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LEGAL ANALYSIS

Accountability of the Authorisation Committee and Competent Authority Under the Transplantation of Human Organs and Tissues Act, 1994:

An Analysis of Criminal Liability, Contempt Jurisdiction, and Constitutional Accountability for Procedural Delay in Living Organ Donation Cases

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This document analyses the legal duties of the Authorisation Committee (AC) and Competent Authority (CA) under the Transplantation of Human Organs and Tissues Act, 1994 and the THOTA Rules, 2014, and examines the civil, criminal, and constitutional liability that arises from procedural delay in living organ donation cases in light of recent judicial developments.

I. Introduction: The Problem of Institutional Delay

The Transplantation of Human Organs and Tissues Act, 1994 (hereinafter 'THOTA' or 'the Act') was enacted to provide a regulated framework for the donation and transplantation of human organs in India. Its stated objective is to regulate — not obstruct — voluntary and altruistic organ donation. The statute vests decision-making power in two statutory bodies: the Authorisation Committee (AC) for unrelated donor-recipient cases, and the Competent Authority (CA) for near-relative cases.

In practice, however, the functioning of these bodies has been marred by procedural delay — sometimes spanning months, occasionally years. Organ transplantation is, by its nature, a time-sensitive medical intervention. The condition of a recipient awaiting a transplant is rarely static: it deteriorates. A delay that appears administratively routine from behind a committee desk may, from the perspective of the patient and the treating physician, represent the closing of a medical window that can never be reopened.

Until recently, this delay occupied a legal grey zone. THOTA and the THOTA Rules, 2014 prescribed no timelines for AC or CA proceedings. Delay was sloppy governance, but it was not a clearly cognisable legal wrong. That position changed fundamentally on January 4, 2024, when the Delhi High Court delivered its judgment in Amar Singh Bhatia & Anr. v. Sir Ganga Ram Hospital & Ors., fixing binding timelines for AC proceedings and anchoring those timelines in the constitutional right to life under Article 21. – Listed on NOTTO website at - https://notto.mohfw.gov.in/noticeBoard?type=3&typeName=Court

This analysis examines: (I) the statutory duty framework under Rules 7 and 18 of the THOTA Rules, 2014; (II) the legal significance of the Bhatia judgment; (III) the heads of liability that now attach to AC and CA members for procedural delay; (IV) the causation analysis required for criminal proceedings; and (V) the legislative reforms necessary to codify these standards.

II. The Statutory Framework: Duties Under Rules 7 and 18

A. The Bifurcated Decision-Making Structure

The THOTA Rules, 2014 establish a bifurcated structure of decision-making authority for living organ donations. The Competent Authority, defined under Rule 2(c) and typically the medical superintendent or head of a registered transplant hospital, has jurisdiction over near-relative donations involving genetically related donors and recipients and spousal donations, except where either party is a foreign national. The Authorisation Committee, constituted under Section 9(4) of the Act, has jurisdiction over all unrelated donor-recipient cases and near-relative cases involving foreign nationals.

Rule 18(8) permits the CA to seek the assistance of the AC in its decision-making in complex near-relative cases, making AC involvement in such cases discretionary but available. This

bifurcation is not merely administrative — it reflects a substantive policy distinction: unrelated donations carry a higher risk of commercial exploitation and therefore warrant a more intensive, multi-member evaluative process.

B. The Evaluative Duties of the Authorisation Committee — Rule 7

Rule 7(3) of the THOTA Rules, 2014 sets out nine mandatory evaluative criteria that the AC must apply to every unrelated donor-recipient application. These are not procedural formalities; they are substantive gatekeeping obligations grounded in the Act's anti-trafficking and anti-commercialisation purpose.

First, the AC must evaluate that no commercial transaction has occurred — that no payment has been made or promised to the donor or any other person. Second, it must prepare a documented explanation of the relational link between the donor and recipient, and the circumstances that led to the offer. The use of the word 'prepare' indicates a positive drafting obligation, not a passive reception of submitted documents.

Third, the committee must examine the reasons why the donor wishes to donate — mere willingness is insufficient. Fourth, it must examine documentary evidence of the relationship, such as proof of cohabitation. Fifth, it must examine old photographs showing the donor and recipient together, the word 'old' being significant: photographs postdating the medical relationship carry less evidentiary weight than those predating it.

Sixth, the AC must evaluate that no middleman or tout is involved. Seventh, it must assess the financial status of both donor and recipient over the previous three financial years, with any gross disparity between them to be evaluated specifically in the context of preventing commercial dealings. This is a sophisticated economic analysis obligation, not merely a document-collection exercise. Eighth, it must ensure the donor is not a drug addict. Ninth, and critically, it must interview the near relative of the proposed donor — or, if unavailable, any adult blood or marriage relative — regarding the donor's intention, the authenticity of the link, and the reasons for donation. Any strong objection recorded by such kin must be taken note of in the committee's deliberations.

Rule 7(1) separately prohibits any member of the transplantation surgical team from sitting on the AC — a conflict-of-interest safeguard to ensure that those who benefit professionally from a transplant proceeding cannot simultaneously function as the gatekeepers approving it.

Rule 7(5) is of particular significance for liability analysis. It provides that where the recipient is in a critical condition requiring a life-saving transplant within one week, the donor or recipient may approach the hospital in-charge to expedite AC evaluation. This provision demonstrates that the legislature itself recognised urgency as a legitimate and legally cognisable basis for accelerated processing. An AC that ignores an urgency representation under Rule 7(5) and continues to operate on an unrestricted timeline is acting in defiance of the express statutory design.

C. The Duties of the Competent Authority — Rule 18

For near-relative living organ donations, Rule 18 vests decision-making authority in the CA and prescribes the evaluative framework. Under Rule 18(1), the CA must examine documentary evidence of relationship — birth certificates, marriage certificates, certificates from tehsildars, sub-divisional magistrates, or metropolitan magistrates, AADHAAR, and electoral photo identity cards — and documentary evidence of the donor's identity and residence.

Rule 18(2) confers a discretionary power to direct DNA profiling where the relationship is not conclusively established from documents alone. Critically, this is a power of last resort, not a default procedure. Its use as a routine or pre-emptive barrier — demanding DNA testing before documentary evidence has been properly evaluated — constitutes an abuse of the discretionary authority conferred by the rule. Rule 18(3) requires that any such DNA test be conducted at a laboratory accredited by the National Accreditation Board for Testing and Calibration Laboratories (NABL).

Rule 18(4) establishes a sequential chain of proof that the CA must exhaust before concluding that a genetic relationship is unestablished: first, documents; then DNA of the donor and recipient; then, if parents are available, testing of at least one parent; and if not, testing of any available willing relatives. The CA has no authority to short-circuit this sequence and proceed to a rejection without exhausting it.

For spousal donations, Rule 18(5) requires the CA to evaluate the factum and duration of marriage, retain marriage certificates, photographs, and children's birth certificates, and issue a certificate in Form 6. Rule 18(6) requires all residence and identity documents to be relatable to the photo identity of the applicant, to prevent document-substitution fraud.

D. The Synthesised Duty Standard

Reading Rules 7 and 18 together, the AC and CA are subject to a two-dimensional duty standard:

Dimension	Standard	Regulatory Source
Substantive	Each prescribed evaluative criterion must be genuinely applied, documented, and reasoned. Arbitrary, rubber-stamp, or formulaic decisions are ultra vires the empowering provisions.	Rules 7(3), 18(1)-(6), THOTA Rules 2014
Temporal	The entire process from application to decision must not exceed 6-8 weeks.	Amar Singh Bhatia v. Sir Ganga Ram Hospital, Delhi HC, January 4, 2024
Emergency	Critical cases requiring transplant within one week must be processed on an expedited basis upon representation to the hospital in-charge.	Rule 7(5), THOTA Rules 2014

III. The Bhatia Judgment: Converting Administrative Delay into a Legal Wrong

A. The Decision

In Amar Singh Bhatia & Anr. v. Sir Ganga Ram Hospital & Ors. (Delhi High Court, January 4, 2024, Justice Prathiba M. Singh), the Delhi High Court fixed binding timelines for Authorisation Committee proceedings under the THOTA Rules, 2014. The court directed that the entire AC process — from receipt of application to communication of decision — must not exceed six to eight weeks. Within this outer limit, the court prescribed the following internal milestones:

Stage	Time Limit
Application processing and acknowledgment	Maximum 10 days from submission
Residency document verification	Within 14 days
Deficiency rectification period for parties	1 week
Interview scheduling	4-6 weeks after application
Interviews conducted	Within 2 weeks of scheduling
Decision communicated	Promptly after interviews
Outer limit — entire process	Not to exceed 6-8 weeks

The court's reasoning was anchored in Article 21 of the Constitution of India. Justice Singh observed that a time-bound approach to AC proceedings is crucial to maintaining the integrity and effectiveness of organ transplantation protocols, and that unwarranted delay in processing applications constitutes a potential violation of the patient's right to life. The court further observed that THOTA's purpose is to regulate altruistic donation — not to obstruct it — and that any refusal must be based on a thorough review and properly reasoned, not a formulaic rejection.

B. The Legal Force of the Judgment

The Delhi High Court is a court of record under Article 215 of the Constitution. Its judgments, delivered in the exercise of its writ jurisdiction under Article 226, carry the force of law and are enforceable through the court's contempt jurisdiction. The absence of a corresponding statutory provision in THOTA or the THOTA Rules does not diminish this enforceability: the court's power to issue directions in the exercise of writ jurisdiction is sui generis and derives directly from the Constitution.

What the Bhatia judgment accomplished, in legal terms, is the conversion of a statutory gap — the absence of any deadline in THOTA or the Rules — into a judicially mandated standard of conduct. Before January 4, 2024, delay was a legal gap. After that date, delay beyond six to eight weeks, without adequate justification, is a violation of a binding judicial direction.

C. The Madras High Court — A Reinforcing Judgment

On September 2, 2025, the Madras High Court set aside an Authorisation Committee's rejection of a kidney transplant between two family friends, where the AC had denied the case citing an alleged absence of documentary proof of friendship. Justice N. Anand Venkatesh held that emotional bonds between individuals cannot be confined to the pages of a file and that ACs must not function as mere rubber stamps. The court directed that where no financial motive is discernible, permission must be granted for genuinely motivated donations.

This decision reinforces the substantive dimension of the duty standard: the AC's evaluative function requires genuine inquiry, not a checklist of documentary sufficiency. An AC that demands documentary proof of emotional relationships that cannot, by their nature, be wholly captured in official records is applying an ultra vires standard that inverts the Act's regulatory purpose.

IV. Liability Analysis: Criminal, Contempt, and Constitutional

A. Civil Contempt of Court

Legal Basis

The Contempt of Courts Act, 1971, Section 2(b) defines civil contempt as wilful disobedience to any judgment, decree, direction, order, writ, or other process of a court. The Bhatia timeline is a direction of the Delhi High Court. An AC that knowingly allows its proceedings to exceed the six-to-eight-week ceiling — without documented justification — is in wilful disobedience of that direction.

Who Bears Exposure

Contempt proceedings may be initiated against individual AC members who caused or permitted the delay; the Appropriate Authority of the State, which is responsible for overseeing AC functioning; the State Health Secretary, under whose administrative oversight the AC operates; and the hospital authority responsible for convening the committee. The breadth of potential respondents reflects the institutional nature of the obligation.

Evidentiary Threshold

The threshold for civil contempt is lower than for criminal prosecution. The complainant need establish three elements: first, that the court direction existed and was known to the respondent; second, that the respondent failed to comply with it; and third, that the failure was wilful. The burden then shifts to the respondent to demonstrate adequate justification. An AC that has no

record of its meetings, cannot produce the dates of its proceedings, or cannot account for the gap between application and decision will face a near-insurmountable evidentiary task.

Consequences

Civil contempt carries a maximum sentence of six months' imprisonment and/or a fine. For registered medical practitioners sitting on the AC, the court may additionally direct that the contempt finding be reported to the State Medical Council for disciplinary proceedings.

B. Section 202, Bharatiya Nyaya Sanhita 2023 — Public Servant Disobeying Direction of Law

The Provision

Section 202 of the Bharatiya Nyaya Sanhita, 2023 (formerly Section 166 of the Indian Penal Code) criminalises the conduct of a public servant who knowingly disobeys any direction of the law with the intent, or knowledge that such disobedience will cause injury to any person.

Public Servant Status of AC Members

AC members are appointed by notification under the authority of the state government. The AC is a statutory body created under Section 9(4) of THOTA and exercises public functions delegated by statute. Members of such bodies are public servants within the meaning of Section 2(m) of the BNS. This is not a contestable proposition — it follows directly from the nature of the appointment and the statutory character of the committee.

The Direction of Law

Before the Bhatia judgment, the 'direction of law' element of this offence was the primary analytical difficulty, since THOTA itself prescribed no deadline. After the judgment, that difficulty is resolved. The Delhi High Court's direction constitutes a legally binding mandate with the force of law. An AC member who is aware of the Bhatia judgment — and awareness can be presumed for any AC constituted after January 2024 — and who nonetheless permits proceedings to extend beyond eight weeks without justification, is knowingly disobeying a direction of law.

Knowledge and Injury

Crucially, Section 202 BNS does not require proof of malicious intent. Knowledge of the direction of law, combined with disobedience of it and resulting injury to a person, satisfies the offence. Where an application has been pending for sixteen weeks — double the court-mandated maximum — and the recipient's medical condition has deteriorated during that period, the element of injury is readily established.

Punishment

Imprisonment up to one year, or fine, or both.

C. Section 106, Bharatiya Nyaya Sanhita 2023 — Causing Death by Negligence

The Provision

Section 106 of the BNS (formerly Section 304A IPC) penalises causing death by a rash or negligent act not amounting to culpable homicide. This provision has historically been invoked in medical negligence cases. Its application to institutional delay in organ transplant proceedings is analytically novel but legally sound.

The Pre-Bhatia Difficulty

Before the Bhatia judgment, applying Section 106 (or its predecessor) to AC delay was analytically difficult because no objective standard of timely processing existed. The question 'at what point does delay become negligence?' had no determinable answer against the statutory framework.

The Post-Bhatia Position

After the Bhatia judgment, that difficulty is substantially resolved. The court has provided a judicially established benchmark: six to eight weeks. An AC that takes sixteen weeks when the court has mandated eight has exceeded the negligence threshold by a measurable, judicially determined margin. The excess delay is not administrative inefficiency — it is legally cognisable negligence assessed against the court's own standard.

The Causation Analysis

The persistent analytical challenge in applying Section 106 to AC delay is causation: establishing that the patient's death was caused by the delay, rather than by the underlying medical condition. The defence will invariably argue that organ transplants are not guaranteed outcomes, and that the patient's deterioration and death resulted from the disease itself. This argument has merit, and its rebuttal requires careful forensic legal preparation.

The causation chain that must be established is as follows: the patient was transplant-eligible and medically stable at the time of application; the AC delay exceeded the court-mandated standard without adequate justification; the patient's condition deteriorated during the period of excess delay; a transplant conducted within the court-mandated window would have been medically feasible; and by the time of the AC's eventual decision, or by the time of the patient's death, the transplant window had closed. This chain must be supported by a medical expert affidavit, the treating physician's certificate, and a comprehensive timeline of the patient's clinical records mapped against the AC's procedural record.

Punishment

Imprisonment up to two years, or fine, or both. Section 106 BNS is a cognisable offence — arrest without warrant is permissible.

D. Constitutional Liability — Article 21 and the Compensation Writ

The Constitutional Foundation

Article 21 of the Constitution of India guarantees that no person shall be deprived of life or personal liberty except according to procedure established by law. The Supreme Court has, through a long line of decisions beginning with Maneka Gandhi v. Union of India (1978), expanded Article 21 to encompass substantive rights including the right to health and the right of access to medical treatment. In Parmanand Katara v. Union of India (1989), the Court held that preservation of human life is of paramount importance and that any procedure that places obstacles in the way of that preservation is constitutionally suspect.

The Bhatia Court's Specific Finding

The Delhi High Court in Bhatia expressly observed that unwarranted delay by the AC in processing transplant applications is capable of amounting to a violation of the patient's right to life under Article 21. This observation is significant: it provides the constitutional predicate for a compensation writ in cases where a patient has died as a consequence of AC delay.

State Liability

AC members are appointed by and act under the authority of the State government. Under the principle established in Nilabati Behera v. State of Orissa (1993), the State bears liability under public law for constitutional violations committed by its appointed agents in the exercise of statutory functions. A compensation writ under Article 226 of the Constitution, naming the State as respondent, is therefore a viable remedy for the family of a deceased patient. The court has discretion to award not only compensatory damages but also exemplary damages where the institutional failure is egregious.

V. The Liability Matrix

The following table consolidates the four heads of liability analysed above:

Legal Action	Statutory Basis	Elements	Who Is Exposed	Maximum Sanction
Civil Contempt	Contempt of Courts Act 1971, s.2(b); Article 215	Court direction + knowledge + wilful non-compliance	Individual AC members; Appropriate Authority; State Health Secy	6 months imprisonment + fine
Section 202 BNS	BNS 2023, s.202 (formerly IPC s.166)	Public servant + direction of law + knowing disobedience + injury	Individual AC and CA members	1 year imprisonment + fine
Section 106 BNS	BNS 2023, s.106 (formerly IPC s.304A)	Negligent act + death + causation	AC/CA members (if patient dies)	2 years imprisonment + fine
Art. 21 Compensation Writ	Article 21 + Article 226, Constitution	Constitutional violation + State responsibility + harm	State Government (vicarious); AC members (direct)	Compensation + exemplary damages + costs

VI. Defences Available to AC and CA Members — A Critical Assessment

It is important to consider the defences likely to be advanced by AC and CA members in any legal proceeding, and to assess their viability in the current legal landscape.

'There is no statutory deadline in THOTA or the Rules.'

This defence was valid before January 4, 2024. After the Bhatia judgment, it is not. A judicial direction carries the force of law and is enforceable through contempt jurisdiction. The absence of a statutory provision does not negate the binding nature of a High Court direction issued in exercise of writ jurisdiction under Article 226.

'We were unaware of the Bhatia judgment.'

Ignorance of law is not a defence under Indian law. Furthermore, any AC constituted after January 2024 is presumed to know the applicable judicial standards. The duty to be aware of

the legal framework governing one's statutory function is inherent in the assumption of that function.

'The delay was caused by the parties' failure to submit documents on time.'

The Bhatia framework accommodates this contingency. The committee is required to issue a deficiency notice and afford the parties one week to rectify deficiencies. If the committee failed to issue a deficiency notice promptly, the delay is attributable to the committee. If a notice was issued and the parties did not respond, this must be documented — and the timeline runs from the date of complete document submission, not from the date of application. The committee cannot passively wait without issuing any notice and then attribute the resulting delay to the parties.

'The death was caused by the patient's underlying medical condition, not by our delay.'

This is the most substantively significant defence available to AC members in a Section 106 BNS proceeding, and it has genuine merit. However, its force depends entirely on the facts of the particular case. Where the treating physician can certify that the patient was transplant-eligible at the time of application and that a transplant conducted within the court-mandated window would have been medically feasible, the defence is substantially weakened. The burden then falls on the AC to justify why it was unable to comply with a six-to-eight-week standard — a burden that becomes heavier with each additional month of unexplained delay.

'Section 23 of THOTA provides good faith protection.'

Section 23 of THOTA protects acts done in good faith. Good faith, however, requires not merely subjective honest belief but also reasonable diligence in ascertaining one's duties. An AC that is or should be aware of the Bhatia judgment and nevertheless allows proceedings to extend for six months cannot demonstrate the diligence that good faith requires. The protection does not extend to knowing non-compliance with binding judicial standards.

VII. The Legislative Gap and the Reform Agenda

The Bhatia timelines are judicially imposed, not statutorily enacted. While a High Court direction carries the force of law and is enforceable through contempt jurisdiction, its normative authority would be significantly strengthened if the underlying standards were codified directly in the THOTA Rules. The following legislative reforms are analytically necessary:

Gap in Current Framework	Proposed Amendment
No statutory deadline for AC/CA proceedings in Rules 7 or 18	Amend Rule 7 and Rule 18 to codify a maximum processing period of 6-8 weeks from receipt of complete application to communication of decision

Gap in Current Framework	Proposed Amendment
No appeal mechanism against AC/CA refusal within a defined timeframe	Insert an appellate provision allowing aggrieved parties to approach the Appropriate Authority or a designated appellate body within 30 days of a rejection
Rule 7(3)(ii) prescribes no format for the 'explanation of link' document	Prescribe a standard format to prevent arbitrary insufficiency findings on the basis of form rather than substance
Rule 7(5) emergency provision has no defined processing timeline	Specify a maximum of 48-72 hours for expedited processing of critical cases under Rule 7(5)
No mandatory reason-recording requirement for rejections	Amend to require written, reasoned rejection orders with specific findings under each applicable criterion of Rule 7(3) or Rule 18
Section 23 good faith protection potentially over-broad in scope	Clarify by legislative amendment or rule that good faith protection does not extend to knowing non-compliance with court directions or judicially mandated timelines

Until such amendments are enacted, the Bhatia judgment remains the operative legal standard. Its authority is not diminished by the absence of a statutory parallel — it is a binding direction of a constitutional court, enforceable as such.

VIII. Conclusion

This analysis has established the following propositions:

1. Rules 7 and 18 of the THOTA Rules, 2014 impose substantive, non-delegable evaluative duties on the Authorisation Committee and Competent Authority respectively. These duties are not procedural formalities — they are the substantive basis of the committee's regulatory function.
2. The Delhi High Court's judgment in Amar Singh Bhatia v. Sir Ganga Ram Hospital (January 4, 2024) has superimposed a binding temporal standard on those duties: the entire AC process must not exceed six to eight weeks from application to decision. This standard has the force of law.
3. Four independent heads of legal liability attach to AC and CA members for failure to comply with this standard, each operative on different elements of proof and carrying different consequences: civil contempt, Section 202 BNS, Section 106 BNS (where a patient dies), and a constitutional compensation writ under Article 21.
4. The defences likely to be advanced by committee members — absence of statutory deadline, ignorance of the Bhatia judgment, party-caused delay, underlying medical causation, and Section 23 good faith protection — are each substantially weakened by the current legal framework and will face significant judicial scrutiny.

5. The legislative framework requires urgent amendment to codify the Bhatia timelines as statutory obligations under the THOTA Rules, establish an appellate mechanism for rejected applications, and clarify the scope of the good faith defence.

The organ transplantation framework exists to give critically ill patients access to life-saving medical interventions. An Authorisation Committee or Competent Authority that delays its proceedings — whether through institutional inertia, inadequate administrative support, or a misunderstanding of its regulatory mandate — is not merely underperforming. In the current legal landscape, it is acting in a manner that is judicially measurable, legally actionable, and personally consequential for its members.

The law has set the standard. The courts have articulated the consequences. The statutory framework awaits the legislative codification that will make those consequences fully certain. Until then, the Bhatia judgment stands.

Annexure: Table of Legal Provisions and Authorities Cited

Provision / Authority	Subject Matter	Analytical Relevance
Section 9(3), THOTA 1994	Unrelated donation — AC approval requirement	Statutory jurisdictional basis of AC
Section 9(4)-(5), THOTA 1994	AC composition and powers	Establishes AC as statutory body; basis for public servant status
Section 23, THOTA 1994	Good faith protection	Scope and limits of protection for AC/CA members
Rule 7(1), THOTA Rules 2014	Surgeon exclusion from AC	Conflict-of-interest obligation
Rule 7(2), THOTA Rules 2014	Foreign national cases — mandatory AC jurisdiction	Jurisdictional limit; anti-transplant-tourism provision
Rule 7(3)(i)-(ix), THOTA Rules 2014	Nine mandatory evaluative criteria for unrelated cases	Core substantive duty of the AC
Rule 7(5), THOTA Rules 2014	Emergency/critical case — expedited processing obligation	Statutory recognition that delay can be fatal; urgency duty
Rule 18(1)-(8), THOTA Rules 2014	Near-relative donation evaluation framework	Substantive duties of the Competent Authority
Section 202, BNS 2023	Public servant disobeying direction of law	Criminal liability pathway for AC/CA delay
Section 106, BNS 2023	Causing death by negligence	Criminal liability pathway where delay causes patient death
Article 21, Constitution of India	Right to life — encompasses right to health	Constitutional basis of patient's right to timely decision
Article 215, Constitution of India	High Courts as courts of record	Basis for enforceability and contempt jurisdiction of Bhatia direction
Article 226, Constitution of India	High Court writ jurisdiction	Mandamus and compensation remedy for families
Contempt of Courts Act 1971, s.2(b)	Civil contempt — definition	Wilful disobedience of court direction
Amar Singh Bhatia v. Sir Ganga Ram Hospital, Delhi HC, Jan 4, 2024	Binding 6-8 week AC timeline; Article 21 linkage	The operative judicial standard — primary authority
Madras HC, September 2, 2025	Arbitrary AC rejection set aside; substantive duty standard	Reinforcing authority on substantive evaluation obligation
Parmanand Katara v. Union of India, AIR 1989 SC 2039	Right to emergency medical treatment; preservation of	Constitutional lineage of patient's right to access treatment

Provision / Authority	Subject Matter	Analytical Relevance
	human life	
Nilabati Behera v. State of Orissa, (1993) 2 SCC 746	State liability for constitutional violations by its agents	Basis for State's vicarious liability in compensation writ
Maneka Gandhi v. Union of India, AIR 1978 SC 597	Expansion of Article 21 to substantive rights	Foundation of right-to-health jurisprudence