HIGH COURT OF JUDICATURE FOR RAJASTHAN
BENCH AT JAIPUR

Judgment reserved on : 27/10/2026

Judgment delivered on : 4/11/2026

Judgment (full) uploaded on : 4/11/2026

D.B. Civil Writ Petition No. 8219/2026

CNR: RJHC020425172026 | URN: CW / 18099U / 2026

Aseem Simlote S/o Sh. Akhil Simlote, Aged About 23 Years, R/o A-10-A, Lane No. 5, Anita Colony, Bajaj Nagar, Jaipur (Raj.) 302015.

----Petitioner

Versus

1. The State Of Rajasthan, Through The Principal Secretary, Department Of Medical, Health And Family Welfare, Government Of Rajasthan, Secretariat, Rajasthan Secretariat, Jaipur.
2. The Director, Department Of Medical, Health And Family Welfare, Government Of Rajasthan, Jaipur.
3. The Principal Secretary, Department Of Medical Education, Government Of Rajasthan, Secretariat, Rajasthan Secretariat, Jaipur.
4. The Director, Department Of Medical Education, Government Of Rajasthan, Jaipur.
5. Rajasthan State Pollution Control Board, Through Its Member Secretary, 4, Jhalana Instutional Area, Jaipur.

----Respondents

For Petitioner(s)	:	Mr. Aseem Simlote, the petitioner – present in person
For Respondent(s)	:	Mr. Vigyan Shah, AAG with Mr. Sankalp Vijay

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DIVISION BENCH

HON'BLE THE CHIEF JUSTICE MR. SANJAY K. AGRAWAL
HON'BLE MR. JUSTICE SAMEER JAIN

C.A.V. Judgment

1. At the outset, the petitioner submitted that the present Public Interest Litigation had been instituted in order to bring to the fore the persistent and systemic deficiencies prevailing in the medical and healthcare infrastructure across the State of

Rajasthan, on account of which the citizens continue to suffer grave hardship in accessing timely, adequate and effective medical treatment. It was contended that the issue raised in the present petition transcends individual grievances and concerns the larger public interest, inasmuch as the inadequacy of medical facilities, lack of requisite infrastructure and failure to ensure timely medical assistance have a direct bearing upon the life, health and dignity of the citizens. It was further submitted that several instances have come to light wherein persons suffering from injuries or medical emergencies have succumbed to their ailments, not necessarily on account of the severity of the injuries alone, but owing to the non-availability of appropriate medical assistance within the requisite and crucial period of time. It was, thus, contended that the failure to ensure timely medical intervention has resulted in avoidable loss of precious human lives.

2. The petitioner further submitted that the deficiencies in the healthcare infrastructure of the State are not merely founded upon allegations or subjective apprehensions, but stand substantiated by the findings and observations contained in the report of the CAG for the year 2024, which had been submitted to the Hon’ble Governor and had also been placed in the public domain. Learned counsel submitted that once the deficiencies in the medical infrastructure and healthcare delivery system have been duly brought to the notice of the State authorities through an audit report of such significance, the State is under an obligation to

undertake effective, time-bound and meaningful remedial measures to address the same.

3. It was further submitted that despite the deficiencies having been identified and brought to the notice of the competent authorities, the same have continued to persist for nearly two years, without any effective corrective measures being undertaken to remedy the situation. The petitioner contended that the prolonged failure of the State to address the identified shortcomings in the healthcare infrastructure cannot be treated as a mere administrative lapse or an issue confined to policy considerations. Rather, such continued inaction assumes constitutional significance, particularly when the consequences thereof directly affect the life and survival of the citizens. It was submitted that the State, being constitutionally entrusted with the responsibility of safeguarding the lives of its citizens, cannot remain oblivious to the deficiencies in the public healthcare system, especially where such deficiencies have the potential to result in avoidable deaths and irreparable consequences.

4. It was submitted that the right to life guaranteed under Article 21 of the Constitution of India is not confined to the mere existence of an individual, but encompasses within its ambit the right to receive timely and adequate medical assistance in circumstances where the preservation of life is at stake; and that the constitutional obligation of the State to protect life necessarily includes the duty to ensure that the public healthcare system is adequately equipped to respond to medical emergencies and provide requisite treatment without undue delay. In support of the

submissions advanced, the petitioner placed reliance upon the judgment rendered by the Hon'ble Supreme Court in **Paschim Banga Khet Mazdoor Samity & Ors. v. State of West Bengal & Anr.,** reported in **(1996) 4 SCC 37**, wherein the Hon'ble Supreme Court had recognised that the failure on the part of a Government hospital to provide timely medical treatment to a person in need of such treatment results in a violation of Article 21 of the Constitution of India. The petitioner also placed reliance upon the ratio encapsulated in **the Registrar General, High Court of Karnataka v. Union of India, Writ Petition No. 794/2024**, in support of the submissions concerning the constitutional and institutional responsibility to ensure adequate healthcare facilities and the necessity of addressing systemic deficiencies through appropriate measures. It was contended that the aforesaid proceedings further reinforce the proposition that issues concerning the adequacy of essential public infrastructure, particularly where the same bears directly upon the protection of life and the discharge of constitutional obligations, warrant appropriate judicial consideration.

5. *Per contra*, learned counsel appearing on behalf of the respondent-State submitted that, vide order dated 03.07.2026, the State had been directed to place on record the steps undertaken for rectification of the deficiencies prevailing in the public healthcare infrastructure and its management. In compliance thereof, the requisite affidavit had been filed, detailing the measures undertaken by the State authorities to address the concerns raised in the present Public Interest Litigation. Relying

upon the averments contained in the said affidavit, learned counsel submitted that subsequent to the fire incident at the Trauma Centre of SMS Hospital, the competent authorities had undertaken various measures to strengthen the fire safety mechanism within the hospital premises.

6. It was submitted that fire officers had been appointed and tenders had been issued for carrying out necessary repairs, maintenance and operation of the firefighting systems. Further, 36 firemen had been processed for obtaining Fire NOC in respect of the remaining buildings. Learned counsel further submitted that various ICUs, wards and other infrastructure had been renovated in accordance with the standards prescribed by the National Accreditation Board for Hospitals and Healthcare Providers (NABH) and NBC-Part IV of the National Building Code. It was also submitted that SMS Hospital possesses the requisite certificate issued by the Rajasthan State Pollution Control Board, Jaipur, with regard to applicable environmental and biomedical waste management requirements, and that biomedical waste is being segregated, collected, handled, treated and disposed of in accordance with the prescribed protocols.

7. Learned counsel further submitted that a sum of Rs. 10 Crores had been allocated for the financial year 2026–27 towards facilitating the requisite repairs and maintenance. It was contended that, with a view to ensuring safety within the hospital premises, the PWD (Civil/Electrical Section) had duly submitted a list of the works required to be undertaken to the office of the Principal and Controller for approval. Learned counsel submitted

that, apart from the measures undertaken at SMS Hospital, the State Government had also adopted various measures for strengthening the overall medical infrastructure across the State, particularly with regard to the procurement, quality control, storage and distribution of medicines, surgical supplies and sutures. In this regard, it was submitted that the Rajasthan Medical Services Corporation Limited (RMSCL), under the Mukhyamantri Nishulk Dawa Yojna, undertakes procurement of medicines and surgical supplies, which are subjected to quality checks and testing by its dedicated procurement section. Learned counsel submitted that the prescribed procedure for technical evaluation of bids is duly followed and that the participating bidders are required to possess valid manufacturing/import licences, product permissions, legal registration and the prescribed monthly/annual production capacity.

8. It was further submitted that, at the initial stage of invitation of tenders for procurement of drugs, the bidders are required to furnish the requisite quality-related certificates, including WHO-GMP Certification issued by the State/Central Licensing Authority, product permission, valid import/manufacturing licence, Market Standing Certificate (MSC) and Non-Conviction Certificate (NCC), which should not be older than one year. Learned counsel further submitted that all Medical Colleges, CMHOs and Chief Medical Officers of District/Sub-District Hospitals across the State had been directed to undertake electronic audits and conduct regular fire safety mock drills, with a view to preventing fire accidents in medical institutions and ensuring preparedness for effective

emergency response and evacuation. It was also submitted that the requisite evacuation plans and activities undertaken in this regard were required to be uploaded on the Integrated Health Information Platform (IHIP), so as to facilitate monitoring and ensure regular compliance.

9. Learned counsel submitted that for strengthening fire prevention measures and ensuring the safety of medical personnel and patients in District and Sub-District Hospitals, directions had been issued for establishing fire safety systems in accordance with the National Building Code, 2016. In this regard, the concerned hospitals had been directed to submit requisite estimates in coordination with the PWD/NHM authorities functioning at the district level. It was submitted that the process of receipt and compilation of such estimates from the respective districts was underway and, upon receipt thereof, the proposals would be forwarded to the concerned department for further necessary action in accordance with the applicable rules and procedures.

10. It was further submitted that NHM (Civil Wing)/PWD had been directed to identify appropriate locations in newly constructed Government and non-Government medical institutions across the State and ensure installation of fire safety systems in accordance with the National Building Code of India, 2016. Learned counsel further submitted that biomedical waste throughout the State was being managed and disposed of by the medical institutions in accordance with the applicable statutory provisions, guidelines and protocols, including the Biomedical Waste Management Rules, 2016. It was contended that biomedical

waste was being segregated at source and collected separately in the prescribed colour-coded bins on a regular basis. Further, the CMHO, CMO, BCMO and the respective medical institution in-charges had been entrusted with the responsibility of ensuring adherence to the prescribed biomedical waste management procedures. Regular district-wise Biomedical Waste Management Progress Reports were also being submitted and reviewed.

11. In view of the aforesaid measures, learned counsel for the respondent-State submitted that the State Government and the concerned authorities had undertaken various steps towards addressing the deficiencies in the public healthcare infrastructure, strengthening fire safety mechanisms, ensuring quality procurement of medicines and maintaining compliance with the prescribed biomedical waste management standards. It was, therefore, contended that the steps undertaken and the ongoing processes, demonstrate the efforts being made by the State authorities towards ensuring the safety, welfare and effective functioning of the public healthcare institutions across the State of Rajasthan.

12. Upon consideration of the submissions advanced by learned counsel for the parties and the affidavit placed on record by the respondent-State in compliance with the order dated 03.07.2026, we find that the State authorities have undertaken various measures towards addressing the deficiencies in the public healthcare infrastructure and management across the State of Rajasthan. The steps so undertaken, inter alia, include strengthening of fire safety mechanisms at SMS Hospital, Jaipur,

renovation of ICUs, wards and other hospital infrastructure, allocation of requisite funds for repairs and maintenance, measures for ensuring quality procurement of medicines and surgical supplies, and implementation of prescribed protocols pertaining to fire safety and biomedical waste management in medical institutions throughout the State.

13. In view of the aforesaid measures and the ongoing process of implementation thereof, we are of the considered opinion that, at this stage, no further directions are warranted in the present Public Interest Litigation. Accordingly, the present Public Interest Litigation is **closed**. However, considering the significance of the issue involved and the fact that the availability of adequate, accessible and timely medical facilities is intrinsically linked with the fundamental right to life guaranteed under Article 21 of the Constitution of India, it is expected that the respondent-State and the concerned authorities shall continue to make earnest, sincere and concerted endeavours towards ensuring the effective implementation of the measures already undertaken, as well as addressing the remaining deficiencies in the public healthcare infrastructure. The authorities shall ensure that the ongoing works and proposed measures are carried out expeditiously, in accordance with the applicable standards, rules and procedures, so as to secure the safety, welfare and well-being of the citizens of the State.

14. It is further expected that the respondent-State shall remain vigilant in ensuring that the measures undertaken are not merely confined to administrative assurances, but culminate in tangible

and effective improvement in the delivery of healthcare services across the State of Rajasthan.

15. Pending applications, if any, shall stand disposed.

(SAMEER JAIN),J (SANJAY K. AGRAWAL),CJ

Crt_1/Preeti Asopa