INTHESUPREMECOURTOFINDIA CIVILORIGINALJURISDICTION

WRITPETITION(CIVIL)NO. OF2018

(UNDERARTICLE32OFTHECONSTITUTIONOFINDIA)

INTHEMATTEROF:-

RakeshKumarSinghal

R/oB-4/107,PaschimVihar

NewDelhi …Petitioner

Versus

UnionofIndia

ThroughtheSecretary,

MinistryofRoadTransportandHighways

TransportBhawan

1,ParliamentStreet

NewDelhi-110001. …Respondent

ANDINTHEMATTEROF:

APetition(PIL)UnderArticle32oftheConstitutionofIndiatosecurethe righttolifeguaranteedunderArt.21oftheConstitution,fortheinjured victimsofroadaccidents.

ANDINTHEMATTEROF:

AnappropriateWrit,OrderorDirectionupontheRespondentsto universallyextend‘cashlesstreatment’toallinjuredvictimsofroad accidentincountryandtodirectthem toissueappropriate orders/directionstoallhospitals/medicalinstitutionstoprovidefree medicaltreatmenttoallsuchinjuredvictimsofroadaccident.

TO,

THEHON’BLECHIEFJUSTICEOFTHEHON’BLEHIGHCOURTANDHIS COMPANIONJUSTICESATHIGHCOURTOFDELHIATNEWDELHI THEHUMBLEPETITIONOFTHE PETITIONERABOVENAMED MOSTRESPECTFULLYSHOWETH:

1. Thatthepetitionerisfilingtheinstantpetition(PIL)underArticle32 oftheConstitutionofIndiaisbeingfiledforissuanceofaWritof Mandamusorotherdirectionstotherespondentsdirectingthemto universallyextend‘cashlesstreatment’toallinjuredvictimsofroad accidentincountryandtodirectthemtoissueappropriate orders/directionstoallhospitals/medicalinstitutionstoprovide freemedicaltreatmenttoallsuchinjuredvictimsofroadaccident, tosecurethe‘RighttoLife’guaranteedunderArticle21ofthe Constitutionofsuchvictims.
2. Thatthepetitionerhasnotfiledanyothersimilarpetitionbefore thisHon’bleCourtoranyotherHighCourtforseekingsamerelief asprayedinthepresentone.
3. Thatpetitionerhasnopersonalinterestinreliefsoughtinhandand heprobonoprefersthepresentPILbeingmovedbytheplightof theinjuredvictimsofroadaccidentwhobeingdeniedimmediate medicalhelp,sufferedbydeathorseveredisabilityofpermanent nature,onlybecauseeitherthenearesthospitalwasaprivate hospitalortherewasnoonefromfamilytobeartheexpenseofthe treatment.
4. ThatthisHon’bleCourthastheJurisdictiontoentertainanddecide thepresentwritpetitionasthematterisofpublicconcernrelated todisadvantagedgroupofinjuredvictimsofroadaccidents.
5. ThatthePetitionerhereinisaprivatepersonandapublicspirited CitizenofIndiaandismovedbytheplightoftheinjuredroad accidentvictims,manyofwhomdieduetononavailabilityof Governmenthospitalsnearbyandrefusaloftreatmentbyprivate hospitalsandRespondenthereinnamelyUnionofIndiaisaState withinthemeaningoftheArticle12oftheConstitutionofIndia.
6. ThatrespondenthereinUNIONofIndiaisStatewithintheambitof

Article12oftheConstitutionofIndia.PetitionerstatesthatRightto LifeisaNaturalRightanditistheconstitutionaldutyoftheStateto protect,nourishandrespecteveryhumanlifeirrespectiveofthe caste,creed,gender,religionandnationalityoftheperson.

1. IndiaisthememberofUnitedNation(hereinafterUN)andis signatoryoftheUNDeclarationofHumanRightssecuringtoit’s citizen‘accesstopublicservice’(Art.21),‘righttosocialsecurity andentitlementtorealization,oftheeconomic,socialandcultural rightsindispensableforhisdignityandthefreedevelopmentofhis personality’(Art.22)andtherighttoastandardoflivingadequate forthehealthandwell-beingofhimselfandofhisfamily,including food,clothing,housingandmedicalcareandnecessarysocial services,andtherighttosecurityintheeventofunemployment, sickness,disability,widowhood,oldageorotherlackoflivelihood incircumstancesbeyondhiscontrol.’(Art.25).
2. PetitionerstatesthatgovernmenthospitalsarescarceinIndiaand privatemedicalinstitutions/hospitaloperateonthemotiveofprofit andthereforeintheabsenceofGovernmentinterventionor promisetobearthecostifnecessary,privatehospitalingeneral refusetoextendmedicalassistanceorserioustreatmenttothe seriouslyinjuredvictimsofroadaccidenteitherduetotheir incapacitytobearthecostoftreatmentorduetoabsenceofany familymemberoranyotherpersonwhoisreadytobearthecostof suchtreatmentatcriticaltimealsoreferredtoas‘GoldenHour’and absenceofpropermedicalassistanceinthecriticalGoldenHouris oneofthemajorcauseofdeathsandprolongedorpermanent disabilitiesandlifelongcomplicationsintheinjuredvictims.
3. ThatoneofthelatestReportonroadaccidents,“Controllingthe "CarnageonIndianRoads"byRavinderGoyal,ShikhaJuyaland ShashvatSinghpublishedinthewebsiteofNitiAayogquotingfrom variousgovernmentsourcesthatamong“BRICS(Brazil,Russia, India,ChinaandSouthAfrica)nationscontributeto20%ofthe world’sroadaccidentdeathsandIndiatopsthelist.WhileIndiahas lessthan3%oftheworld’svehicles,itaccountsforabout11%of theworld’sroaddeaths.In2016,ourroadssaw4,80,652accidents, injuring4,94,624andkilling1,50,785persons.Thistranslatesto,on anaverage,into1,317roadaccidentsand413fatalitieseveryday; or55roadaccidentsand17deathseveryhour.Thenumberoffatal roadaccidentshavebeenincreasingconsistentlysince2005and stoodat1,36,071in2016.Consequently,accidentseverity expressedintermsofthenumberofpersonskilledper100 accidents,hasgoneupfrom29.1in2015to31.4in2016.Therefore, itisnothingshortof“carnageontheroads”.Thetruecopyofthe report“Controllingthe"CarnageonIndianRoads"byRavinderGoyal,

ShikhaJuyalandShashvatSinghisannexedherewithas ANNEXUREP-1.

1. Thatroadaccidentsinflicttraumaonvictimsandsocio-economic burdenontheirfamilies.Aforesaidreportstates,“Duetoarapid urbanization,themenaceofroadtrafficcrashisincreasinginIndia, andtheworstvictimsarethoseintheproductiveagegroupof18– 45years.Amongthosewholosttheirlifein2016duetoroad accidents,astaggering68.6%werefromthiscategory.Avast majorityofthesevictimsarenon-motorizedroadusersand motorcyclists,whoaregenerallyfromtheeconomicallyweaker sectionsofthesociety.Thus,roadsafetymustbeaccordeda nationalpriorityinourcountryandadequatestepsneedtobetaken forrealisingit.”
2. Thataforesaidreportamongstotherrecommends,“Adequate attentionmustbeaccordedtotheneedsofpersonsusingnonmotorisedtransitwhichaccountsfor66%ofIndia’s2008national averagemodeshare.Thedriversoftwowheelersarethemost vulnerable;constituting34.8%oftotalpersonskilledin2016.No roadsafetyinterventioncouldbesuccessfulunlesstheneedsof thoseroadusersareconsidered.”
3. ThatIndiaisalsoamemberofWorldHealthOrganisation(herein afterWHO).WorldHealthOrganization/WorldBankWorldreport 2004onroadtrafficinjurypreventionrecognized,‘roadtraffic injuriesareamajorpublichealthproblemandleadingcauseof deathandinjuryaroundtheworld’.WHO’s‘Globalstatusreporton roadsafety2015’,roadtrafficandsafetyisrepresentedasamajor developmentissue,publichealthproblemandleadingcauseof deathandinjuryaroundtheworld,ascrasheskillmorethan1.25 millionpeopleandinjureasmanyas50millionayear,with90%of thesecasualtiesoccurringindevelopingcountries.WHOprofileof IndiaonPostCrashcareidentifiesitgapsintermsoflackof Emergencyroominjurysurveillancesystem,MultipleEmergency accesstelephonenumbersandPermanentlydisabledduetoroad trafficcrash2.0–3.0%.TheWHOprofileofIndiaonPostCrashcare isannexedherewithasAnnexureP-2.
4. Indiaisalsosignatoryto‘BrasiliaDeclarationonRoadsafety’under whichby2020,ithascommittedtoreducethenumberofroad accidentsandfatalitiesby50%.BrasiliaDeclaration,underlines‘the importantroleofpublichealthintermsofreducingroadtraffic fatalitiesandinjuriesandimprovinghealthoutcomes,aswellasthe roleofhealthsystems,includingthroughuniversalhealthcoverage’. Itstatesthat‘roadcrashesaretheleadingcauseofdeatharound theworldforchildrenandyouthaged15-29years’andrecognized, ‘thathumansuffering,combinedwithglobalcostsestimatedat USD1,850billion3ayear,turnsreducingroadtrafficdeathsand injuriesintoanurgentdevelopmentpriority,andthatinvestmentin roadsafetyhasapositiveimpactonpublichealthandeconomy.’ ThetruecopyoftheBrasiliaDeclarationonRoadsafetyisannexed herewithasANNEXUREP-3.
5. ThattheDeclarationnotedthatoverwhelmingmajorityofroad trafficdeathsandinjuriesarepredictableandpreventableandthat atthemid-pointoftheDecadeofActionmuchremainstobedone, despitesomeprogressandimprovementsinmanycountries, includingindevelopingcountriesandrecognizedthatthereisa sharedresponsibilitytomovetowardsaworldfreefromroadtraffic fatalitiesandseriousinjuries,andthataddressingroadsafety demandsmultistakeholdercollaboration.Italsotookintoaccount thatroadtrafficdeathsandinjuriesarealsoasocialequityissue, asthepoorandthevulnerablearemostfrequentlyalsovulnerable roadusers(pedestrians,cyclists,usersofmotorizedtwo-and-three wheeledvehiclesandpassengersofunsafepublictransport),who aredisproportionatelyaffectedandexposedtorisksandroad crashes,whichcanleadtoacycleofpovertyexacerbatedby incomeloss;andrecallingthattheaimofroadsafetypolicies shouldbetoguaranteeprotectiontoallusers;
6. Earlierinyear2009,FirstGlobalMinisterialConferenceonRoad Safety:TimeforAction;MoscowDeclarationwhileacceptingthat ‘inadditiontotheenormoussufferingcausedbyroadtraffic deathsandinjuriestovictimsandtheirfamilies,theannualcostof roadtrafficinjuriesinlow-incomeandmiddle-incomecountries runstooverUSD65billionexceedingthetotalamountreceivedin developmentassistanceandrepresenting1–1.5%ofgrossnational product,thusaffectingthesustainabledevelopmentofcountries’,it expressedit’sconcern,‘thatmorethan90%ofroadtrafficdeaths occurinlow-incomeandmiddleincomecountries’andunderlined ‘lackofadequatetraumacareandrehabilitation’asoneofthe factor.ThedeclarationacknowledgedthefindingsoftheWorld HealthOrganization/UNICEFWorldreportonchildinjuryprevention whichidentifiesroadtrafficinjuriesastheleadingcauseofall unintentionalinjuriestochildrenandrecognizedthattheroad safetycrisiscanonlybeimplementedthroughmulti-sectoral collaborationandpartnershipsamongallconcernedinbothpublic andprivatesectors,withtheinvolvementofcivilsocietyand resolvedto‘Strengthentheprovisionofprehospitalandhospital traumacare,rehabilitationservicesandsocialreintegrationthrough theimplementationofappropriatelegislation,developmentof humancapacityandimprovementofaccesstohealthcaresoasto ensurethetimelyandeffectivedeliverytothoseinneed;and recommendedtoencourageamongstothersprivatesectorand actionstoimprovepost-crashresponseandrehabilitationservices byStrengtheningpre-hospitalcare,includingemergencyhealth servicesandtheimmediatepost-crashresponse,hospitaland ambulatoryguidelinesfortraumacare,andrehabilitationservices, throughtheimplementationofappropriatelegislation,capacitybuildingandimprovementoftimelyaccesstointegralhealthcare. Thetruecopyofthe2009,FirstGlobalMinisterialConferenceon RoadSafety:TimeforAction;MoscowDeclarationisannexed herewithasANNEXUREP-4.
7. GovernmentofIndiahasapprovedaNationalRoadSafetyPolicy thatoutlinesvariouspolicymeasurespertainingtoroadsafety, includingidentifyingneedsofvulnerableroadusersandensuring medicalfacilitiesforroadaccidentvictims.TheNationalRoad SafetyCouncilhasbeenconstitutedastheapexbodytotakepolicy decisionsinmattersofroadsafety.TheNationalRoadsafety Policy2018keepinginviewthetargetof‘BrasiliaDeclaration’also hasimprovingemergencycareasoneofit’sfocuspoint.Thetrue copyoftheNationalRoadSafetyPolicyisannexedherewithas ANNEXUREP-5.

17.Article21oftheConstitutionofIndiamakes‘Protectionoflifeand personalLiberty’aFundamentalRightandvideDirectivePrinciples ofStatePolicyprovidesfundamentalsof‘thegovernance’imposing dutyupontheRespondenttostrivetopromotethewelfareofthe peoplebysecuringandprotectingaseffectivelyasitmayasocial orderinwhichjustice,social,economicandpolitical,shallinformall theinstitutionsofthenationallife.(Article38),tosecurethehealth andstrengthofmenandwomen(Article39(e),tomakeeffective provisionforsecuringthepublicassistanceincasesofsickness anddisablement,andinothercasesofundeservedwant(Article 41),toendeavortotheimprovementofpublichealth.

1. ThisHon’bleCourtinStateofPunjabv.MohinderSinghChawla (1997)2SCC83.whiledecidingregardingtheGovernments responsibilitytobeartheexpensesoftreatmenthasheld,“Itisnow settledlawthatrighttohealthisanintegraltorighttolife. Governmenthasconstitutionalobligationtoprovidethehealth facilities”.
2. InPt.ParmanandKataravsUnionofIndia&Ors1989SCR(3)997 pertainingtomedico-legalcasesofroadaccident,thisHon’ble CourtheldthatArticle21oftheConstitutioncaststheobligationon theStatetopreservelife.Therecanbenosecondopinionthat preservationofhumanlifeisofparamountimportance.Thatisso onaccountofthefactthatoncelifeislost,thestatusquoante cannotberestoredasresurrectionisbeyondthecapacityofman. EverydoctorwhetherataGovernment hospitalorotherwise hastheprofessionalobligationtoextendhisserviceswithdue expertiseforprotectinglife.NolaworStateactioncaninterveneto avoid/delaythedischargeoftheparamountobligationcastupon membersofthemedicalprofession.Theobligationbeingtotal, absoluteandparamount,lawsofprocedurewhetherinstatuteor otherwisewhichwouldinterferewiththedischargeofthis obligationcannotbesustainedandmust,therefore,giveway.
3. Incaseofinjuryinvolvingtrain,thisHon’bleCourtinPaschim BangaKhetMazdoorsamityvsStateOfWestBengal&Anr1996 SCC(4)37,incontextofavailabilityoffacilitiesinGovernmenthospitalsfortreatmentofpersonssustainingseriousinjuries,held, “Itisnodoubttruethatfinancialresourcesareneededforproviding thesefacilities.Butatthesametimeitcannotbeignoredthatitis theconstitutionalobligationoftheStatetoprovideadequate medicalservicestothepeople.Whateverisnecessaryforthis purposehastobedone.Inthecontextoftheconstitutional obligationtoprovidefreelegalaidtoapooraccusedthisCourthas heldthattheStatecannotavoiditsconstitutionalobligationinthat regardonaccountoffinancialconstraints.[See:Khatri(II)v.State ofBihar,1981(1)SCC627atp.631].Thesaidobservationswould applywithequal,ifnotgreater,forceinthematterofdischargeof constitutionalobligationoftheStatetoprovidemedicalaidto preservehumanlife.”
4. ThisHon’bleCourtinthependingWRITPETITION(CIVIL)NO.295

OF2012S.RajaseekaranvsUnionOfIndia&OrsinOrderdated22 April,2014referringtothepilotprojectintroducedalongastretch ofNH-8betweenDelhiandJaipurwherein11ambulanceshadbeen deployedatintervalsof20kilometersandthegovernmenthas undertakentobearthetreatmentcostuptoRs.30,000/-forthe initial48hoursandtotheNationalHighwayAccidentReliefService Scheme(NHARSS),hasobservedthat;

“30.Insofarasemergencyisconcernedthereis perhapsnodenialofthefactthatmanydeathsandlossof limbsandseriousdisfigurationofvictimscanbesavedby timelymedicalattention.Lackofadequatenumberofgood samaritans;squabblesbetweenpolicestationsand administrativeauthoritiesoverjurisdiction;lackofquick responseinremovingthevictimstohospitalsandcentresof medicalcareduetolackofnecessaryinfrastructurelike ambulances;absenceofadequateandwellspreadout numberofhospitalsandmedicalcentres;thepoorcondition andlackofadequateinfrastructureingovernmentrun hospitalsandhealthcentresandtheprohibitivecostsof healthcarefacilitiesinthemoreadvancedcentresof medicalcarebesidesinsistenceoflargedepositofmoney bysuchadvancedhealthcarecentresintheprivatesectors aresomeoftheproblemsthathaveseriouslyplaguedpost trauma/accidentcareinthecountry.Asalreadynoted, limitedattemptshavebeenmadeonexperimentalbasisand thattooonnationalhighwaysalonetoprovidebetter amenitiesandalsototakecareofthefundrequirementsfor thefirst48hoursfollowingtheaccident.Theexperiment needstobeextendedbytheCentralGovernmenttomore stretchesoftheNationalHighwaysbesidesintroductionand implementationofsuchmeasuresbytheStatesintheroads undertheircontrolandjurisdiction.”

ThisHon’bleCourtconstitutedaCommitteeunderthe

ChairmanshipofHon’bleJusticeK.S.Radhakrishnantosupervise theprogressandimplementationofGovernmentmeasuresaswell asdirectionsofthisCourt.

1. Thaton30.11.2017thisHon’bleCourtrecordedthecallousattitude oftherespondentandlackofpositiveresponsefromtheState GovernmentstotherecommendationsoftheaforesaidCommittee anddealingwiththeissuepertainingtothisWritPetitioni.e. EmergencyMedicalCare,itwassuggestedbytheAmicusCurieto directforTraumaCareCentreforeverydistrictwithallmodern medicalfacilities,andsamewasagreedtobytheRespondentand States.
2. Thatthepetitionerstatesthatitiswellrecognizedandgenerally acceptedfactofmedicalemergencythatinthecasesofsevere trauma,especiallyinternalbleeding,surgical interventionisrequired.

Complicationssuchas shock mayoccurifthepatientisnot managedappropriatelyandexpeditiously.Itisnecessarytoprovide definitivetreatmenttoinjuredvictimasfastaspossiblebecause someinjuriescancauseatraumapatienttodeteriorateextremely rapidly,thelagtimebetweeninjuryandtreatmentshouldideallybe kepttoabareminimum;thishascometobespecifiedasnomore than60minutes,afterwhichtimethesurvivalratefortraumatic patientsisallegedtofalloffdramaticallyandisreferredtoas ‘GoldenHour’.The‘goldenhour’isawidelyacceptedconceptthat emphasisestheurgencyofcarerequiredbymajortraumapatients toprevent‘earlydeaths’predominantlyfromhaemorrhage.Trauma deathsareclassifiedashavingatrimodaldistribution,1.Immediate, 2.Earlyand3.Late.Immediatedeathsoccurwithinsecondsto minutesafterinjuryandareusuallyunpreventable.Earlydeathsare thosewhichoccurminutestohoursafterinjuryareusually haemorrhagerelatedandurgentdefinitivemedicalinterventioncan notonlypreventdeathbutalsoarresttheseverityofconsequent disability.

1. ThatNationalRoadSafetyPolicyrecognizesthatroadaccidentsis aleadingcauseofdeathinthecountry.Ithasalsorecognizedthe importanceofaddressingroadsafetyinordertoreducethe numberofaccidents,deathsandinjuriesontheroad.Theproposed actioninvolves,EmergencyMedicalAmenitiesforAccidentsonthe Roadwhichincludeeffortstoensurethateveryonewhoisinvolved inaccidentsontheroadtogetquick,superiormedicalcare.The mainfeaturesofsuchmedicalcareinclude,efficientrescue operationsandconductingfirstaidattheaccidentsite,aswellas transportingtheinjuredtothehospitalforfurthercare.Further,the governmentwillensurethatallhospitalsnearNationalHighways/ StateHighwaysarepreparedtocareforthosewhoareinjuredin roadaccidentssufficiently.
2. ThatinJuly2015,Hon’blePrimeMinisterinhisaddresstonationin 10theditionof‘MannkiBaat’,Expressingconcernoverthegrowing numberofroadaccidentsinthecountry,promisedcashless treatmentplanforroadaccidentvictims,andsaidthetransport Ministry’sschemethatprovidedcashlesstreatmentforthefirst50 hourstothevictimswouldsoonbeextendedtoallnational highways.Atpresent,therearethreepilotprojectsbeingrunby

RespondentinVadodara-MumbaistretchofNH-8,Ranchi-RargaonMahulia(Jamshedpur)stretchofNH-33andGurgaon-Jaipur stretchofNH.Thetruecopyofthemediareportofpilotprojects publishedinwww.rushhour.com isannexedherewithas ANNEXUREP-6andMediaReportaboutannouncementbyPrime

MinisteraspublishedonJuly26,2015inOneindiaNewsisannexed herewithasANNEXUREP-7.

1. Thatnotbeingfullysatisfiedbysupportlimitoftreatment announcedfor50hoursbytheHon’bleP.M.,asmayinjuredwho arepoormaystillrequirespecializedtreatmentbeyondthisperiod andthepoorpeoplewhothemostaffectedinroadaccidents cannotbeleftinlurchafter50hourstocarefortheirown,without appropriatemedicalsupport,petitionerhereinon04.08.2015and

29.07.2015maderepresentationtothePMO.Thereafterheagain onmaderepresentationvideletterdated30.11.2016toPMO.The truetranslatedcopyoftherepresentationdated04.08.2015, 29.07.2015andreceiptofhisrepresentationdated30.11.2016is annexedherewithasANNEXUREP-8.

1. ThatthepetitionerstatessafetyoflifebeingFundamentalRight, andIndiabeingaWelfareState,allinjuredvictimsofroadaccidents deservethesametreatmentaspromisedbytheHon’blePMsothat theyarenotdeniedtreatmenteitherduetolackofgovernment hospitalinproximityorduetothefinancialpositionoftheinjured victim.Theissueisofgreatpublicconcernandthereforethe petitionerhereinisfilingthepresentwritpetitionunderArticle32of theConstitutionofIndiaonthefollowingamongstothers:-

# GROUNDS

1. BecauseIndiaisthememberofUnitedNationandissignatoryof theUNDeclarationofHumanRightssecuringtoit’scitizen‘access topublicservice’(Art.21),‘righttosocialsecurityandentitlement torealization,oftheeconomic,socialandculturalrights indispensableforhisdignityandthefreedevelopmentofhis personality’(Art.22)andtherighttoastandardoflivingadequate forthehealthandwell-beingofhimselfandofhisfamily,including medicalcareandnecessarysocialservices,andtherightto securityintheeventofsickness,disability,orotherlackof livelihoodincircumstancesbeyondhiscontrol.’(Art.25).
2. BecausegovernmentmedicalinfrastructureandhospitalsinIndia arescarceandpoorlyequippedandprivatehospitalscanbe exhortedtosharetheresponsibilityatsubsidizedratesfixedbythe government.
3. Becauseimmediateandappropriatetreatmentatcriticaltimealso referredtoas‘GoldenHour’isnecessarytosavethelifeincaseof roadincidents. iv. BecausethenumberandcasualtyofroadaccidentsinIndiaare verylargetobeignored.
4. Becauseroadaccidentsinflicttraumaonvictimsandsocioeconomicburdenontheirfamiliesandcountry.
5. BecausethemostaffectedvictimsoftheRoadaccidentsarethe youngandthepoor.
6. Becauseunderthe‘BrasiliaDeclarationonRoadsafety’Indiais committedtoreducethenumberofroadaccidentsandfatalitiesby 50%by2020.
7. BecauseasrecognizedbytheFirstGlobalMinisterialConference onRoadSafety:TimeforAction;MoscowDeclarationthefinancial burdenofroadaccidentsonthestatesisverysignificantandhigh. ix. BecauseGovernmentofIndiahasapprovedaNationalRoadSafety Policywhereinimprovingemergencycareasoneoftheimportant component.
8. BecauseArticle21oftheConstitutionofIndiamakes‘Protectionof lifeandpersonalLiberty’aFundamentalRightandDirective PrinciplesofStatePolicyprovidesfundamentalsof‘the governance’imposingdutyupontheRespondenttostriveto promotethewelfareofthepeoplebysecuringandprotectingas effectivelyasitmayasocialorderinwhichjustice,social, economicandpolitical,shallinformalltheinstitutionsofthe nationallife.(Article38),tosecurethehealthandstrengthofmen andwomen(Article39(e),tomakeeffectiveprovisionforsecuring thepublicassistanceincasesofsicknessanddisablement,andin othercasesofundeservedwant(Article41),toendeavortothe improvementofpublichealth.
9. BecausethisHon’bleCourtinPt.ParmanandKataravsUnionof India&Ors1989SCR(3)997hasheldthatArticle21ofthe

ConstitutioncaststheobligationontheStatetopreservelife. xii. BecausethisHon’bleCourtinPaschimBangaKhetMazdoorsamity

...vsStateOfWestBengal&Anr1996SCC(4)37,hasheldthatit istheconstitutionalobligationoftheStatetoprovideadequate medicalservicestothepeople.Whateverisnecessaryforthis purposehastobedone.

xiii. BecauseRespondentinWRITPETITION(CIVIL)NO.295OF2012S. RajaseekaranvsUnionOfIndia&OrshasinformedthisHon’ble CourtthatemergencycareisthepriorityoftheRespondent. xiv. BecauseHon’blePrimeMinisterinhisaddresstonationin10th editionof‘MannkiBaat’,promisedcashlesstreatmentplanforroad accidentvictimsinmannerbeingprovidedinthreepilotprojectsin

NH.

xv. Becauseinmatteroflifeanddeathallinjuredvictimsofroad accidentsdeservethesametreatmentaspromisedbytheHon’ble PMandareentitledtosame.

PRAYERS

ItismostrespectfullyprayedthattheHon’bleCourtmaygraciously bepleasedto;-

1. issuewritofmandamusoranyotherappropriatewritorder(s), direction(s)therebydirectingtherespondenttoextend‘cashless treatment’toallinjuredvictimsofroadaccidentincountry;.
2. issuewritofmandamusoranyotherappropriatewritorder(s), direction(s)therebydirectingtherespondenttoissueappropriate orders/directionstoallhospitals/medicalinstitutionstoprovide freemedicaltreatmenttoallsuchinjuredvictimsofroadaccident.
3. issueanyotherwrit,order(s),direction(s)astheHon’bleCourtmay deemitjustandproperinthefactsandcircumstancesofthecase.

ANDFORTHISACTOFKINDNESSTHEPETITIONERASINDUTYBOUND SHALLEVERPRAY.

DRAWNBY: FILEDBY:

FILEDON:23.03.2018 AdvocateforthePetitioner

NEWDELHI