**HEALTH LAW**

It is a normal phenomenon to occasionally get a cold, a fever, or a stomach bug. There is nothing wrong in getting an occasional acute ailment. It is quite natural and also good for our immune system. Occasional sickness keeps our immune system in a ready state.

But you might have seen many people around you, who never seem to get an acute illness. People who have never had a cold or never had a fever in ten years. Not all of these people are healthy. In fact many of these people are more ill than their counterparts who keep getting their occasional acutes. I say this because these people are not super humans and most of them are not in 'ideal' health either. The fact is that

these people do get affected by environmental factors and other stresses. But the result of these forces is not seen on physical plane. Such people are more affected on the mental and emotional plane. They become 'diseased' but their disease is not easily apparent on the physical level.

When we talk about mind, we basically refer to our capability to perceive, comprehend, think, judge, and remember - the intellectual and reasoning faculties. Now pause for a moment and think. Think about all the people you know, who have rather strange perceptions of people around them, or about certain cultural and political ideologies. People whose perceptions are delusional. Think about the people around you who need to be told everything twice before they understand you. Think about the people who either do not think at all (thoughtless ones) or who think too much. People who take wrong decisions even when facts are against their decision. And then think about the children at school who do not seem to remember anything. And the housewife who looks for her specs while wearing them on her nose.

I do not intend to say that all such people are mentally ill. But many of them are. Not everyone can have the same level of mental faculties, but these signs do show that these people are not in their optimum mental health.

There is no absolute definition for mental health as there is a great variation in the level of mental faculties among people. But still we can set some reasonable standards. Some of the markers of mental health can be:

♦ having a mental aptitude near or above social average.

♦ having the ability to perceive things as they are, and not as one thinks they are.

♦ having the ability to understand the social structure and ability to comprehend vocal and other forms of communication within that social structure

♦ having a reasonable ability to make judgments regarding good and bad or right and wrong.

♦ having the ability to remember and reproduce information collected through various senses or through learning to a reasonable degree.

Emotions do not come from our heart, they are generated in our brain.

All the emotions we feel - love, joy, hate, anger, sorrow etc. are nothing but some primitive algorithm's that are processed to

generate response on the physical and mental level.

Let me give an example. Suppose somebody abuses you. Afterwards you feel angry towards that person. The question is how is this 'anger' generated? And why only 'anger' is produced? Why do not you fall in love when somebody abuses you? First, let me answer the second question. What kind of emotional response is generated depends on two factors - our subconscious mental awareness and, through social learning. Our subconscious mental awareness is probably a mental reflex action that comes without learning.

The second thing that affects our emotions is our learning. Through social learning we are taught the meaning of love, joy, hate, anger etc and we are taught to differentiate them,

**itself for some reaction. Based on the perception of stimulus, some neuro-hormonal reactions are generated which create 'emotions'. What we perceive as 'anger' is the after result of that processing.**

**There are so many people around us who are unable to cry when they need to; to are unable to fight when they need to; who fear every passing wind; who lose their ability to reason when they fall in love. These people do not have any disease' and yet these people are not 'healthy'!**

So far, I have discussed the three components of health as separate entities to understand each one of them more thoroughly. But emotional health, mental health, and physical health are not separate entities. You cannot have a healthy mind without

a healthy body or healthy emotions and vice-versa. The degree to which one of these components is affected can vary from person to person, but ultimately it is the person as a whole that is affected.

Our mind and body are so closely integrated that when one is affected there are bound to be repercussions on the other.

Even a small cut in your

hand (physical plane) can make you worry (mental plane) about the bleeding or injury in general and can make you angry (emotional plane) with yourself that you were not careful enough. Again, mental anxiety (which often results from emotional problems) is a well known cause for peptic ulcers and hypertension. These are not isolated examples. Nearly every known disease, be it physical or psychological, can be associated with signs and symptoms on the other planes.

some of the most common factors affecting **our health.**

**1. Genes** - Yes! our genes are one of the biggest factors in deciding the way in which our health gets deranged. They also decide which plane is affected the most in a particular person. Through ages, it is known to humanity that children tend to inherit their 'mother's nose' or their 'father's eyes'. But what most of us do not realize is that children can also inherit the 'father's temperament' or 'mother's thought process'. And as children inherit the physical and mental makeup from their parents, they also inherit the tendencies and susceptibilities to acquire diseases. For

example - it is a well known fact that conditions like obesity, hypertension, peptic ulcers, Crohn's disease, diabetes, depression etc often run in families.

Defective genes sometimes directly result in diseases. What we commonly call as genetic disorders. But even the 'emotional instability', 'tendency to worry a lot', or the 'tendency to catch a cold frequently' can be attributed to our genetic inheritance.

**2. Life-style and Social factors** - Our contemporary life style is the second biggest factor for failing health of people. Increasing sedentary habits, long working hours, reduced rest hours; diet containing highly processed food, poor in fiber content and with loads of artificial colors and flavors; increased anxiety and tensions related to education, career.; job, performance, etc are some of the factors that are responsible for decreasing the health status of our society at large. Coupled with environmental factors and allopathic drugs, these factors are playing havoc with our health.

**3. Allopathic Drugs** - Even allopath say that allopathic drugs are one of the biggest cause of health problems today. Allopathic drugs not only have their side-effects, but their excessive use is decreasing the immunity level **of** our society at large. The pill-popping culture is an open invitation to chronic ailments. People keep suppressing their ailments and keep working until their body finally gives up.

**4. Environmental factors** - Increasing pollution of our air, water, and earth is a well known factor in the increasing level of many diseases. There is a high level of asthma and other allergic complaints in urban areas. Depleting ozone layer is a known factor in increasing rate of skin cancers. Noise pollution is a recognized factor in increasing anxiety and stress levels in our society)

One factor which is commonly considered a cause for illness is - bacteria, viruses, and parasites. they are a cause of disease- but not a major one. The ability of these microorganisms to make a person sick relies on two factors:

 ♦ virulence (quality and quantity)

♦ immunity

♦ Social health

The World Health Organization (WHO) is a specialized agency of the United Nations that is concerned with international public health. It was established on 7 April 1948, headquartered in Geneva, Switzerland. The WHO is a member of the United Nations Development Group. Its predecessor, the Health Organization, was an agency of the League of Nations.

The constitution of the World Health Organization had been signed by 61 countries on 22 July 1946, with the first meeting of the World Health Assembly finishing on 24 July 1948. It incorporated the Office international d'hygiene publique and the League of Nations Health Organization. Since its creation, it has played a leading role in the eradication of smallpox. Its current priorities include communicable diseases, in particular HIV/AIDS, Ebola, malaria and tuberculosis; the mitigation of the effects of non-communicable diseases; sexual and reproductive health, development, and aging; nutrition, food security and healthy eating; occupational health; substance abuse; and driving the development of reporting, publications, and networking.

The WHO is responsible for the World Health Report, a leading international publication on health, the worldwide World Health Survey, and World Health Day (7 April of every year)

**The role of WHO in public health**

WHO fulfils its objects through its core functions :

♦ providing leadership on matters critical to health and engaging in partnerships where joint action is needed;

♦ shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;

♦ setting norms and standards and promoting and monitoring their implementation;

♦ articulating ethical and evidence-based policy options;

♦ providing technical support, catalysing change, and buklding sustainable institutional capacity; and

♦ monitoring the health situation and assessing health trends.

These core functions are set out in the 11th General Programme of Work, which provides the framework for organization-wide programme of work, budget, resources and results. Entitled "Engaging for health", it covers the 10 year period fron 2006 to 2015.

The use of the word **"world",** rather than **"international",** emphasized the truly global nature of what the organization was seeking to achieve.The constitution of the World Health Organization was signed by all 51 countries of the United Nations, and by 10 other countries, on 22 July 1946. It thus became the first specialised agency of the United Nations to which every member subscribed. Its constitution formally came into force on the first World Health Day on 7 April 1948, when it was ratified by the 26th member state. The first meeting of the World Health Assembly finished on 24 July 1948, having secured a budget of US$5 million (then GBP£1,250,000) for the 1949 year. Andrija Stampar was the Assembly's first president, and G. Brock Chisholm was appointed Director-General of WHO, having served as Executive Secretary during the planning stages. Its first priorities were to control the spread of malaria, tuberculosis and sexually transmitted infections, and to improve maternal and child health, nutrition and environmental hygiene. Its first legislative act was concerning the compilation of accurate statistics on the spread and morbidity of disease. The logo of the World Health Organization features the Rod of Asclepius as a symbol for healing.

**Overall focus**

The WHO's Constitution states that its objective "is the attainment by all people of the highest possible level of health".

WHO fulfills its objective through its functions as defined in its Constitution:

(a) to act as the directing and co-ordinating authority on international health work.

(b) to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate.

(c) to assist Governments, upon request, in strengthening health services.

(d) to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments.

(e) to provide or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of trust territories.

(f) to establish and maintain such administrative and technical services as may be required, including epidemiological and statistical services.

(g) to stimulate and advance work to eradicate epidemic, endemic and other diseases.

(h) to promote, in co-operation with other specialized agencies where necessary, the prevention of accidental injuries.

(i) to promote, in co-operation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, eco­nomic or working conditions and other aspects of environmental hygiene.

(j) to promote co-operation among scientific and professional groups which contribute to the advancement of health.

(k) to propose conventions, agreements and regulations, and make recommendations with respect to international health matters and to perform.

WHO currently defines its role in public health as follows:

♦ providing leadership on matters critical to health and engaging in partnerships where joint action is needed;

♦ shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;

♦ setting norms and standards and promoting and monitoring their implementation;

♦ articulating ethical and evidence-based policy options;

♦ providing technical support, catalyzing change, and building sustainable institutional capacity; and

♦ monitoring the health situation and assessing health trends.

The 2012-2013 WHO budget identified 5 areas among which funding was distributed.

Two of those five areas related to communicable diseases: the first, to reduce the "health, social and economic burden" of communicable diseases in general; the second to combat HIV/AIDS, malaria and tuberculosis in particular.

In terms of HIV/AIDS, WHO works within the UNAIDS network and considers it important that it works in alignment with UNAIDS objectives and strategies. It also strives to involve sections of society other than health to help deal with the economic and social effects of the disease. In line with UNAIDS, WHO has set itself the interim task between 2009 and 2015 of reducing the number of those aged 15-24 years who are infected by 50%; reducing new HIV infections in children by 90%; and reducing HIV-related deaths by 25%.

WHO's Global Malaria Programme works to keep track of malaria cases, and future problems in malaria control schemes.

WHO's help has contributed to a 40% fall in the number of deaths from tuberculosis between 1990 and 2010, and since 2005, it claims that over 46 million people have been treated and an estimated 7 million lives saved through practices advocated by WHO. These include engaging national governments and their financing, early diagnosis, standardising treatment, monitoring of the spread and impact of tuberculosis and stabilising the drug supply. It has also recognised the vulnerability of victims of HIV/AIDS to tuberculosis.

WHO aims to eradicate polio. It has also been successful in helping to reduce cases by 99% since the Global Polio Eradication Initiative was launched in 1988, which partnered WHO with Rotary International, the US Centers for Disease Control and Prevention (CDC) and the United Nations Children's Fund (UNICEF), as well as smaller organizations. It works to immunize young children and prevent the re-emergence of cases in countries declared "polio-free".

**Non-communicable diseases**

Another of the thirteen WHO priority areas is aimed at the prevention and reduction of "disease, disability and premature deaths from chronic non-communicable diseases, mental disorders, violence and injuries, and visual impairment".

**Life course and life style**

WHO works to "reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals".

It also tries to prevent or reduce risk factors for "health conditions associated with use of tobacco, alcohol, drags and other psychoactive substances, unhealthy diets and physical inactivity and unsafe sex".

WHO works to improve nutrition, food safety and food security and to ensure this has a positive effect on public health and sustainable development.

**Emergency work in the world**

When any sort of disaster or emergency occurs, its is WHO's stated objective to reduce any consequences it may have on world heath and its social and economic implications

**Health policy**

WHO addresses government health policy with two aims: firstly, "to address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches" and secondly "to promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health".

In terms of health services, WHO looks to improve "governance, financing, staffing and management" and the availability and quality of evidence and research to guide policy making. It also strives to "ensure improved access, quality and use of medical products and technologies".

**International Covenant on Economic, Social and Cultural Rights Article 12**

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:

(a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;

(b) The improvement of all aspects of environmental and industrial hygiene;

(c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;

(d) The creation of conditions which would assure to all medical service and medical attention in fee event of sickness.

**Definition of health**

The widely acceptable definition of health is that given by the WHO in the preamble of its constitution, according to World Health Organization, "Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease." In recent years, this statement has been amplified to include the ability to lead a 'socially and economically productive life'. Through this definition, WHO has helped to move health thinking beyond a limited, biomedical and pathology-based perspective to the more positive domain of "well being". Also, by explicitly including the mental and social dimensions of well being, WHO has radically expanded the scope of health and by extension, the role and responsibility of health professionals and their relationship to the larger society.

Right to health is not included directly in as a fundamental right in the Indian Constitution .The Constitution maker imposed this duty on state to ensure social and economic justice. Part four of Indian constitution which is DPSP imposed duty on States. If we only see those provisions then we find that some provisions of them has directly or indirectly related with public health. The Constitution of India not provides for the right to health as a fundamental right. The Constitution directs the state to take measures to improve the condition of health care of the people. Thus the preamble to the Constitution of India, inter alia, seeks to secure for all its citizens justice-social and economic. It provides a framework for the achievement of the objectives laid down in the preamble. The preamble has been amplified and elaborated in the Directive Principles of State policy.

Article 38 of Indian Constitution impose liability on State that states will secure a social order for the promotion of welfare of the people but without public health we cannot achieve it. It means without public health welfare of people is impossible. Article 39(e) related with workers to protect their health. Article 41 imposed duty on State to public assistance basically for those who are sick and disable. Article 42 makes provision to protect the health of infant and mother by maternity benefit.

In the India the Directive Principle of State Policy under the Article 47 considers

the State shall regard the raising of the level of nutrition and standard of living of its people and improvement of public health as among its primary duties.

The Food Corporation of India being an agency of the State must conform to the letter and spirit of Article 47 to improve public health it should not allow substandard food grains to reach the public market. The State under Article 47 has to protect poverty stricken people who are consumer of sub-standard food from inju­rious effects.

Public Interest Petition for maintenance of approved standards for drugs in general and for the banning of import, manufacturing, sale and distribution of injurious drugs is maintainable. A healthy body is the very foundation of all human activities.

Article 41 provides right to assistance in case of sickness and disablement. It deals with "The state shall within the limits of its economic capacity and development, make effective provisions for securing the right to work, to education and to public assistance in case of unemployment,

Old age, sickness and disablement and in other cases of undeserved want". Their implications in relation to health are obvious. Article 42 give the power to State for make provision for securing just and humane conditions of work and for maternity relief and for the protection of envi­ronment same as given by Article 48A and same obligation impose to Indian citizen by Article 51A. (g).

**Panchayat, Municipality and Health**

Not only the State also Panchayat, Municipalities liable to improve and protect public health. Article 243G says "State that the legislature of a state may endow the panchayats with necessary power and authority in relation to matters listed in the eleventh Schedule". The entries in this schedule having direct relevance to health are as follows:

11 Drinking

23 Health and sanitation including hospitals, primary health centers and dispensaries.

24 Family welfare

25 Women and Child development

26 Social welfare including welfare of the handicapped and mentally retarded.

Article 243-W finds place in part IXA of the constitution titled "The Municipalities:

5 Water supply for domestic industrial and commercial purpose.

6 Public health, sanitation conservancy and solid waste management.

9 Safeguarding the interest of weaker sections of society, including the handicapped and

 mentally retarded.

16 Vital statistics including registration of births and deaths

17 Regulation of slaughter - houses and tanneries.

**Fundamental Rights and Health**

The DPSP are only the directives to the State. These are non-justifiable. No person can claim for non-fulfilling these directives. But the Supreme Court has brought the right to health under the preview of Article 21. The scope of this provision is very wide. It prescribes for the right of life and personal liberty. The concept of personal liberty comprehended many rights, related to indirectly to life or liberty of a person. And now a person can claim his right of health. Thus, the right to health, along with numerous other civil, political and economic rights, is afforded protection under the Indian Constitution.

The debate surrounding the implementation of the human right to health is fresh and full of possibility for the developing world. In fact, Indian has been able to create a legal mechanism whereby right to health can be protect and enforced. The early of 1970s, witnessed a watershed in human rights litigation with the keshwanand bharti Vs State of kerla. ushering in a unprecedented period of progressive jurisprudence following the recognition fundamental rights. At the same time standing rules were relaxed in order to promote PIL and access to justice. So there were two developments in 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 PIL and one of this offshoots being recognition of health care as a fundamental right. Through PIL the Supreme Court has allowed individual citizen to approach the court directly for the protection of their Constitutional human rights.

In 1995, the Supreme Court held that right to health and medical care is a fundamental right covered by Article 21 since health is essential for making the life of workmen meaningful and purposeful and compatible with personal dignity. The state has an obligation under Article 21 to safeguard the right to life of every person, preservation of human life being of paramount importance. The Supreme Court has in the case of Parmanand Katra vs Union of India, held that whether the patient be an innocent person or be a criminal liable to punishment under the law, it is the obligation of those who are in charge of the health of the community to preserve life so that innocent may be protected and the guilty may be punished.

Article 23 is indirectly related to health. Article 23(1) prohibits traffic in human beings. It is well known that traffic in women leads to prostitution, which in turn is to major factor in spread of AIDS. Article 24 is relating to child labor it deal with "No child below the age of 14 years shall be employed to work in any factory or mine or engaged in any other hazardous employment." Thus this article is of direct relevance to child health.

In addition to constitutional remedies sensitizing of the relevant ordering law towards later health for all adds to the content of right to health. Legal prohibition of commercialized transplantation of human organ and effective application of consumer protection act to deal with deficient medical services have animated right to health.

**Judicial Response**

With the recognition that both the Indian Constitution and the fundamental right of life emphasize human dignity, began to address the importance of health to Indian citizen. In the DPSR Art.47 declares that the State shall regard the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties. Since DPSP are not enforceable by the court, implementation of the guarantee has remained illusory. However, in a series of cases dealing with the substantive content of the right to life, the court has found that the right live with human dignity including right to good health. In Consumer Education and Research Center v. UOI, the Court explicitly held that the right to health was an integral factor of a meaningful right to life. The court held that the right to health and medical care is a fundamental right under Article 21. The Supreme Court, while examining the issue of the constitutional right to health care under arts 21, 41 and 47 of the Constitution of India in State of Punjab v Ram Lubhaya Bagga, observed that the right of one person correlates to a duty upon another, individual, employer, government or authority. Hence, the right of a citizen to live under art 21 casts and obligation on the state. This obligation is further reinforced under art 47; it is for the state to secure health to its citizens as its primary duty. No doubt the government is rendering this obligation by opening government hospitals and health centers, but to be meaningful, they must be within the reach of its people, and of sufficient liquid quality. Since it is one of the most sacrosanct and valuable rights of a citizen, and an equally sacrosanct and sacred obligation of the state, every citizen of this welfare state looks towards the state to perform this obligation with top priority, including by way of allocation of sufficient funds. This in turn will not only secure the rights of its citizens to their satisfaction, but will benefit the state in achieving its social, political and economic goals.

**Right to Health Care as a Fundamental Right**

The Supreme Court, in Paschim Banga Khet mazdoor Samity & ors v. State of West Bengal & ors, while widening the scope of art 21 and the government's responsibility to provide medical aid to every person in the country, held that in a welfare state, the primary duty of the government is to secure the welfare of the people Providing adequate medical facilities for the people is an obligation undertaken by the government in a welfare state. The government discharges this obligation by providing medical care to the persons seeking to avail of those facilities. Article 21 imposes an obligation on the state to safeguard the right to life of every person. Preservation of human life is thus of paramount importance. The govern-

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contravene the law of the land by proceeding to treat an injured victim on his appearance before him, either by himself or with others. Zonal regulations and classifications cannot operate as fetters in the discharge of the obligation, even if the victim is sent elsewhere under local rules, and regardless of the involvement of police. The 1985 decision of the Standing Committee on Forensic Medicine is the effective guideline. III. No legal bar on doctors from attending to the injured persons: There is no legal impediment for a medical professional, when he is called upon or requested to attend to an injured person needing his medical assistance immediately. The effort to save the person should be the top priority, not only of the medical professional, but even of the police or any other citizen who happens to be connected with the matter, or who happens to notice such an incident or a situation.

**Workers right to health care facilities**

The Supreme Court has recognized the rights of the workers and their right to basic health facilities under the Constitution, as well as under the international conventions to which India is a party. In its path breaking judgment in Bandhua Mukti Morcha v Union of India, the court delineated the scope of art 21 of the Constitution, and held that it is the fundamental right of every one in this country, assured under the interpretation given to art 21 by this court in Francis Mullin's Case to live with human dignity, free from exploitation. This right to live with human dignity enshrined in art 21 derives its life breath from the directive principles of state policy and particularly clause (e) and (f) of art 39 and arts 41 and 42. It must include protection of the health and strength of workers, men and women; and children of tender age against abuse; opportunities and facilities for children to develop in a healthy manner and in conditions of freedom and dignity; educational facilities; just and humane conditions of work and maternity relief. These are the minimum requirements, which must exist in order to enable a person to live with human dignity. No state, neither the central government nor any state government, has the right to take any action which will deprive a person of the enjoyment of these basic essentials. In CESE Ltd v Subhash Chandra Bose, the court held that, the health and strength of a worker is an integral facet of the right to life. The aim of fundamental rights is to create an egalitarian society to free all citizens from coercion or restrictions by society and to make liberty available for all. The court, while reiterating its stand for providing health facilities in Vincent v Union of India, held that a healthy body is the very foundation for all human activities. That is why the adage 'Sariramadyam khalu dharma sadhanam. In a welfare state, therefore, it is the obligation of the state to ensure the creation and the sustaining of conditions con­genial to good health.

**Guidelines For Holding Eye Care Camps**

In the case of A.S Mittal v State of Uttar Pradesh public interest litigation brought under article 32 of the constitutions and the allied negligence on the part of the doctors in a free eye care camp at Khurja. However laudable the intentions with which it might it have been launched. The operated eyes of the patient were irreversibly damaged owing to post-operative infection. The mishap was due to some common contaminated source. After an inquiry it was found that it was due to normal saline used in the eyes at the time of the operation. The vision of 84 persons could not be restored. The court held that a mistake by a medical

practitioner, which no reasonably competent and careful practitioner would have committed, is a negligent one. The court further held that the highest standard of aseptic and sterile should be maintained. The govt. spends so much on public health but standard of cleanliness and hygiene are to be desired. The victims were given a com­pensation of Rs 5000 as interim relief. The state govt. was directed to pay a sum of Rs. 12,500 to each of the victims.

In a similar case Pushpaleela v. State of Karnataka a free eye camp was organized by lions club and some social service organizations on 28th and 29th January 1988. In this camp free eye treatment were given and 151 people were operated for cataract problem. Most people who got operated in this eye camp developed eye infection and severe eye pain. 72 of them lost the sight on one eye while 4 of them lost sight of both the eyes.

**Right to Health is a Fundamental Right**

In CESC Ltd. vs. Subash Chandra Bose, the Supreme Court relied on international instruments and concluded that right to health is a fundamental right. It went further and observed that health is not merely absence of sickness: "The term health implies more than an absence of sickness. Medical care and health facilities not only protect against sickness but also ensure stable manpower for economic development. Facilities of health and medical care generate devotion and dedication to give the workers' best, physically as well as mentally, in productivity. It enables the worker to enjoy the fruit of his labour, to keep him physically fit and mentally alert for leading a successful economic, social and cultural life. The medical facilities are, therefore, part of social security and like gilt edged security, it would yield

immediate return in the increased production or at any rate reduce absenteeism on grounds of sickness, etc.

**Environment Pollution is linked to Health and is violation of right to life with dignity**

In T. Ramakrishna Rao vs. Hyderabad Development Authority, the Andhra Pradesh High Court observed: Protection of the environment is not only the duty of the citizens but also the obligation of the State and it's all other organs including the Courts. The enjoyment of life and its attainment and fulfillment guaranteed by Article 21 of the Constitution embraces the protection and preservation of nature's gift without which life cannot be enjoyed fruitfully. The slow poisoning of the atmosphere caused by the environmental pollution and spoliation should be

regarded as amounting to violation of Article 21 of the Constitution of India.

It is therefore, as held by this Court speaking through P.A, Choudary, J., in T. Damodar Rao and others vs. Special Officer, Municipal Corporation of Hyderabad, the legitimate duty of the Courts as the enforcing organs of the constitutional objectives to forbid all actions of the State and the citizens from upsetting the ecologi­cal and environmental balance. In Virender Gaur vs. State of Haryana, the Supreme Court held that environmental, ecological, air and water pollution, etc., should be regarded as amounting to violation of right to health guaranteed by Article 21 of the Constitution. It is right to state that hygienic environment is an integral facet of the right to healthy life and it would not be possible to live with human dignity without a humane and healthy environment. In Consumer Education and Research Centre vs. Union of India, Kirloskar Brothers Ltd. vs. Employees' State Insurance Corporation, the Supreme Court held that right to health and medical care is a fundamental fight under Article 21 read with Article 39(e), 41 and 43. In Subhash Kumar vs. State of Bihar, the Supreme Court held that right to pollution-free water and air is an enforceable fundamental right guaranteed under Article 21. Similarly in Shantistar Builders v. Narayan Khimalal Totame, the Supreme Court opined that the right to decent environment is covered by the right guaranteed under Article 21. Further, in M.C. Mehta vs. Union of India, Rural Litigation and Entitlement Kendra v. State of U.P., Subhash Kumar vs. State of Bihar, the Supreme Court imposed a positive obligation upon the State to take steps for ensuring to the individual a better

enjoyment of life and dignity and for elimination of water and air pollution. It is also relevant to notice as per the judgment of the Supreme Court in Vincent Panikurlangara vs. Union of India, Unnikrishnan, JP vs. State of A.P., the maintenance and improvement of public health is the duty of the State to fulfill its constitutional obligations cast on it under Article 21 of the Constitution.

**Conclusion**

Our constitution makers was much aware about the public health or right to health that's why they imposed liability on Stat by some provision (Article 38, 39(e) 41, 42, 47, 48A ) of DPSP.

Constitution makers included public health inform of DPSP because they were well-known about it that only inclusion of right to health as F.R. will hive only right but it will not ensure medical facilities. If right to health included as a F.R. then what happened it is clean that State can protect himself to say that who is going to take away your right for example if any person effected by T.B. defended for his right to health as a F.R., then State can protect to say that go and be healthy T.B. is not caused to you by State. Thus right to health as F.R. cannot be give remedy for ill person. For treatment of T.B. there are so many component are requirement i.e. Hospital, doctor, medicine. So constitution makers included it in DPSP for to impose duty to State so that State will protect and improve public health.

Due to this duty state are taking steps in this regard and hospitals are running in control of State to give free health service to public at large. There is no need of of right to health for a person to be healthy. A person should have health entitlements, medical aid, medical assistance which provided by States.

Right to health and right to education are similar. Right to education was not fundamental right at the time of Constitution rafting. It was also inform of DPSP because for education there is a need of schools and it will made by States itself. How in the State of Kerla before right to education there was 100% literacy, because State government of Kerla provides entitlements for education and realized its duty and achieved it by taking necessary steps in this regards.

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knowledge or science. So the literal meaning of the word Ayurveda is the science of life. Ayurveda is a science dealing not only with treatment of some diseases but is a complete way of life. Ayurveda aims at making a happy, healthy and peaceful society. The two most important aims of Ayurveda are: to maintain the health of healthy people to cure the diseases of sick people.

those produced by the disease under treatment. MDs practice allopathic medicine.

The term 'allopathy' was coined in 1842 by C.F.S. Hahnemann to designate

the usual practice of medicine (allopathy) as opposed to homopathy, the system of therapy that he founded based on the concept that disease can be treated with drugs (in minute doses) thought capable of producing the same symptoms in healthy people as the disease itself.

**Ayurveda Vs Allopathy**

Allopathy, this is the term originated from a Greek root where allopathic means- which brings different effects not related with the pathology of the disease. A system of medicines- full of side effects, in lay man's words but anyhow this has become a synonym for evidence based system of medicine or modern medicine. This is the glittery of this system which has made this system a "conventional system of medicine" and the power of money behind this has brought it as a front line medicine and now frontline systems of medicines have become alternative medicine. None invests in a low income business and this is the bitter truth of the health sector.

We are here not to criticize any system of medicines and not telling and asking you to leave a system of medicines. Every science and scientific system has its pros and cons, but generally we are kept unaware about the bad effect of certain systems and these systems are always projected as the best, which is not even near the truth. We are here just sharing that what are the basic differences of Ayurvedic and Allopathic systems of medicine. Here is the brief study of the points where Ayurveda and allopathy differs from each other:

|  |  |  |
| --- | --- | --- |
| **Points** | **Allopathy** | **Ayurveda** |
| **Side Effects** | The name and its derivation suggest that this is a system of side effects. | Completely natural, so there is no issue of the side effects. |
| **Approach** | Takes body in pieces-totally objective and incomplete. A physician of heart seems help less to handle simple fever | Takes body as a whole. A complete physician is that who has knowledge of all the systems of medicines! |
| **Evidence** | Considered as evidence based system of medicine- but not that true. The way allopathic physicians' launches and withdraws medicines it never seems to be an evidence based system of medicines | Ayurveda has its own principles and Ayurveda do follow these principles. Evidence are defined in a peculiar way by Ayurveda. When Ayurveda follows the nature it directly means that it is following some natural wisdom and a universal truth, which need not to be launch and withdraw. This is the reason Ayurvedic Scholars have emphasized on the thought that Ayurveda has no end and no beginning even—no launch and no withdraw. |
| **Wholesomeness** | Allopathy is totally a system of physical health and moreoverthis science has become a bio-engineering and bio-mechanical system of medicines- where they believe toreplace/change of the organs or systems in name of treatment, not much worried about the CURE. | Ayurveda talks about complete wellness- physical, psychological, spiritual, economical and as well social wellness. For Ayurveda wellness is a complete package, not a scattered issue. |
| **Natural** | Modern day medical sciences understand the value of being natural, but these have no natural aid for the body. They believe in chemicals and synthetic things alone. | Ayurveda is completely natural and it believes that to follow the nature is the only way to achieve the complete wellness. |
| **Therapeutic Level** | On therapeutic level, modern day sciences seem to be confused for most of the time. These talk about the treatments and management...but neverthink about the CURE and REPAIR | Ayurveda considers Cure of a disease as the only way to go for the treatments. According to Ayurveda there cannot be less than the Cure in a medicalscience. |
| **Root Cause?** | You keep on plucking the leaves of a tree and this tree will never end...because growth seems on its leaves and bran­ches but the reason for this growth is only one- the Roots.Same applies on Diseases! Modem day medical sciences never understand this thing and they keep on suppressing the signs and symptoms alone- not concerned with the Root Cause of a disease. | Ayurveda understands the root cause first and then applies the same understanding to root out the disease from the body, this is the reason Ayurveda achieves the complete wellness and a state of cure and back to normaley very easily. |
| **Diet & Lifestyle** | Modern day sciences are slowly accepting the role and usefulness of both diet and lifestyle but they don't have any specific guidelines for both, this is the reason these modern sciences are never successful against the diseasesneither in curing these completely nor in preventing these. | Ayurveda is all about how to live-life. So diet and lifestyle are main concerns of Ayurveda. Medicines are not that important as important is diet and lifestyle according to Ayurveda and this is being followed completely by Ayurveda. |
| **Complete Eradication** | As modern sciences believe in suppressing the signs and symptoms, these never appreciate to remove the disease causing factors from the body. In allopathy they believe to hide the garbage under goodskin. | Ayurveda considers the detoxification as a primary part of the treatments and considers that until unless the disease causing factors are available in the body, diseases will keep on popping up again and again. |

These are the basic differences in Ayurveda and Allopath systems. It never means that we ask/suggest/create hatred for some scientific systems of health. No doubt, in cases of emergency and trauma modern day medical sciences have done more than the miracles and have proven life saving for everybody.

**Allopathy Versus Homeopathy**

Most people are unaware of the silent warfare that has been waged between two distinctly different philosophies in the field of medicine. It has been raging for well over one hundred years in America alone and with the passage of the so-called Patient Protection and Affordable Care Act, better known as "Obamacare," it may just be the death-knell for homeopathic medicine. The anarchist community would be served well to learn the differences between these two medical approaches to health care. If decades long-trends continue into the future patients and homeopathic doctors may be forced to operate outside of the purview of the state.

**Allopathy-** n. A method of treating diseases with remedies that produce effects different from those caused by the disease itself.

**Homeopathy- n.** A method of treating diseases with remedies that produce effects similar to those caused by the disease itself.

**Right to Health**

♦ Concepts of health

♦ Dimensions of Health

♦ Right to Health, National and International Statutes

♦ Health Right of Vulnerable Groups

♦ Emergency Medical Care

**Concepts of health**

In old days, in most cultures, health was known as the 'absence of disease'. The modem medicine is more for the study of diseases than for the study of health. But health has been recognized as a fundamental human right. In 1977, the World Health Assembly and WHO declared, "the attainment by all citizens of the World by the year 2000 of a level of health that will permit them to lead a socially and economically productive life". With the adoption of health as an integral part of socio-economic development by the United Nations in 1979, health has also become a major instrument of overall socio- development and the creation of a new social order.

The ancient Indians and the Greeks used to believe that health means a sound mind in a sound body and in sound environment. The modern holistic concept also describes health as a unified or multidimensional process involving the well-being of the whole person in the context of his environment.

The World Health Organization (1948) defined health as, "Heath is a state of complete physical, mental and social well being and not merely an absence of disease or infirmity". The definition has limitations but it stands for positive health. In a narrow sense health means : (a) there is no evidence of disease and that a person functions normally, and (b) the several organs of the body are functioning adequately.

New philosophy of health desires that

1. health is world-wide social goal,

2. health and its maintenance needs major social investment,

3. health is the responsibility of individuals, nations and international bodies,

4. health is central to the concept of quality of life,

5. health is a fundamental human right.

**Dimensions of Health**

Health is multidimensional. The WHO definition of health points to three dimensions - physical, mental and social.

The physical dimension implies the notion of perfect functioning of the body. It means that every organ of the body is functioning at optimum capacity and in harmony with the rest of the body. A good physical health shows signs of "a sweet breath, a good appetite, sound sleep, regular activity of bowels and bladder and smooth body movement".

The mental health is not mere absence of mental disease. Ability to respond to the many experiences of life with flexibility and a sense of purpose is the real indicator of good mental health. It is also "a state of balance between the individual and the surrounding world and a state of harmony between oneself and others. It is a co-existence between the realities of the self and that of other people and that of the environment". Psychological factors can induce a number a of diseases

hypertension, perpendicular and bronchial asthma.

Social well-being implies harmony and integration within the individual, between individual and other members of the society. It is the interpersonal ties and the involvement of an individual with the community. The social dimension includes the level of social skills one possesses and his ability to consider himself as a member of the society he lives in.

In addition, one strives to know the meaning and purpose of life. This is spiritual dimension of health. Feeling of a person is the emotional dimension of health. Interrupted emotion may lead to physical and mental illness. A person's works and work plays a role in promoting both physical and mental health.

Vocational dimension is thus important.

**Right to Health, National and International Statutes**

The Constitution of India under Article 21 guarantees the right to health for every citizen of India, Right to health is universal and therefore, the Universal Declaration of Human Rights provides right for the physical and mental health of every human being.

Article 25 of the Universal Declaration of Human Rights lays down that everyone has the right to, a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care. He has also the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Also, Article 12 of the International Covenant on Economic, Social and Cultural Rights provides right to enjoyment of the highest attainable standard of physical and mental health. It is recognised by every signatory State and the States are under obligation to take the following necessary steps for the full realisation of -this right:

(a) To make provisions for the reduction of still-birth rate and of the /infant mortality and for the health development of child;

(b) To take steps for the improvement of all aspect of environmental and industrial hygiene;

(c) To take steps for prevention, treatment and control of epidemic, endemic **and** occupational and other disease;

(d) To create condition which would assure medical service and attention to all in the event of sickness.

Even before the adoption of the Universal Declaration of Human Rights by the United Nations -in 1948, the World Health Organisation (WHO) in the Preamble of its Constitution made the provision of the right to health. It says, "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition".

**Health Right of Vulnerable Groups**

Various Covenants and Conventions of the United Nations made special provisions for the vulnerable groups of children, women, mentally-ill and prisoners.

**(i) Health care of children.-** Children are entitled to the highest attainable standard of health and facilities for the treatment of illness and rehabilitation of health. Signatory States are under obligation to ensure that no child is deprived of his or her right to access to health care services.' States are also required to pursue full implementation of this right and to appropriate measures:

(a) To diminish infant and child mortality;

(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(c) To combat disease and malnutrition within the frameworks of primary health care and through the provision of adequate nutritious foods and clean drinking water.

(d) To ensure appropriate pre-natal and post-natal health care for mothers;

(e) To ensure that all segments of society, particularly parents and children, have access to education and are supported for child health care, breast-feeding, hygiene, sanitation and prevention of accidents;

(f) To develop preventive health care, guidance for parents and family planning education and services.

Unfortunately, children are still abused in various ways. Poverty across Asia and Africa and also Latin America may be the important factor for child abuse but other factors like cruelty, sex' exploitation etc. are equally responsible. South-East Asian child sex tourism is a disgrace for humanity. Employment of child labour is a shame for the society. When a child should go to school, he goes to earn for his food and clothing. This is remarkably high among those who live below poverty line. Human trafficking including children continue across the continents. However, countries are taking appropriate measures to stop abuses of children.

Social taboos, dowry system and some biased socio-economic conditions prevail and to some families baby girls are unwelcome. It is unfortunate that the pre-natal diagnostic techniques were being misused by individuals for the purpose of pre-natal sex determination leading to female feticide. The Government had to stop it by enacting the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994. The position is improving,

**(ii) Health right of women.**-Article 12 of the Convention on the Elimination of All Forms of Discrimination Against Women require the States parties

(a) to take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on the basis of equality of men and women, access to health care services including those related to family planning;

(b) to ensure appropriate services in connection with pregnancy and the post-natal period, granting leave for working women and adequate nutrition

during pregnancy and lactation.

State initiated population control measure, largely depend on the success of family planning. Feminist organisations stress more on the health right of women and voice that the method of contraception should be the 'informed choice' of the woman. In law, choice is consent and medical treatment without consent is an offence. However, safety and effectiveness are the primary considerations for the vast majority of the rural women who are provided with contraceptives from the State run rural health centres. They can hardly afford to buy contraceptives and get those free of cost and therefore can rarely exercise choice.

**(iii) Right** to **health of mentally-ill persons.-** The United Nations in its 1971 Declaration required the member States to ensure the right of mentally-ill person to his proper medical cure and physical therapy and to such education, training and rehabilitation and guidance as will enable him to develop his ability and maximum potential.

Both law and medicine are taking steady humanitarian and tolerant approach towards mentally disordered persons. Earlier, people did not seek voluntary admission

into mental hospitals due to prevalence of deplorable conditions in the mental hospitals and also due to fear of detention beyond the time required for their recovery.

But after the Mental Health Act, 1987 was passed, the situation improved and people have started taking voluntary admission into mental hospitals.

Punishment of a drastic and deterrent nature are being reviewed now. Rehabilitative and reformative methods are being applied to persons under detention. Be- cause none wants to be insane of his own. It is a condition caused by intrinsic and extrinsic factors. Hence those unfortunate persons are to be treated with care and tolerance.

**(iv) Prisoners' right to health.-** The prisoners have right to be provided with protection of their physical and mental health and treatment of disease of the same quality and standard as is afforded to those who are not imprisoned or detained. It should be the duty of the health personnel, particularly physicans, charged with the medical care of prisoners and detainees to provide them with protection and treatment.

During the freedom movement in British India, thousands of political activists were detained, tortured and imprisoned. Specially, those who were secret-party activists had to bear the inhuman torture against all norms of civilized society. Even women activists were not spared and were subjected to ugliest treatment in prison. Some of the prisoners, with a view to torture them mentally, were deported to the Andamans. But their determination was high and the freedom fighters were undaunted against all tortures and they achieved the freedom.

In the recent year of 2003, degrading treatment to Iraqi prisoners in Abu Ghariab prison by seven of the American soldiers has been condemned throughout, the world though the offenders have been punished for their offences.

During the period from 1975-1979, some 1.7 million people died during four years of tyranny under the Khemer Rouge regime till they were ousted by Vietnamese forces. In a prisoner there some 16,000 prisoners were totured and killed.

**Emergency Medical Care 1. Accidents:**

Conditions which call for emergency medical care are generally:

**(i) Road accidents.-** These are common. Hundreds of road accidents occur throughout the year, specifically in big cities and towns where vehicular traffic is heavy. The accident may involve a single person being run over or a

1. The principles of Medical Ethics relevant to the role of health personnel, particularly physicians, in the protection of prisoners and detainees against torture and other cruel, inhuman or degrading treatment or punishment were adopted by the General Assembly of the United Nations in December, 1982, vide Principle 1. number of persons crushed by collision between vehicles or a bus falling into a gorge or a river. Sometimes, even a train may crush a bus or truck on railway crossing injuring and killing many. Under these conditions, the injured persons and the dead bodies are to be rushed to the nearest hospitals for emergency medical care. Critically wounded persons may need surgical operations and observation and treatment in ICCU or ICU where available. Where facilities are not available, the critically injured patients should be transferred by ambulance to fully equipped hospitals or nursing homes.

**(ii) Rail accidents.-** Passenger trains are derailed by signal or mechanical failure or by human errors injuring or killing many people. All of those injured or killed need emergency medical care.

**(iii) Collapses.-** A rail or road bridge may collapse causing a bus or some compartments of a train to fall and injure or kill many. The collapse of the bridge may also injure or kill people walking over or under the bridge.

Similarly, an old house or a building under construction may collapse and injure or kill the residents or the workers. All these injured people need emergency medical care.

**(iv) Natural calarities.-** Earthquake, flood, typhoon, lightning etc. may destroy may structures but also injure and kill many human beings, In some cases of natural calamity, the loss of life is very heavy and injured persons are also many in number.

The, injured may have to be air-lifted to nearby hospitals.

Medical camps with emergency facilities are set up. Doctors are flown from various parts of the country and treatment is provided. This kind of calamity which injures or kills thousands of people is deemed to be a national emergency.

**2. Delivery.-** In some cases of pregnant women, emergency medical care becomes necessary. Such patient is taken to a hospital and sent to the labour room for delivery. It is laudable that many clubs and voluntary organizations are operating ambulance services which can be availed in times of emergency. These organizations also supply oxygen cylinders to meet emergency. All hospitals have their own ambulances. St. Johan Ambulance is famous for their services. To burn or bury dead bodies is also an emergency. Those who cannot afford to carry the dead body, 'Satkar Samitis' are helping them, In all district hospitals and medical college hospitals have emergency department to attend patients requiring emergency medical care.

**3. Bites.-** Every year hundreds of people die being bitten by poisonous snakes. Snake-bitten patients should be transferred to the nearest health centre or hospital for treatment. Any delay may turn fatal.

**4. Cardiac or Coronary attacks.-** Persons attracked with heart troubles or strokes need immediate medical care. Ambulance or not, in the event of serious attacks, such patients should be rushed to the nearest hospital or nursing home for emergency medical care. To receive medical treatment is his right.

**Constitutional Perspectives and Penal Provisions**

♦ Introduction

♦ Penal Provisions

**Introduction**

The Law of Medicine is governed by various provisions in different statutes including salient provisions in the Constitution of India. Since human lives are concerned under the purview of this law, much importance has been attached to it. The most important provisions of these is Article 21 of the Constitution and provisions of the Indian Penal Code. Of late, environmental aspect has added a new dimension to the concept of universal health. The Indian Penal Code was enacted in 1860, i.e., some 149 years back. But the marvel of this Code is that it has covered all offences related to health of the citizens.

Health has been acknowledged as fundamental rights of the people. This has been. echoed in international conventions on human rights. The World Health 0 rganisation (WHO), as an organ of the United Nations, is doing its job to upgrade the quality of human life around the globe. However for Indians, the best of health concerns lies in the provision of Article 21 of the Constitution of India. Court pronouncements like bringing medical practice under the Consumer Protection Act have ushered in further benefits to the aggrieved citizens.

Since health is the nodal point of medical practices, the Indian Medical Degrees Act was enacted in 1916 as the principal statute to regulate the grant of qualifying, degree in medicine. The Indian Medical Council Act, 1933 whereby the Indian Medical Council was created, has since been amended as Indian Medical Council Act, 1956 and further amended as the Indian Medical Council (Amendment) Act, 1964. The latter amended Act extends to whole of India. Several State Governments have enacted and created the State Medical Councils.

In additions, the following Acts are also important so far as health is concerned :-

1. Epidemic Diseases Act, 1897

2. The Cigarettes (Regulation of Production, Supply and Distribution) Act, 1975

3. Public Liability Insurance Act, 1991

4. Dangerous Drugs Act, 1930

5. Drugs and Cosmetic Act, 1940

6. Drug and Magic Remedies Act, 1954

7. Vaccination Act, 1880

Above all, health consciousness among the people is very important. It is good food and pure drinking water that can help to maintain health in a big way . But exercise, in any form, is a must for those who do not undertake physical work. For older people walking may be reasonable exercise, In towns and cities open space is scanty and parks are few and thereby scope of walking is limited. For young boys and girls, playgrounds are few and facilities are .scarce. An environment has to be created where mind and body of the young people can grow naturally, The non-government organisations may be involved to organize sports and games, both indoors and outdoors.

**PENAL PROVISIONS Indian Penal Code, 1860:**

Sections 268 to 278 and Sections 284-286 which are related to public health and negligent conduct are mentioned here and discussed:

**Preamble.-** Whereas it is expedient to provide a general Penal Code for India, It is enacted as follows :

**1. Title and extent of operation of the code.-** This Act shall be called the Indian Penal Code and shall extend to the whole of India except the State of Jammu and Kashmir.

**2.** **Punishment** of offences **committed within India.-Every** person shall be liable to punishment under this Code and not otherwise for every act or omission contrary to the provisions thereof, of which he shall be guilty within India. Any person who comits an offence is guilty and is liable to punishment as per provisions of the Indian Penal Code.

**Section 268: Public Nuisance:**

A person is guilty of a public nuisance who does any act or is guilty of an illegal omission, which causes any common injury, danger or annoyance to the public or to the people in general who dwell or occupy property in the vicinity, or which must necessarily cause injury, obstruction, danger or annoyance to persons who may have occasion to use any public right.

A common nuisance is not excused on the ground that causes some convenience or advantage.

**Notes.-**Working of a motor cycle engine for a short period does not amount to public nuisance. [P, Athazvalla v. State of A.P.ll

**Section 269 : Negligent act likely to spread infection of disease dangerous to life** :

Whoever unlawfully and negligently does any act which is, and which he knows or has reason to believe to be, likely to spread the infection of any disease dangerous to life, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine, or with both (Either description-rigorous or simple)

**.Section 270: Malignant act likely to spread infection of disease dangerous to life** :

Whoever malignantly does any act which is, and which he knows or has reason to believe to be, likely to spread the infection of any disease dangerous to life, shall

be punished with imprisonment of either description for a term which may extend to two years, or with fine, or with both, (Malignantly - Outrageously or maliciously).

**Section 271: Disobedience to quarantine rule:**

Whoever knowingly disobeys any rule made and promulgated by the Government for putting any vessel into a state of quarantine (isolation imposed on a ship or person to prevent the spread of infectious diseases), or for regulating the intercourse of vessels in a state of quarantine with the shore or with other vessel, or for regulating the intercourse between places, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine, or with both.

**Section 272: Adulteration of food or drink intended for sale:**

Whoever adulterates any article of food or drink, so as to make such article noxious as food or drink, intending to sell such article as food or drink, or knowing it to be likely that the same will be sold as food or drink, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to rupees one thousand, or with both.

**Section 273: Sale of noxious food or drink:**

Whoever sells, or offers or exposes for sale, as food or drink, any article which has been rendered or has become noxious, or is in a state unfit for food or drink, knowing or having reason to believe that the same is noxious as food or drink, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to one thousand rupees, or with both.

**Section 274: Adulteration of drugs:**

Whoever adulterates any drug or medical preparation in such a manner as to lessen the efficacy or change the operation of such drug or medical preparation, or to make it noxious, intending that it shall be sold or used for any medical purpose, as if it had not undergone such adulteration, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to one thousand rupees, or with both.

**Section 275: Sale of adulterated drugs:**

Whoever, knowing any drug or medical preparation to have been adulterated in such a manner as to lessen its efficacy, to change its operation, or to render it noxious, sells the same, or offers or exposes it for sale, or issues it from any dispensary for medicinal purposes as unadulterated, or causes it to be used for medicinal purposes by any person not knowing of the adulteration, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to one thousand rupees, or with both.

**Section 276: Sale of drug as a different drug or preparation:**

Whoever knowingly sells, or offers or exposes for sale, or issues from a dispensary for medical purposes, any drug or medical preparation, as a different drug or medical preparation, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to one thousand rupees, or with both.

**Section 277: Fouling water of public spring or reservoir:**

Whoever voluntarily corrupts or fouls the water of any public spring or reservoir, so as to render it less fit for the purpose for which it is ordinarily used, shall be punished with imprisonment of either description for a term which may extend to three months, or with fine which may extend to five hundred rupees, or with both.

**Section 278: Making atmosphere noxious to health:**

Whoever voluntarily vitiates the atmosphere in any place so as to make it noxious to the health of persons in general dwelling or carrying on business in the neighborhood or passing along a public way, shall be punished with fine which may extend to five hundred rupees.

**Section 284: Negligent conduct with respect to** poisonous substances Whoever does, with any poisonous substance, any act in a manner so rash or negligent as to endanger human life, or to be likely to cause hurt or injury to ally person, or knowingly or negligently omits to take such order with any poisonous substance in his possession as is sufficient to guard against any probable danger to human life from such poisonous substance, shall be punished with imprisonment of either description which may extend to six months, or with fine which may extend to one thousand rupees, or with both.

**Section 285: Negligent conduct with respect to fire or combustible matter:**

Whoever does, with fire or any combustible matter, any act so rashly or negligently as to endanger human life, or to be likely to cause hurt or injury to any other person; or knowingly or negligently omits to take such order with any fire or any combustible matter in his possession as is sufficient to guard against any probable danger to human life from such fire or combustible matter, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to one thousand rupees, or with both.

**In Kurban Husain Mohamed Ali Rangwalla v. State of Maharasthra, the appellant was the working partner of a factory which manufactured paints and varnish.** The factory had no licence for manufacturing wet paints but nevertheless manufactured them. While that process was going on, froth overflowed out of the barrel and because of heat, varnish and turpentine which were stored at a short distance caught

fire. As a result of this fire seven persons were killed. The appellant was prosecuted under Section 304A and Section 285, I.P.C. It was held that the appellant was not guilty under Section 304 A (causing death by negligence). He was however held guilty under Section 285, I.P.C.

**Section 286: Negligent conduct with respect to explosive substance:**

Whoever does, with explosive substance, any act so rashly or negligently as to endanger human life, or to be likely to cause hurt or injury to any other person, or knowingly or negligently omits to take such order with any explosive substance in his possession as is sufficient to guard against any probable danger to human life from that substance, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to one thousand and rupees, or with both.

**DIRECTIVE PRINCIPLES**

Part IV of the Constitution provides certain principles of policy to be followed by the State in respect of means to livelihood of the citizens, ,operation of economic system, equality of pay for equal work for men and women, health and strength of workers. The Directive Principles also make provisions for the protection of chil­dren against abuse. It is duty of the State to raise the level of nutrition and the standard of living and to improve public health. The State is responsible for the protection and improvement of environment, forests and wild life.

**Article 39**

This article comes under Part IV-Directive Principles of State Policy.

**Article 39 : Certain principles of policy to be followed by the State.-** The State shall, in particular, direct its policy towards securing

(a) that the citizens, men and women equally, have the right to an adequate means to livelihood;

(b) that the ownership and control of the material resources of the community are so distributed as best to subserve the common good,

(c) that the operation of the economic system does not result in the concentration of wealth and means of production to the common detriment;

(d) that there -is equal pay for equal work for both men and women;

(e) that the health and strength of workers, men and 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 and strength.

(f) that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitations and against moral and material abandon.

**Article 47**

This article also comes under Part FV-Directive Principles of State

**Article 47 : Duty of the State to raise the level of nutrition and the standard of living and to improve public health:**

The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavour to bring about prohibition of the consumption, except for medical purposes, of intoxicating drinks and drugs which are injurious to health.

This article also comes under Part IV-Directive Principles of State policy.

**Article 48A:**

**Article 48A: Protection and improvement of environment and safeguarding of forests and wild life:**

The State shall endeavour to protect and improve the environment and to safeguard the forests and wild life of the country.

**Article 51A**

This article comes under Part IVA-Fundamental Duties.

**Article S1A** - **Fundamental Duties:**

It shall be the duty of every citizen of India

(a) to abide by the Constitution and respect its ideals and institutions, the National Flag and National Anthem;

(b) to cherish and follow the noble ideals which inspired our national 'Right to Freedom' struggle for freedom;

(c) to uphold and protect the sovereignty, unity and integrity of India;

(d) to defend the country and render national service when called upon to do so;

(e) to Promote harmony and the spirit of common brotherhood amongst all the people of India transcending religious, linguistic or regional or sectional diversities; to renounce practices derogatory to the dignity of women;

(f) to value and preserve the rich heritage of our composite culture;

(g) to protect and improve the natural environment including forests, lakes, rivers and wild life and to have compassion for living creatures;

(h) to develop the scientific temper, humanism and the spirit of inquiry and reform;

(i) to safeguard public property;

(j) to strive towards excellence to all spheres of individual and collective activity so that the nation constantly rises to higher levels of fundamental right, enforceble against the State endeavour and achievement.

(k) who is a parent or guardian to provide opportunities for education to his child or, as the case may be, ward between the age of six and fourteen years.] .

**Notes on Article 51A**

**Scope.-** Article 51A is confined to 'citizens' unlike some of the articles relating to fundamental rights (e.g., Article 21) which extend to all 'persons' (i.e., citizens and non-citizens).

**Fundamental duties and their enforcement:**

Provisions as to fundamental duties cannot be enforced by writs. They can be promoted only by constitutional methods. But they can be used for interpreting statutes.

Where the constitutionality of an Act is challenged the Court may look at Article 51A to uphold it.

**RIGHT TO LIFE-A FUNDAMENTAL RIGHT:**

In the Constitution of India, Articles 21, 39, 47, 48A and 51A which is related to life, livelihood etc, are mentioned and discussed

**Article 21** : It is in Part III.- 'Fundamental Right's and under sub-head- 'Right to Freedom'.

**Article 21 : Protection of life and personal liberty.-** No person shall be deprived of his life or personal liberty except according to procedure established by law.

In the following paragraphs protection of life alone will be discussed keeping aside personal liberty. .

**Notes on Article 21**

**Scope:**

The expression 'procedure established by law' in Article 21 has been judicially construed as meaning a procedure which is reasonable, fair and just. The important cases are:

The right of life has received the widest possible interpretation. Under the canopy of Article 21, so many rights have found shelter, growth and nourishment. The right is a fundamental right, enforceable against the State and judicial decisions have imposed several obligations on the State. For example, a person who cannot pay for medical expenses must be provided with medical treatment and without delay.

**Wider ambit.-** The approach to right to life is wide. It has also been recognised by the Court.

**Custodial death:**

For custodial death, the writ Court can award compensation. Custodial death has been described as "one of the worst crimes in a civilised society.

**Health**:

The right to life includes right to health **Sexual harassment**:

Sesual harassment in the work place is a violation of Articles '15 and 21.6

**Right to life.-** It includes various rights. Declaring that the right to life includes the "finer graces of human civilisation", the Supreme Court in P. Nalla Thampi v. Union of Indial virtually rendered this fundamental right a respository of various human rights. Thus it includes

1. The right to live with human dignity. 2. Right to healthy environemnt. It further includes

(i) Pollution-free water and air. (ii) Protection against hazardous industries. Free education upto 14 years of age. Emergency medical aid. Right to health.

6. Privacy.

7. Right to shelter.

8. Right to livelihood.

9. Timely medical treatment in Government hospital.

10. Right not to be driven out of a State.

11. Right to fair trial.

12. Right to speedy trial.

13. Right to free legal aid where conviction of an offence may result in loss of life and personal liberty.

**Fair procedure:**

Subsequent to the case of Maneka Gandhi v. Union of India, so many aspects affair procedure or reasonable or just procedure in the context of Article 21 have come up before the Supreme Court. Cases related to health and medical treatment are discussed below:

**Environment : Hazardous Chemicals:**

Certain directions regarding hazardous chemicals were given by the Supreme Court in M.C. Mehta v, Union of India, relying partly on Article 21. In the above judgment there are directions that life, public health and ecology have priority over unemployment and loss of revenue.

**Water:**

**Right to life under Article 21 includes the right to avail pollution-free water.**

**Medical Aids in Government Hospital's :**

Failure on the part of a Government hospital to provide timely medical treatment to a patient who is in need of such treatment amounts to violation of the right to life.

**Medical Confidentiality:**

The Supreme Court has held that if a self-respective spouse has an apprehension that the other (prospective) spouse is suffering from AIDS, the former has a right to seek information about the latter's illness from the hospital where blood reports of the latter is available. The right is part of the right to life.

**Private Industries and Pollutions:**

If an industry is established without requisite permission and in blatant disregard of law to the detriment of citizens' right to life, the Supreme Court can interfere to protect the right to life-Rule of absolute liability applies in such cases.

**Radiation:**

In M.K. Sharma v. Bharat Electronics Ltd., the workers of the public sector undertaking claimed compensation for being exposed to the ill-effects of x-ray radiation. The Supreme Court issued directions as to check and safeguard to guard against radiation.

**Article 21 and Health Care**

In Paschini Banga Khet Mazdoor Samity and others v. State of West Bengal and Another, the Supreme Court held that the denial of emergency aid to the petitioner due to the non availability of bed in the Government Hospital amounts to the violation of the right to life under Article 21 of the Constitution. The Court went on to say that the Constitutional obligation imposed on the State by Article 21 cannot be abdicated on the ground of financial constraint.

In Pt. Parmanand Katara v. Union of India & Others, the petitioner referred to a report published in the newspaper "The Hindustan Times" in which it was mentioned that a scooterist was knocked down by a speeding car. Seeing the profusely bleeding scooterist, a person who was on the road, picked up the injured and took him to the nearest hospital. The doctors refused to attend and told the man that he should take the patient to another hospital located 20 kilometers away authorized to handle medico-legal cases.-The injured was then taken to that hospital but by the time he could reach, the victim succumbed to his injuries.

The Supreme Court referred to the Code of Medical Ethics Ethics drawn up with the approval of the Central Government under Section 33 of the Indian Council Medical Act and observed "Every doctor whether at a Government Hospital or otherwise has the professional obligation to extend his services for protecting life. The obligation being total, absolute and paramount, laws of procedure whether in statutes or otherwise cannot be sustained and, therefore, must give way."

The Supreme Court held that it is the duty of the doctor in an emergency to begin treatment of the patient and he should not await the arrival of the police or to complete the legal formalities. The life of a person is far more **important than legal formalities.** This view is in accordance with the Hippocratic oath of doctors.

Although this decision has laid down that it is the duty of a doctor to attend to a patient who is brought to him in an emergency, it does not state what penalty will be imposed on a doctor who refuses to attend the said patient. Consequently it will depend on the fact and circumstances of the case. However, this case is important because I nowadays health care has often become a business, as is mentioned in George Bernard Shaw's play "The Doctor's Dilemma".

**RIGHT TO HEALTH AND EMERGENCY MEDICAL CARE**

**Introduction.-** Right to life is a fundamental right to the citizens of India as guaranteed by the Constitution. When a person falls sick it is his fundamental right to seek medical treatment. It is his personal choise whether he goes for allopathy, homeopathy or ayurvedic medicine. The choice of the system of medicine to some extent depends on the family tradition and also the faith that has been bestowed on the physician. He may like to be treated by conventional method or undergo surgical operations. But as a patient he has some fundamental rights which the doctor cannot override. Since human body is very much personal, any form of violation can be treated as human rights violation. During treatment and procedures proper respect for individual patients must be shown irrespective of his status. The patient, first of all, is a human being and the dignity that a human being deserves must be upheld. Similarly, it is the fundamental right of every human being to maintain his health. To maintain good health he may demand to live in a pollution-free environment. To control the pollution of water, air and neighbourhood, it is necessary that the Government, the industry and citizens work together. In big cities, the air pollution needs to be checked by controlling the vehicular emissions. Villagers have rights to demand for potable water and health services. Citizens can rightly demand that food stuff sold in the market bear marks of purity, dates of manufacture and expiry etc. Preservatives added in drinks should be mentioned. All activities creating health hazards should be banned. Health is a fundamental human right but its achievement is marginal only.

**Public Health and the Law:**

In a civilised society, health of the citizens is an important sector for the Government. The Government is responsible to provide health services to the pub- lic. In India the health services are provided both by the Central and State Governments. But the available resources with the Governments are not enough to cover all citizens under health care services. Hospitals and clinics run and administered by the Governments can take care of a small percentage of the population. But the requirements of health care for the one billion population is huge both in terms of financial outlays and infrastructure. As a result, services provided by private practioners and those by private hospitals and nursing homes are predominant. But there is a big difference in availed services. Poor people cannot afford to pay high charges of specialist doctors in the private sector. Even many cannot afford small fees. Consequently, there is a heavy rush of patients at Government hospitals for minor ailments as well as grave ones. Some of the private hospitals in big cities are equipped with sophisticated equipments and manned by specialist doctors. But only rich people have access to those though in some cases poor people too go to those private hospitals in order to save a valuable life. Death is inevitable. But the hard truth is that many a people die without the least medical care,

Apart from the provision of inadequate health services in the public sector, many people die because of wrong treatment and negligence on the part of the medical men and paraprofessionals. Even in developed countries the scenario is no different. Because full-proof system to avoid human error may not be possible. Moreover, the patient may develop unavoidable complications to make situations difficult for the medical men. There may be failures of machines. All these add together to cause sufferings to the patients and their families.

In India and other developing countries people also suffer because of poor quality of water, poor drainage conditions, non availability of sanitary systems and adulterated foods and drugs. Above all, it is the apathy of those who are responsible to enforce rules for better public health, Illiteracy and prejudices are other obstacles which play havoc with public health. The Central and State Governments are exerting tremendous efforts to eradicate Polio from the country. But there are adverse propaganda against such lofty social cause. Together with the Governmental efforts cooperation and active participation of the people can bring improved conditions in public health. A healthy nation is a national pride.

Health awareness among the people may help avert major epidemics which appear in particular seasons periodically. NGOs can motivate and create awareness.

**Human Rights and Dignity**

Law and medicine are interrelated. Medical professionals are the best friends and philosophers for the sick, old and disabled persons. At the same time, the relation calls for respect for human dignity and respect for justice.

Providers of health care are involved in the management of patients. When one is sick, doctors and nurses come to his mind first and truely it is them who take care of the patients. But there are others too who also play important roles, e.g., physiotherapists, pharmacists, laboratory assistants, midwives and others. The organisation and regulations of these professions are found in various legislations. Some of -these are : Medical Degrees Act, 1916, Pharmacy Act, 1948 and Indian Medical Council Act, 1956. The basic function of professional regulation is the maintenance of registers of the practitioners and to enforce discipline for 'infamous conduct' of a professional. Basically, the health law is concerned with the relationship between doctors and patients. To a lesser degree, the relationship between hospitals or other institutions and patients is also a matter of concern. Health law is framed based on tort, crime and family laws. It has its roots in the Fundamental Rights and Directive Principles of the Constitution of India. The common issues are : consent, truth telling, confidentiality, respect for human dignity and respect for justice. The legal frame is that of human rights and health law is thus a subject of human rights law. There has been radical innovations in genetics and new concepts are emerging to redefine biological parenthood.

There shall be rules to control the sale, supply and distribution of drugs at prices which are fare and reasonable. There shall be strict guidance for the

manufacture of drugs of standard quality and of maximum purity. Then there are dangerous drugs which are likely to be abused. The use of narcotics has to be checked. Misleading advertisements alluring patients for magical cute have to be restrained. Accordingly, there exist a series of Acts to control everything related to drugs. Some of the important legislations in this respect are

1. The, Drugs and Cosmetics Act, 1940.

2. The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954.

3. The Drugs Control Act, 1950.

4. The Dangerous Drugs Act, 1930.

**Legal Recognition of Human Rights:**

When we talk of human rights we presuppose a recognition of the dignity and worth of human person. But it is a fact that this human dignity, in practice, is denied in many ways. Human rights are natural rights. These rights are to be recognised for all people irrespective of their religious, political, social or cultural affiliation. Human rights are rooted in moral values. Because, of this, legal recognition of human rights is a dynamic historical process. As a result of this process, rights have enshrined in declarations, conventions and covenants that go to make International Human Rights Law. Many countries have their constitutional provisions for human rights.

Poverty across I Asia, Africa and Latin America has a close connection between human rights and liberation from hunger. Human rights champion the privilege of the individual against state power. The hurdle that stood on the way of making international human rights laws is the concept of 'sovereignty'. But 'civil liberties' and 'civil rights' got their footholds in domestic laws of the European countries and also in the United States. These stirred a legal revolution in International law. In about half a century after World War -II, a Code of new law definied certain 'human rights' and 'fundamental freedoms' for all human beings anywhere in the **world./ The individual today is thus an** object of international right. Hence there came a

series of international human rights laws. Some of these are :

1. The United Nation's Universal Declaration of Human Rights.

2. The International Covenant on Civil and Political Rights.

3. The International Covenant on Economic, Social and Cultural Rights. The other noteable laws are-

(a) European Convention for the Protection of Human Rights.

(b) American Convention on Human Rights.

(c) Indian Human Rights Commission.

The latest in the series is the Convention on Human Rights and Biomedicine, 1997.

**Patients, Doctors and Human Rights:**

Human rights are closely related to medical law. Both of these are of recent concepts. So far, medical law involves the application of the general Law of Torts, Criminal Law and Family Law. But we need to consider certain themes of ethics which must be taken into account for any legal analysis. Also, practice of medicine has a dimension which may broadly be called human rights. However, when we talk of human rights in the context of law of medicine, some unfavourable reaction comes forth. Because rights discussed are mainly those of patients. The doctor has the privilege to touch the body of the patient. Such powers must be subject to control and scrutiny. Respects have been treated as rights in the Declaration of Helsinki. This is all the more important to those who may be the subject of medical research.

The following are the examples of medical practice in which considerations of human rights are involved : Research on humans, the care of the new born baby, contraception, abortion, research on embryos, allocation of fund for health services and access to health care. These cases touch on such rights as the right to life, the right to privacy, the right to marry and find a family, the right to be free from inhuman treatment and the right to free movement.

In case of Bolam v. Friern Hospital Management Committee, ' negligence has been critically adjudged and stipulations have been made regarding the standard of care which a doctor must take to perform his duty to his patient. This is also a case which examines comptence of a doctor. The House of Lords had attached a series of conditions to the doctor's exercise of clinical judgment concerning his patient's best interest. The House of Lords also firmed up that while the decision to treat without consent was for a doctor to make in accordance with the view of his seniors, in making it he must give his mind to certain questions of general nature.

Female feticide is the selective abortion/elimination of the girl child in the womb itself, done deliberately by the mother, after the detection of the child's gender through medical means. This is usually done under familial pressure from the husband or the in-laws or even the woman's parents. Unplanned pregnancy is generally the reason behind abortion. However, female feticide is a far more heinous sin than the age old practice of killing an unwanted child, even before it's borin.

Sadly, a majority of female feticide cases involve an enthusiastic participation of women, both old and young.

To add fuel to the fire, unethical sex determination and selective abortion of female infants has become a booming US $224 million industry- a dangerous incentive for this transgression to prosper further in the near future.

**Why female feticide?**

Every unethical act, like this one, has some age-old lame reasoning behind it.

The root cause for female feticide lies within the cultural norms as well as the socio-economic policies of the country where this practice prevails. The most infected (I use the verb, for it precisely depicts the malady that has affected our world) are the South Asian countries like China, India, Vietnam, Korea etc. from where this social evil has mushroomed today to the western nations like the USA and Canada. This is the end result of immigration that has brought along female feticide across the pond. What is the rationale, one may wonder. Surprisingly, the reasons aren't quite as diverse for these nations as one may perceive.

**Preference for the male child:** Elimination/removal of girls from the family tree even before they are born clearly indicates the vehement desire for a boy child. In the countries where female feticide has become unbridled, the core factor is the need to continue the family line through the male born into it. Sons are seen as the main source of income. Even though women today can easily rub shoulders with men, almost in every field they set their mind to, the common misconception still remains that it is the male who will help run the house, and look after his parents.

**Foul Medical Ethics:** Theopening conversation to this hub satisfactorily covers this point. With the legalization of abortion in India, illegal sex determination and termination of pregnancies has become an everyday reality. The professionals in the medical field are only too glad to help parents realize their dream of a healthy baby boy. Female feticide is openly discussed amongst many in the healing fraternity and even pin boards outside certain clinics read, 'Pay Rs.500 ($ 10) today to save the expense of Rs. 500 000 ($ 10 000) in the future'. The initial meager sum is the cost of a pregnancy termination, while the bigger amount specified in comparison, is the expense that the family will be burdened with in the form of dowry for the girl.

**Industrial Growth:** Industrialization of the health sector has further strength- ened the selective sex abortion quarter. With the advent of CVS, Amniocentensis and Ultrasound, sex determination of the fetus has become much easier than it was earlier. This goes on to show how the manufacturers of high-tech equipments and gadgets, used to run these tests, benefit from the woes of future parents and their unborn child.

As opposed to CVS and amniocentesis, the ultrasound technology is cheaper and within easy reach of the lower economically backward strata of society. It is also easily accessible in a hospital/clinic nearby with mediocre credentials.

Unfortunately, the probability of accuracy of the ultrasound is not always 100 per cent until the fetus is twenty weeks old. Consequently, the child aborted by those enthusiastic parents may just be the little prince they were hoping for.

**Long Term Consequences**

As Newton's Third Law of Motion states, 'For every action, there is an equal and opposite reaction', the after effects of this genocide are fatal and far-reaching. Blinded by the need for an assertive gender to rule the house after the parents' demise, the majority are often ignorant of the disaster they unwittingly invite by indulging in female feticide.

**Skewed Sex Ratio:** In India, the number of girls per 1000 boys is declining with each passing decade. From 962 and 945 girls for every 1000 boys in the years 1981 and 1991 respectively, the sex ratio had plummeted to an all time low of 927 girls for 1000 boys in 2001. If that statistic is a matter of concern, the current figures are toeing the danger line with only 914 girls for 1000 boys in 2011. In the case of China, the sex ratio is an alarming 118 boys for 100 girls; that means 848 girls for 1000 boys. This is just an example of two nations trapped in the vicious circle. There are many others struggling with a skewed sex ratio.

Is an imbalance in the number of females a truly worrying matter?

Yes, indeed. Sex ratio is merely a microscopic view of the number of both genders. However, when calculated for the entire population, this clearly indicates the widespread disparity. This disparity may prove critical for the country's development in political, economic and emotional spheres.

**Female/Women Trafficking:** The steep decline in the number of girls makes them scarce for the teaming number of males eligible for marriage. As a solution to this issue, illegal trafficking of women has become commonplace in many regions. This is a graver matter than the ideology of mail order brides. Women, often young girls who've just crossed the threshold of puberty, are compelled to marry for a price fixed by the groom-to be. They are usually bought in from neighboring areas, where the number of girls might not be as miniscule as the host region. Child marriages become a rage and child pregnancies, a devastating consequence. The moment when a land participates in the trade off of its women population, it is a sure path laid ahead with pitfalls.

**Increase in Rape and Assault:** Once women become an endangered species, it is only a matter of time before the instances of rape, assault and violence become widespread. In the backdrop of fewer available females, the surviving ones will be faced with the reality of handling a society driven by a testosterone high. The legal system may offer protection, but as is the situation today, many cases might not even surface for fear of isolation and humiliation on the girl's part.

**Population Decline:** With no mothers or wombs to bear any child (male or female), there would be fewer births, leading to a decline in the country's population.

Though a control in the demographic statistics is currently the goal of many nations like China and India, a total wipeout of one sex is not the way to achieve this target. Science would then have to look up solutions to do away with the swarming number of men, should such a worst case scenario happen.

**Prevention and Cure**

Do the facts enlisted above truly spell disaster for the future of women? Not really. The issues of female infanticide, female feticide and selective sex abortion have gained global attention. Many international and national law making bodies have come forward to stop this cruel practice. Of the numerous steps taken to curb the matter, the prominent ones are:

♦ Cancellation/permanent termination of the doctor's license who partakes in fulfilling a client's demand to do away with her girl child.

♦ Heavy penalty imposed on companies like GE that specialize in marketing medical equipments used for illegal sex determination and abortion in unlicensed clinics and hospitals.

♦ High fines and judicial action against 'parents' who knowingly try to kill their unborn baby.

♦ Widespread campaigns and seminars for young adults and potential parents to enlighten them about the ill effects of female feticide. Ignorance is one of the major causes for the increase in the selective sex abortion cases. Spreading awareness can go a long way in saving our future sisters, mothers, girlfriends and wives.

A cohesive and concerted effort by everyone can prove to be the requisite baby step in the right direction. We may not support the notion of women rising above men, or them becoming the dominant sex, or conquering the world. However, the basic humane consideration to let an innocent child live and see the world she was conceived to grow in is not too much to ask Let's not be murderers of our own flesh and blood.

**Environment and health**

A clean environment is essential for human health and well-being. However, the interactions between the environment and human health are highly complex and difficult to assess. This makes the use of the precautionary principle particularly useful. The best-known health impacts are related to ambient air pollution, poor water quality and insufficient sanitation. Much less is known about the health impacts of hazardous chemicals. Noise is an emerging environment and health issue. Climate change, depletion of stratospheric ozone, loss of biodiversity, and land degradation can also affect human health.

In Europe, the major environment-related health concerns are related to outdoor and indoor air pollution, poor water quality, poor sanitation and hazardous chemicals.

The related health impacts include respiratory and cardiovascular diseases, cancer, asthma and allergies, as well as reproductive and neurodevelopmental disorders.

The EU Green Paper on noise exposure states that around 20 % of EU's population suffer from noise levels that health experts consider to be unacceptable, i.e. which can lead to annoyance, sleep disturbance and adverse health effects. Transport, especially in urban areas, is one of the key contributors to human exposure to air pollution and noise.

Much less is known about the health impacts of chemicals. There is growing concern about the effects of exposure to mixtures of chemicals at low levels and for long periods over our lifetime, in particular during early childhood and pregnancy. Persistent chemicals with long-term effects, such as polychlorinated biphenyls (PCBs) and chlorofluorocarbons (CFCs), and those used in long-life structures — for example construction materials — may present risks even after their production has been phased out.

Many pollutants known to affect human health are gradually coming under regulatory control. However, there are emerging issues for which environmental.