



Chapter I

Introduction



Chapter I Introduction

1.1	Introduction	1
1.2	Basic Concepts	4
1.3	Object and Scope of the study	7
1.4	Rationale of the study	9
1.5	Importance and Significance of the topic and the study	10
1.6	Utility of the study	15
1.7	Hypothesis formulated to conduct the study	16
1.8	Methodology adopted to conduct the study	17
1.9	Limitations of the study	18
1.10	Review of the chapters	18

1.1 Introduction

'Good health is a way of life.' India's one of the oldest scriptures and reservoir of rich thoughts, knowledge and wisdom- Rigveda preaches humanity¹:

"May all be happy, may all be free from disease, may all realize what is good and may none be subject to misery."

It is said that 'health is wealth' and a health body is the very foundation of all human activities. This has been believed and practiced in India since ages. We find that the earliest concepts of medicine were set-out in Vedas, especially in the passages of Atharveda. The Ayurveda and Unani systems had been well practiced in our country since ages. The concepts of medical science and research were propounded and developed by various Saints, Muni, Hakim and Vaidyas. Vaidyas and Hakims were considered next to God on account of their determined and noble work. They used to give treatment at the residence of patients or of Vaidyas. There were no separate hospitals or expensive medical equipments. The people had deep faith in them.

With the passage of time and advancement in medical science and technology, the allopathic system for curing the diseases started becoming very popular all over the world and India is no exception to it. All these have lead to huge investment and expenditure made on ultra modern hospitals, staff, furniture, equipments etc. The cost of medical expenses has increased to a large extent thereby.

The problem of health care is more acute in developing countries. India being one of the developing countries and where the majority of the population is living below poverty line, it becomes very difficult to provide

¹Rig Veda 1.89.1.

health services and facilities to the marginalized and the susceptible groups of the society. The socio-economic gap between people living in our country is too wide. The rich and the affluent are always in a position to spend money and avail the best of the treatment. But the poor and unreached are at a vulnerable position. Poverty is the hard socio-economic reality in a country like ours. Poverty breeds illness or bad health and illness breeds poverty in many forms. Those who live in poverty their condition of life is so limited by malnutrition, illiteracy, squalid surroundings, high infant mortality and low expectancy of life that all these stark realities cannot define reasonability what human survival and decency mean. The population of these people is increasing in our country day by day. Here comes the role of Government to provide them with all the facilities and health care services so that along with the rich the poor are also not deprived with the basic facilities. This deprivation to something very basic to the human existence gives rise to rights to be enjoyed by all irrespective of the status of the individual.

Today there has been innumerable scientific development in the medical field and each and every individual have a right to enjoy the benefits of this progress. But various factors like poverty, illiteracy, lack of information etc. impede the enjoyment of the scientific development. Lack of implementation of Governmental measures to provide these services to the people at large is also one of the major factors adversely affecting the health of citizens in our country.

We agree that personal hygiene can to a large extent ward off ordinary ailments caused due to lack of hygienic, there are many factors for which the Governmental agencies can be held liable, over which an individual can have no control. Every sovereign state has plenary power to do all things which promote the health, peace, morals, education and good order of the people and tend to increase the wealth and prosperity of the

State. Maintenance and improvement of public health have to rank high as these are indispensable to the very physical existence of the community and on the betterment of these depends the building of the society which the Constitution makers envisaged.

The state agencies are in such areas better equipped to prevent the causes and deal with the ailments in a more regulatory, effective and authoritative manner. The legal responsibility of the state agencies to take care of the individual's health and ensure his physical and mental well-being is therefore considered to be a measure of the individual's right to health in a welfare state. Moreover for a developing country like India the human right to health is a matter of progressive realization and is essential for the steady progress of the country. But as said earlier causes like poverty, illiteracy and lack of health awareness etc. hampers this right to be accessed.

Health to be protected as a human right has been well recognized to the international community as well. The World Health Organization that was constituted in 1948 has defined health as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. In this regard Pt. Jawaharlal Nehru while referring to the definition said:

“If you achieve that object, I am sure you would have solved the whole problem in the world, because if we can achieve that, every problem disappears from the world.”

Hence one thing has to be remembered in the context of Right to health is 'Health services' is not a mere charity or the privilege of a few but a right to be enjoyed by all.

1.2 Basic Concepts

Health care

Health care is the prevention, treatment, and management of illness and the preservation of mental and physical well being through the services offered by the medical, nursing, and allied health professions.

Public health

Public health is "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals.

Health education

Health education is the profession of educating people about health. Areas within this profession encompass environmental health, physical health, social health, emotional health, intellectual health, and spiritual health. It can be defined as the principle by which

Primary Health Care

Essential health care that is technically valid, economically feasible and socially acceptable. Primary health care includes eight essential elements: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.

Mental health

Mental health is a term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder.

Poverty

It is a situation in which a person is unable to get minimum basic necessities i.e. food, clothing and shelter for his /her sustenance.

Poverty Line

Poverty estimates in our country are derived from the household consumer expenditure data collected by National Sample Survey Organization (NSSO) every fifth year. The 'Poverty line' has been calculated to be Rs. 327 per month per capita for rural India and Rs.454 per month per capita for urban India. The Planning Commission updates the 'poverty lines' according to relevant price indices.

Employment

Any type of work performed or services rendered in exchange for compensation. Compensation may include money (cash) or the equivalent in fees, books, supplies, room, or for any other benefit.

Malnutrition

Malnutrition is a general term for the medical condition in a person caused by an unbalanced diet-either too little or too much food, or a diet missing one or more important nutrients. Most commonly, malnourished people either do not have enough calories in their diet, or are eating a diet that lacks protein, vitamins, or trace minerals.

Population

All inhabitants of a country, territory, or geographic area, for a given sex and/or age group, at a specific point of time. In demographic terms it is the number of inhabitants of a given sex and/or age group that actually lives within the border limits of the country, territory, or geographic area.

Urban

The term urban refers to towns (places with municipal corporation, municipal area committee, notified area committee or cantonment board

Sex Ratio

The number of females per 1000 males

Infant Mortality Rate

Infant mortality rate is defined as the number of infant deaths in a year per 1,000 live births during the year

Maternal Death

A maternal death is the death of a woman while pregnancy or within 42 days of termination of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

Communicable diseases

An illness due to a specific infectious agent or its toxic products capable of being directly or indirectly transmitted from man to man, animal to animal or from the environment through air, dust, soil, water, food etc) to man or animal.

Non-communicable Diseases

Diseases that cannot be directly transmitted from man to man, animal to animal or from the environment (through air, dust, soil, water, food etc) to man or animal are deemed as non communicable diseases.

Infanticide

Putting to the death to a newborn with the consent of the parent, family, or community.

Foeticide

Induced termination of a pregnancy with destruction of the fetus or embryo; therapeutic abortion.

1.3 Object and scope of the study

Medicine is essentially an integral part of human health and equally also science, culture and civilization in every age irrespective of material progress achieved. As medicine, science and technology move forward in the service of humankind, improvement in quality of life will continue to be in dilemma as it is conditioned by socio-economic factors prevailing in a given country. The concept of universal happiness in the area of health, health policies and law could be of immense good to overcome morbidity, suffering and pain of the people at large the world over.

Human rights and right to health share the common objective to protect the health and well being of all individuals. Both the concepts have progressed unevenly in various parts of India as well the world. Nutrition is one of the factor which influences people's health but majority of the Indian population being below the poverty line and suffering from malnutrition which adversely affects the access to human rights.

Various international conventions as well as national provisions aims to extend the benefits of sustainable development right from the time the human being is conceived till he takes his last breathe. Right to life is an inalienable right of all human beings. Right to life has been interpreted as something more than mere animal existence and it includes right to live with human dignity. Hence as health, life, human dignity and development of a human being are mutually related, it becomes important to study this topic in the mandate of human rights.

Both human rights and health are complementary to each other. There are several instances where health care policies have burdened human rights and human rights abuses have affected health care. Hence it is therefore extremely important to create conditions favourable to health.

The study is based on human rights issues relating to health. The researcher has studied various legislative provisions of human rights relating to health at national and international level. The task of the World Health organization and its various objects is studied in detail. The role of Supreme Court in interpreting right to health has been studied and considered to be extremely important in the light of various judicial decisions. Various legislations upholding right to health have been critically studied in order to know the scope of right to health.

The object of the study was to find the answers of the following questions:-

- 1.3.1** What legislative provisions do we have protecting and promoting health as a human right?
- 1.3.2** How right to health has been endorsed and how far is it recognized in law?
- 1.3.3** What measures have been taken by the judiciary to ensure health to every individual?

1.3.4 What are the various factors adversely affecting health of the people?

1.3.5 What is the role of medical ethics in providing services to the needy?

1.3.6 What ideas can be suggested in order to promote implementation of the right to health?

1.4 Rationale of the study

The right to health care is an age old phenomenon. The need to health care was recognized right from the birth of human being. Traditional and household beliefs were used to cure and prevent various diseases. In olden days the environment was not much polluted, people were health conscious, the life of people was slow and steady and due to all these factors there were fewer complexities relating to human health.

With the fast growing development of the economy and increase in pollution level resulting in degradation of environment pollution as well as industrialization and urbanization, there is an increase of health related problems. Moreover due to busy and fast life, people are less conscious about their health and they spend very little time to health issues. Hence various other factors have given rise to complicated diseases.

Right connotes equity and equality. Equity in health services or health care system is very much essential. It is said that “in every part of region and in every types of political and social system differences in health have been noted between different social groups in the population and between different geographical areas in the same country.”²

² Whitehead M. The concepts and Principles of Equity and health.

Equity in health connotes that ideally every one should have a fair opportunity to attain his or her full health potential and more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided. It is concerned with creating equal opportunities for health and with bringing health differentials down to the lowest levels possible.³

Vulnerable groups of the society have little or no access to fundamental and human rights such as health, medical services, food etc. Many of these groups are ostracized and not favored by the society at large, which makes it difficult for them to participate in mainstream processes whereby they could demand their rights. Over and above the minimal awareness about health related issues leaves them in a situation wherein they have very little access to fundamental rights. These groups are unaware that the refusal for treatment, denial of access to essential drugs, discrimination in the health care services and lack of information leads to human rights violations.

Law plays a very important role in regulating the health care and in providing better health care services to the poor and the needy. At the same time there has been a lack of sensitivity about health care rights among the public and much needs to be done to bring a change in this area.

1.5 Importance and significance of the topic and the study

The right to health is a fundamental right of every human being irrespective of age, religion, status, country or continent. It is a state of complete physical, mental and social well being and complete alienation or freedom from disease. Any struggle for having good health is incompatible with the process of living or leading a healthy life in one's

³ Report on a WHO Meeting Social Justice and Equity in Health (Leeds, U.K. Regional Office for Europe), (1986).

life in spite of disease, ageing and mortality. It is important to note that the scope of law in ensuring health in our country is being widened in the last two decades. Previously the attempts of the legislature was more on preventive aspect but there has been a paradigm shift from this preventive aspect to protective aspects to face new challenges thrown by the medical innovations. Traditionally the legislations were more focused on food adulterations, drugs etc. but now legislations are meeting the issues like organ transplantation, artificial insemination etc.

Consumers are now demanding that the members of the medical profession should be made accountable for their acts of omission and commission. The doctor is always under a threat of being sued. The awakening of patients as consumers about what has been done by the doctor is an example of consumerism in India.

The importance of Human Rights started from the end of the World War II. The Universal Declaration of Human Rights 1948, described human rights as the rights of individuals, which inhered in individuals because they were human, they applied to people everywhere in the world and were principally concerned with the relationship between individual and the State. The International Covenant of Economic, Social and Cultural Rights, 1966 and The International Covenant of Civil and Political Rights, 1966 further elaborated the concept of Human Rights. Of all the rights included in all these conventions, it is the Right to health which is of utmost importance, the reason being that the enjoyment of all other rights will remain a dream if health is not taken care.

In a welfare state it is the duty of the Government to ensure health of their citizens. Not only health but to respect, protect and preserve all human rights and to take measures towards the full realization of human rights. Government has a duty to provide health services to all

irrespective of any sort of discrimination of social and economic status. Moreover these facilities should be easily available and accessible to all.

Our Constitution in Part IV recognizes various Directive Principles of State Policy. Of which Article 47 lays down the duty of the State for “raising the level of nutrition and the standard of living of the people and the improvement of public health amongst its primary duties and in particular the State to endeavor to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and drugs which are injurious to health.” The obligation of the State to ensure the creation and the sustaining of conditions congenial to good health is also cast by the Constitutional directives contained in Articles 39(e),(f), 42 and 48 in Part IV of the Constitution of India. The above Articles run as under:

Article 39(e) states that “the health and strength of the workers men ad women and the tender age of children are not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength.”

Article 39(f) states that “children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and the childhood and youth are protected against exploitation and against moral and material abandonment.”

Article 42 lays down the duty of the State “to make provisions for securing just and human conditions of work and for maternity relief.”

Article 48(a) says that “the State shall Endeavour to protect and improve the environment and safeguard the forests and wild life of the country.”

Moreover the State legislature under entry 6 of the State List contained in the Seventh Schedule to the Constitution, empowered to make laws with respect to public health and sanitation, hospitals and dispensaries. Both the Centre and the States have power to legislate in the matters of social security and social insurance, medical professions, and prevention of the extension from one State to another of infections or contagious diseases or pests affecting man, animals or plants, by entries 23, 26 and 29 respectively contained in the concurrent list of the Seventh Schedule.

All these Directive Principles are directly or indirectly relating to the improvement of public health. These Directive Principles fundamental in the governance of the country and obligates the State to apply them in making laws. In order to uphold the Directive principles of State Policy, various legislations have been implemented in the field of Medicine, Occupation, food regulation etc. and more importantly focusing the weaker sections of the society i.e. women and children.

Unlike legislature, Judiciary has been playing a very active role in legal framework. Until the early 1980s judicial response to health related issues in India was essentially centered on cases of medical negligence. Even these cases were few and far between. There were two developments in the 1980s, which led to a marked increase in health related litigation. First was the establishment of consumer courts that made it cheaper and speedier to sue doctors for medical negligence. Second, the growth of public interest litigation and one of its off shoots being recognition of health and health care as a fundamental right.

Many of these directive principles have been converted into fundamental rights by judicial activism under the realm of Article 21 which is Right to Life. Hence the right to health of the 'highest attainable standards' is a guaranteed fundamental right which is enforceable under Article 32 of the Constitution. Ever since independence, judiciary has been doing an

excellent job by interpreting various statutes and recognizing various fundamental rights and principles. There have been a variety of decisions delivered by the Supreme Court where in the concept of right to health has been developed keeping in view the different aspects and situations. Right to health has been extended to all irrespective of nationality, status and other economic as well as social discrimination.

The World Health Organization, in its Constitution declares that “the enjoyment of the highest attainable standard of health” is one of the fundamental rights of every human being and it also says that “health is a state of complete physical mental and social well being and not merely complete absence of disease and infirmity.” The Constitution highlights the importance of health promotion as a process of enabling people to increase control over and to improve their health. The preamble of the World Health Organization Constitution projected a vision of the ideal state of health as an eternal and universal goal. It illustrated the invisibility and interdependence of human rights and right to health. It has recognized the enjoyment of the highest attainable standards of health as a fundamental right of every human being. It also lays down Government’s responsibility for the health of their people, which could be fulfilled only through the provision of adequate health and social measures.

The International Covenant of Economic, Social and Cultural rights also recognize “the enjoyment of the highest attainable standard of health” as the right of every human being. The Universal Declaration of Human rights and the International Covenant on Civil and Political rights has also recognized the same principles and basic fundamental rights.

All these conventions as well as national and international provisions show that health and human rights are inextricably linked. Human

rights and public health are two complementary approaches. Human rights approach seeks to promote and protect the prerequisites for human well being in which each individual can achieve his or her full potential. Modern human rights casts a duty upon the Government as to what they should do and what they should not do respect, protect and fulfill the human rights.

In view of all these judicial and legislative reforms at the National and at the international level it is important to study that how this basic right has been evolved and what is the legal position of this basic human right to health in a developing country like India. Hence it is important to study this topic keeping in view the health and human right aspect.

1.6 Utility of the study

The study shall be of utmost importance to the community as a whole and it may be utilized in the following ways.

- 1.6.1** In order to ensure health care at grass root level it is important to have partnerships between the government, community, NGO's, medical and legal experts. Hence this work can be utilized in policy making, norm setting, professional associations, research and education.
- 1.6.2** This study will be useful to the Public Health Regulatory Authorities.
- 1.6.3** It will help health and human rights experts to carry forward their agenda for a better and healthier society.
- 1.6.4** It will help in extending health care services and sustainable development.
- 1.6.5** It will help in the growth of public health law both as an academic discipline and as a path way for public health action if there is collaboration between academic institutions/department of law and public health experts. This will help in producing research

papers on major public issues from the perspective of law and human rights.

- 1.6.6** The researcher will be able to represent the University in various consultations, conferences, seminars, workshops etc. relating to health and human rights.
- 1.6.7** Suggestions of the study will help to activate the health related reforms.
- 1.6.8** The researcher after completing the study can organize health awareness camps with the help of NGO's providing information on legal implications relating to health in rural as well as urban areas and especially amongst the illiterate and poor population.
- 1.6.9** The researcher shall be able to provide legal advice about how to enforce the right to health.
- 1.6.10** Analysis of causes and factors affecting right to health will be known.
- 1.6.11** Various legislative provisions relating to right to health at national and international level will create an awareness of existing statutory provisions to the layman.
- 1.6.12** Various decisions of Supreme Court and the High Courts shall help to implement the right to health.

1.7 Hypothesis formulated to conduct the study

The researcher has formulated the following hypothesis:-

- 1.7.1** That the fundamental right to health of the majority of the population is violated due to lack of awareness and information relating to right to health.
- 1.7.2** That there have been no minimum standards of health care formulated by the governments.
- 1.7.3** That doctors fail to provide health facilities due to legal procedures and formalities.

- 1.7.4 That health awareness amongst the mass population has not been created by the government
- 1.7.5 That Media can play a very important role in spreading awareness amongst illiterate and rural population.
- 1.7.6 That poverty, illiteracy, lack of awareness on one hand and industrialization, urbanization and environment degradation on the other hand are all the major causes affecting the health of human being.
- 1.7.7 The courts have not given priority to cases relating to health and such cases have not been disposed of without practicable delay.
- 1.7.8 That government has not taken proper steps to raise and maintain the level of nutrition.
- 1.7.9 That the concept of health and human rights is so broad that it has become evanescent.
- 1.7.10 That after 60 years of independence no effective steps have been taken to implement the constitutional obligation upon the state to secure the health and strength of people.
- 1.7.11 Lack of resources specifically at the government hospitals leads to violation of health as human right.

1.8 Methodology adopted to conduct the Study

The Methodology adopted in the Study is doctrinal. The study is carried on a legal proposition or propositions by way of analyzing the existing statutory provisions and the cases applying reasoning power. The case-law study method is adopted which helped the researcher to know how legislative provisions are implemented and how the Judiciary has been vigilant to point out the human rights violations. By adopting this method the contemporary position of this fundamental right to health is specifically known.

Different aspects are studied keeping in mind the existing laws relating to health and human rights, Supreme Court and High Courts judgments and different published articles. Various Constitutional provisions affecting health and fundamental rights are studied in detail.

The source material for the study is basically collected from the secondary sources. Relevant statutes, published books by eminent authors on health and human rights, case-laws, articles published in journals – Indian and Foreign, parliamentary works, judgments of Supreme Court and various High Courts and material collected from various International Conventions and Covenants are referred. Material from various national as well as international conferences, seminars, consultations and workshops is also collected. Most current and day to day developments are collected from various websites, print and electronic media and Microsoft Encarta to study the importance of the topic.

1.9 Limitations of the Study

Right to health covers a vast array of aspects and each aspect of health care can be studied in detail. However due to constraint of time the researcher has limited the area of study and has focused Right to health from a Human Rights approach. The study is limited to the legal principles involved in health as a human rights perspective. Hence the study is more focused on existing legislations and land mark judgments of Supreme Court and various High Courts.

1.10 Review of the chapters

The **first chapter** deals with the introductory part. In this chapter the researcher has given the introduction of the topic of health and human rights. It shows why the topic is so important and significant to study. The rationale behind the study has been pointed out by the researcher.

The object and scope of the study is also laid down by putting questions to find their answers during the study. Hypothesis has been formulated on the basis of various assumptions on health and human rights. This chapter shows as to how the study will be utilized by the researcher as well as by other people interested in this field. The chapter also focuses on the limitations of the study. The methodology adopted has been explained and the scheme of the study is shown to have an overall view of the whole study.

The **second chapter** is relating to the concepts of health and human rights. It explains various concepts relating to life, rights, health, human rights and the concept of right to health. The chapter deals with varying concepts of health, definitions of health, various aspects of health like physical, mental, social, spiritual, emotional, vocational and others. The researcher has also focused on the different phases of the development of public health. At the same time, the evolution of the concept of human rights has been elaborately discussed starting from the history of human rights from ancient times to the 20th Century. Finally the concept of right to health has been explained in detail which is followed by a conclusion.

The **third chapter** explains as to how health and human rights are linked. The researcher has tried to establish the linkages between health and human rights and has elaborately shown how various violations of human rights negatively affect human health. The chapter also includes the concept of health as a human right under the Constitutional mandate. The chapter focuses on the right-duty relationship and shows how the negation of the duty of the Government violates the right of individuals. The chapter also focuses on various determinants of health. The researcher has broadly classified them into three categories- the social and economic environment, the physical environment and the person's individual characteristics and behaviors. Hence causes and

factors which either positively or negatively affect health of human beings and their rights have been elaborately discussed in this chapter.

The **fourth chapter** deals as to what action the Government has by way of policies and programmes taken in order to fulfill the right to health. The chapter mainly deals with the object of National Policy on health and its implementation in India. Apart from these various programmes and five years plans which are made on health aspects are dealt in by the researcher.

The **fifth chapter** deals with various national and international legislations relating to right to health. The Constitutional provisions that have been given under Part III and Part IV are studied in detail. Various other legislations under Criminal laws, Consumer laws, Medical laws, Occupational laws, Women and health legislations, children and health legislations, food and health laws have been discussed under the above mentioned heads.

At international level there have been various conventions and covenants wherein right to health has been considered of utmost importance. The constitution of the World Health Organization, its various policies, rules and recommendations are studied to know how these all things are been formulated. Various efforts made by the United Nations to ensure health under different conventions and covenants are discussed in detail. Various principles, declarations made in the areas of juveniles, medical ethics, prisoners, children, women etc have been studied. Certain relevant regional human rights instruments have also been narrated to show the importance of health at the international level.

The **sixth chapter** deals with the role of judiciary in implementing right to health to all affected. Various directions given by the Courts and the principles laid down in the judgments are studied. The Supreme Court



has been giving a positive thrust to the nature and content of this right by imposing an obligation upon the state to take effective steps for ensuring to the individual a better enjoyment of his life. Some of the landmark judgments in the area of right to health such as Parmanand Katara Vs Union of India⁴, P.B.Khet Mazdoor Samiti vs UOI⁵, CESC Ltd. Vs S.C.Bose⁶ Kirloskar Bros.Ltd. Vs ESI Corporation⁷ , Indian Medical association Vs. V.P. Shantha⁸, Common Cause Vs UOI⁹ and many others have been discussed in detail.

The researcher has divided the whole chapter into several broad headings and then dealt with the case laws relating to those headings. These are protection of right to health during emergency, workers' right to health, HIV patients and their rights, prisoners' right to health, violations of right to health in protective home/mental hospitals, children's' right to health, increasing pollution level and its impact on health, ban on smoking in public places, shortage of food, medical negligence cases, unqualified medical practitioners and risk to public health, drugs and medicines and its effect on health, neglect of duty by the public authorities etc. This shows that the judiciary has not left any area where right to health is violated. Hence various cases wherein right to Health is affected directly to indirectly are studied to reach the core of the aspect.

The **seventh chapter** deals with the suggestions ensuring health to all and conclusions that the researcher has reached after the study on hand. The suggestions will show as to how this right could be brought

⁴ AIR 1989 SC 2039

⁵ AIR 1996 SC 2426

⁶ 1992 1 SCC 441

⁷ (1996) 2 SCC 682

⁸ (1995) 6 SCC 651

⁹ AIR 1996 SC 929

into reality and various steps needed to be taken in order to ensure this health.

A list of **abbreviations** is provided and **Cases** referred are tabulated with their relevant citations so that it becomes easy to refer to any of such cases and also to know the cases which are studied.

The study is concluded with a **Bibliography** which shows the various sources from where the material will be collected.

The text of the National Health Bill 2009 is annexed at the end of the study.