

Evaluating Legal and Economic Reform Practices Initiatives and Judicial Interventions in Right to Health of Prisoners

Indira, Bhupinder Singh

Ph.D Scholar, Sharda School of Law Sharda University, Greater Noida, India

Email: indira.machya1992@gmail.com

Professor, Sharda School of Law Sharda University, Greater Noida, India

Abstract

Prisoners have a fundamental right to health, which is a part of the Right to Life under the Constitution of India. Time and again, courts have ruled that locked doors will not extinguish this right and that the State is under a positive duty to assure all persons in custody of adequate medical treatment, humane conditions and prompt treatment. This article examines developments in legal and economic reform efforts and the subsequent judicial responses in attempting to enforce prisoners' rights to health care. It analyses the constitutional basis, the legislations and important verdicts from Sunil Batra to recent guidelines regarding elderly, terminally ill, and differently-abled inmates. Implementation of these reforms in Uttar Pradesh with specific reference to overcrowded prisons in the National Capital Region (NCR) is specially discussed. The study points to incongruities from enlightened top-level guidelines to field conditions including overcrowding, insufficient staffing and poor medical facilities. Ultimately, the article explores the economic and legal reform practices and initiatives at government level for a more comprehensive system change to make constitutional promises a reality that safeguards prisoners' health and their dignity.

Keywords: Economic Reform Practices, Prisoners' Rights; Judicial Interventions; Prison Reforms in Uttar Pradesh; NCR Prisons

1. Introduction

One of the most profound but yet least realised aspects of constitutional and human rights law in India is the right to health position of the prisoner. While there is no reference to the fundamental right to health in the Constitution itself, the Supreme Court of India has over a long period of decisions and a consistent interpretation of the scope of Article 21 (guarantee of life and personal liberty), firmly incorporated it as part of Article 21 [1]. The Court has held that the inherent dignity of the individual is not lost when he is deprived of his liberty by lawful incarceration, nor does this forbid the State's positive action to promote the physical and mental health of its wards who are entirely within its power and under its control. Thus the right to proper medical care and treatment, proper nutrition, proper sanitary living conditions and protection from preventable diseases has been established as an integral part of the right to life.

The philosophy and Constitution underpinning this jurisprudence is derived from the premise that even behind bars prisoners, convicts or innocent accused till their final court trial, retain their personality and are entitled to the basic minimum conditions for a human life with dignity. It follows from the setting of three groundbreaking cases, Sunil Batra v. Delhi Administration 1978 & 1980 and Ashok Kumar Sarker v. State of Assam 1983 as well as Narsimhapuramiah and Brothers v. State of the Union of India 1980, which firmly established that the fundamental rights of a prisoner do not end at the prison door. The strong dictum of the Justice V.R. Krishna Iyer that the "walls of the prison do not sever the fundamental rights of a citizen" paved the way for future judicial responses. The Court pointed out that a reasonable time constraint on a prisoner's right to cleanliness and hygiene is implicit in the right to life guaranteed in Article 21, and that the State is constitutionally obligated to provide humane conditions of confinement and timely medical services.

Later decisions broadened the State's duties. The Supreme Court in Parmanand Katara v. Union of India (1989) prescribes that maintaining human life becomes paramount and should not be prevented on any technical or procedural ground, and even to deny a medical aid during hour of distress. Later, this was then brought into full

force to the prison context. In *Rama Murthy v. State of Karnataka* (1997), the Court pointed out the systemic inadequacies namely of overcrowding, shortage of medical staff and the lack of segregation of the sick and noted that Union Government must draw up a comprehensive National Prison Manual. The outcome, the Model Prison Manual 2016, was a major legislative and administrative response, in reaction to the impetus from the courts. The Court in *In Re: Inhuman Conditions in 1382 Prisons* (2016) also specifically identified the right to health as a human right for prisoners, and gave detailed directions for its systemic reform that included the appointment of medical staff, incorporation into the public health system and regular monitoring [2].

The nature of judicial involvement through the years has been a developmental process, reacting to new vulnerabilities. The Supreme Court has ruled that forward-looking torture or suffering at the hands of prisons officials, where a prisoner is elderly or terminally ill and an otherwise lawful restriction would result in death, severe bodily deterioration and interference with the intimate physical presence of the person involved rises to the level of a constitutional violation. Modeling techniques and guidance has been given for the establishment of 'compassionate release' on grounds of age and ill health. The same language is found in the rulings on disability rights of the prisoners that the Court has relied on Articles 14 and 21 in conjunction with Rights of Persons with Disabilities Act, 2016, for the provision of accessible infrastructure, special health care facilities, assistive devices, and non-discriminatory treatment. These interventions have been complemented by high courts throughout the country, which have issued specific directives for medical check-ups on a regular basis, changes in diet that suit medical needs and prompt specialised treatment for individual prisoners.

In parallel with this trajectory of the judiciary, a series of legal reform proposals have aimed at modernising the laws on prisons. The colonial Prisons Act of 1894 (whose chief legislative basis still exists in most States) was primarily framable for control and security and not for care and reformation. In response to the orders from the courts and international standards, the ministry of home affairs has prepared the Model Prison Manual 2016, which has detailed provisions of medical care, women prisoners, the mental health, as well as children living with their mother. Taking these on board, the Model Prisons and Correctional Services Act 2023 aims to scrap the 19th-century Act of 1894 and adopt a more organic legislation that caters to reformation, rehabilitation, and healthcare as the core mission of a prison administration. The Act also includes separate chapters about mental health and healthcare facilities and highlights assimilation of the prison health services with the public health system [3].

However, the implementation of these advances at the judicial and legislative levels into on-the-ground protection has been fragmented and incomplete. Overcrowding, shortage of medical and paramedical staff, poor infrastructure, lack of or delayed referrals, and inadequate mental health services remain a constant problem in prisons throughout India. Specially, these challenges are great in the high-population States, where prisons in National Capital Region, such as Dasna (Ghaziabad), Luksar (Noida) and Meerut, run at a level well above the sanctioned capacity. These factors have contributed to an inadequate sanitation system, vulnerable to the transmission of infectious diseases, high numbers of undertrials and a lack of adequate medical resources due to excessive population density.

In this article, the aim is to assess the effects of legal reform movements and judicial actions on the right to health of prisoners in totality [4]. It explores the constitutional underpinning of the right, party lenses on the development of the statutory and policy framework, the transformative trajectory of Supreme Court and High Court judgments and nuanced issues of implementation in Uttar Pradesh and specifically the National Capital Region. The core thesis was that the normatives ensemble to safeguard health rights of inmates has now become quite solid, albeit with certain limitations between the words of the courts, the model law and the governing facts. The bridge-filling will be possible only because of continuous judicial control but also the ongoing willingness of the political actors, the size of the resources allocated for such purpose, the professionalisation of prison medicine and effective systems of monitoring and accountability. It is only through these all-encompassing processes that the promise of the right to health provided by the constitution can be fulfilled for the people who continue to rely on the State the most for protection of their right to life and dignity.

2. Prisoners and Health Care in the United Nations System: Modeling Techniques

There is no right to health mentioned in the constitution of India. But, the Supreme Court has read into Article 21 the right to live with human dignity which surely implies the right to make use of adequate medical treatment and proper nutrition, cleanliness, and a healthy environment. This wide-spreading reading commenced in *Maneka Gandhi v. Union of India* (1978), where the court decided any procedure leading to infringement of life and liberty of the constitutional beneficiaries should be fair, just and reasonable. In later decisions, this principle was solidly entrenched and it was reaffirmed that the right to health is an integral part of the right to life [5].

In the context of prison the basic principle was established in *Sunil Batra v Delhi Administration* (1978 and 1980). That prisoners are not deprived of the fundamental rights at the gateway of jail, was famously said by Justice V.R Krishna Iyer. It was opined by the Court that the rights to live without inhuman or degrading treatment or punishment had inborn quality in the Article 21 which was the duty of the State to afford timely medical assistance, accommodation and human environment. In *Francis Coralie Mullin v. Administrator, Union Territory of Delhi*, (1981), it was held that the right to life also means the right to live with human dignity, which is one of its many facets, and includes the bare necessities of life – adequate nutrition, clothing, medical facilities etc.

But repeatedly the Supreme Court has restated that the State's care-giving responsibilities are increased in a custodial environment because prisoners are completely dependent upon the administration for the most necessary requirements of life. In the case of *Parmanand Katara v. Union of India* (1989), the Court said that the preservation of human life is paramount and there can be no technical or procedural impediment for the denial of emergency treatment. This was expanded to the prisons in *State of Andhra Pradesh v. Challa Ramkrishna Reddy* (2000) and strengthened in *In Re: Inhuman Conditions in 1382 Prisons* (2016) in which the Court expressly acknowledged that the right to health is indeed a human right for prisoners and mandated systemic changes in prisons.

The foundation has been reinforced by more recent jurisprudence. Where old or termly ill prisoners are concerned the Court has been holding that prolonged detention involving unnecessary agony is violation of Article 21. Likewise, in the case of prisoners with disabilities, the Court has reiterated that Articles 14 and 21 along with the Rights of Persons with Disabilities Act, 2016 gives positive obligations upon the State for accessibility, special healthcare, and treatment without discrimination to the inmates with disabilities. Thus, the constitutional terrain is clearly defined in this regard and the right to health of prisoners is not a privilege, but a justiciable fundamental right with entitles constitutional examination and remedial directions in favor of prisoners when the State fails to secure it [6].

3. The Development of Statutory Framework and National Economic and Legal Reform Initiatives and Big Data Analytics

The main focus of the colonial Prisons Act 1894 (which is still in place in most States) was security, discipline and control. There were few provisions with respect to medical care. Judicial pressure and international standards have led in the decades to the construction of more progressive frameworks.

There is a major paradigm change with the Model Prison Manual 2016 prepared by the Ministry of Home Affairs. Chapter VII (Medical Care) includes compulsory medical examination of all the prisoners on their incoming, maintaining the medical sheets of the prisoners, conducting periodical medical examination, segregating the prisoners suffering from infectious diseases and sending them to any special hospital if necessary. It highlights the need for medical services to be provided by the State Health Department, but not the prison administration [7]. The Manual also provides for special provision for female prisoners such as comprehensive health screening, mental health evaluation and care for pregnant and nursing women. Adopts aspects of “Nelson Mandela Rules” and “Bangkok Rules” for women offenders according to the standards of United Nations minimum rules for the treatment of prisoners.

On this bear, the Model Prisons and Correctional Services Act, 2023 aims to supplant the antiquated Act of 1894. It includes separate chapters on healthcare facilities as well as mental health. The Act calls for psychological assessment and treatment of mental illness as well as the inclusion of prison health care within the public health system. It further foregrounds reformation, rehabilitation and individual sentence planning, while seeing health as an integral component of the overall aim of correctional administration.

Mental health and suicide prevention guidelines by NHRC, prevention and control of infectious diseases like TB and HIV, medical examination at time of admission of prisoners etc are complementary [8]. Over the last year, on the background of the COVID-19 pandemic, the Supreme Court's suo motu orders resulted in the mass testing of inmates, temporary release of eligible inmates, and better health facilities for the inmates. In addition, the introduction of bungalows for special dietary requirements and the provision of additional wash and ablution facilities on the prison premises, as well as the Modernisation of Prisons Project and plans for support to poor prisoners, seek to ease congestion, a key factor in health outcomes.

However, these progressive documents are only inconsistently applied for, as prisons are a State subject. Most States are still using the colonial Act and obsolete manuals leading to a wide disparity between the standard of medical attendance in different parts of the country.

4. Landmark Judicial Interventions by the Supreme Court and High Courts

In India prisoners health rights have been the main concern of intervention of the judiciary. Starting from Sunil Batra onwards, the Supreme Court under Article 32 of the Constitution as well as the High Courts under Article 226 of the Constitution exercised the writ jurisdiction and made detailed directions and followed up with compliance directions [9].

There have been some recent judgments with regards to vulnerabilities. However, in *L. Muruganantham v. State of Tamil Nadu* (2025) and later nationwide extension in *Sathyan Naravoor*, the Supreme Court had directed detailed measures to be done for the inmates with disabilities, as a true lockdown is a barrier for them – such as identification at admission, accessible infrastructure, assistive devices, special healthcare as per the community standard, and grievance redressal. In *National Legal Services Authority v. Union of India* (2026), the Court said that the policy must be drawn up by all States and the UTs under which circle of light policies for compassionate release of aged (over 70 years) prisoners and those suffering from terminal illnesses who have to spend the majority of their lives in prisons and spend the remainder in suffering would be violation of Article 21 [10].

High Courts have also been pro-active. Madras High Court has established that a medical check-up for every prisoner is a right to be enjoyed by the prisoner under Article 21 and such medical examination can be done periodically, the Court has ordered such examination every two years. Delhi High Court has ordered that athletes that are imprisoned, on a temporary basis, be treated specially over and over again, including indicating AIIMS, affirming fact that right to be healthy can't be suspended due to incarceration.

In each of these cases, the judges have shared an approach that sees the State's custodial responsibilities as entailing a duty of care: courts will not stand idly by and let the prison system become a place for unnecessary suffering and death.

5. Health care Reforms and problems in Uttar Pradesh with reference to NCR Prisons

However, Uttar Pradesh, where the prisons have the highest population in India, has taken some progressive steps [11]. This Manual of jails 2022 in Uttar Pradesh has introduced multiple reformative changes to supersede the Manual of jails, 1941, which is of the colonial era. It includes a place for special medical care and a suitable diet for pregnant and lactating women and provides sanitary napkins, birth registration and vaccination of the children residing with the mothers, while appointing the prison welfare officers. Other requirements in prisons include the setting up of hospital facilities with 20-30 beds, medical officers, pharmacists and referral linkages with district hospitals/MCQs. A specialized visit and AIDS control programmes have been launched in some prisons.

However, the actual situation is far from the better, especially at NCR prisons like Luksar (Noida), Dasna (Ghaziabad) and Meerut. These prisons are overcrowded, generally at 200 - 276% occupancy. Excessive crowding has a serious negative impact on sanitation and ventilation, as well as isolation of those who are ill with the virus. Staff shortage is a regular occurrence, consultant posts are often vacant and department of health ratios of doctor to inmates is inadequate. Despite some formal provision, there are still reports of large numbers of deaths in custody, referrals being delayed because of the absence of an escort and inadequate mental health provision [12].

The Constitutional right to health of NCR prisoners continues to be hindered by the high rate of undertrial population (approx., 77 percent) in prisons in Uttar Pradesh, infrastructural deficiencies and administrative lacunae in the Manual and central schemes of 2022.

6. Conclusion and Evaluation of Implementation Gaps and suggestions for effective reforms

There is a large gap between the law and reality, as the Constitution includes a strong element of judicial interpretation and progressive model laws. Lack of adequate healthcare is the biggest problem we have, today — overcrowding. Lack of medical/paramedical personnel, delay in referral, lack of mental health support and poor monitoring are additional factors which detract from the right to health. Obedience to the instruction of the Supreme Court is usually partial and erratic and not systemic.

In order to overcome this gap a number of measures are needed. Firstly, States need to adopt and effectively implement the Model Prisons and Correctional Services Act, 2023, and set timeframes for this to happen and ensure States are held accountable. Second, all aspects of prison healthcare must be fully integrated with the public health system, in terms of dedicated Budgets, recruitment of vacancy, and regular trainings must be ensured. Thirdly, periodic audits and independent medical boards, as ordered by the Supreme Court in some of its recent cases, should be made a reality. Lastly, reduce overcrowding in prisons and district jails by adopting liberal bail practices, Section 479 of the Bharatiya Nagarik Suraksha Sanhita and increasing the number of open houses. Fifth, operationalisation of special protocols for the elderly, the terminally ill, the disabled, women prisoners and mentally ill prisoners should be put into practice with measurable indicators.

In short, the right to health of prisoners is a measure of the State's sincerity with regards to constitutional morality. The struggle is to make these norms more real on the ground, and ensure the prevention of avoidable illness and dehumanisation that occurs while people are locked up.

References

1. Gupta, A., & Singh, S. (2025). Pressing Need for Reforming Archaic Legal Provisions of Criminal Law and Speedy Justice in India. *LawFoyer Int'l J. Doctrinal Legal Rsch.*, 3, 807.
2. Saigal, V., Kour, M., Bakshi, O., Gupta, M., Jamwal, P., & Slathia, S. (2026). Reimagining Incarceration: Assessing The Applicability of Scandinavian Correctional Principles in India's Criminal Justice System. *Restitution Law Review*, 34(1), 584-602.
3. Bhalerao, G. A. (2026). Punishing the Vulnerable: Why India's Drug Laws Fail Victims of Addiction. *LawFoyer Int'l J. Doctrinal Legal Rsch.*, 4, 2506.
4. Mustafa, N., & Akhtar, N. (2026). Prisoners' Right To Health and Access to Medical Practitioners of Their Own Choice in Pakistan. *Pakistan Journal of Criminal Justice*, 6(1), 01-24.
5. Fazal, M., & Shukla, R. K. (2025). A Critical Analysis of Life Imprisonment without Remission as an Alternative to the Death Penalty in India. *LawFoyer Int'l J. Doctrinal Legal Rsch.*, 3, 514.
6. Mishra, T. (2025). In Defence of Dignity: Constitutional Promises, Everyday Betrayals. *Everyday Betrayals* (July 06, 2025).
7. Jodha, K. (2026). Institutional Segregation in Correctional Facilities: Network Formation, Governance Failures, and the Limits of Rehabilitative Reform. *Minnesota Journal of Business Law and Entrepreneurship*, (1), 141-158.
8. Jackson-Green, B. J., Yuhm, J., & Vu, J. (2025). Court-managed policy change: a content analysis of prison healthcare consent decrees and settlement agreements. *Social Sciences*, 15(1), 13.
9. Dhiman, P. (2026). Crime victimization and the Right to Health: Comparative Perspectives from India, UK and USA. *Natural Resources for Human Health (NRFHH)*, 6(7s), 571-580.
10. Bansal, S., & Motiyani, P. (2025). Rethinking on the interplay of substance abuse and mental health in Indian prisons: a critical analysis. *Discover Mental Health*, 5(1), 76.
11. Choudhary, B. (2026). From Self-Identification to Medical Gatekeeping: The Transgender Persons (Protection of Rights) Amendment Act, 2026 and the Constitutional Crisis of Gender Identity in India. Available at SSRN 7281038.

12. Shah, S. (2026). Prisons, Patriarchy, and Parenthood: Reproductive Injustice as Double Punishment. *Harv. Hum. Rts. J.*, 39, 147.