

DISCUSSION

Strengths and weaknesses of the Right to Health Act in Rajasthan

ANANT PHADKE

Chhaya Pachauli's editorial in *IJME* [1] is a firsthand authentic account of The Right to Health Act in Rajasthan. It deals with different aspects of the process of enacting this law and the content of the Act itself in a dispassionate, objective manner. I think three points need to be added to this account in order to make it comprehensive:

1. One important advantage of this enactment is that activists of social organisations in Rajasthan can, if needed, go to court and point out that the government is not fulfilling its duty under the Act. This legal recourse will put pressure on the government to move forward. This is not possible in any other state.
2. The second point — that the health budget of the Rajasthan government has not increased during the years 2022 and 2023 — needs to be given adequate importance, space and emphasis. The same is true as regards the point that there is no concrete plan for the long-awaited strengthening of human power and facilities in public health services in Rajasthan. This lends support to the view that this Act is a mere election tactic of the existing Congress government. With no substantial increase in the health budget, and with the majority of private clinics and hospitals being exempt from the provision for mandatory accidental emergency care [2], the people have gained nothing in practical terms. We have the previous example of the Right to Education Act 2010, which is simply a

mockery of the right to education [3].

3. The only provision in the Act that directly affected private practitioners is the one making it mandatory for private clinics and hospitals to treat accident and some specified emergency cases approaching them for care. But the definitions of "emergency" and "emergency care" have been muddled up. After reading these definitions, it is not clear what kind of accidental emergencies will be expected to be treated in private clinical enterprises operating at precisely what levels. Cases with suspected injury to the vital organs like lungs, liver, brain, etc cannot, of course, be managed in clinics and small hospitals; so also, obstetric emergencies. Absence of clarity on this issue is not a minor deficiency. To say that these will be "taken care of" in the rules is to try to hide the incompetence and/or lack of application of mind by the bureaucrats who drafted this Act.

References

1. Pachauli C. Rajasthan's Right to Health Act 2022: Gaps and opportunities. *Indian J Med Ethics*. 2023 Apr-Jun;8(2) NS: 89-92. <https://doi.org/10.20529/IJME.2023.028>
2. Khan H. Rajasthan doctors call off protest against Right to Health Bill after agreement with Govt. *Indian Express*. 2023 Apr 5 [Cited 2023 Jun 15]. Available from: <https://indianexpress.com/article/cities/jaipur/rajasthan-right-to-health-act-doctors-protest-ashok-gehlot-8537261/>
3. Counterview Representative. Right to Education Act "undermines" public education, promotes school privatization. 2015 Jun 2 [Cited 2023 Jun 15]. Available from: <https://www.counterview.net/2015/06/right-to-education-act-undermined.html>

Author: **Anant Phadke** (anant.phadke@gmail.com), Kothrud, Pune 411038, INDIA.

To cite: Phadke A. Strengths and weaknesses of the Right to Health Act in Rajasthan. *Indian J Med Ethics*. 2023 Jul-Sep;8(3) NS: 235. DOI: 10.20529/IJME.2023.043

Copyright and license

© *Indian Journal of Medical Ethics* 2023: Open Access and Distributed under the Creative Commons license (CC BY-NC-ND 4.0), which permits only non-commercial and non-modified sharing in any medium, provided the original author(s) and source are credited.