner in India irrespective of status is entitled to the same basic medical care that any citizen enjoys, as a matter of fundamental law.⁷⁶

⁷⁶ Sunil Batra (2) v. State (UT of Delhi), (1980) 3 SCC 488