



# **Computational Intelligence in Health Justice and Law Future of Healthcare**

**Prof. (Dr.) Bhupinder Singh  
Prof. (Dr.) Komal Vig  
Prof. (Dr.) Christian kaunert  
Dr. Vidyottma Jha**



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## Editors

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# Screening of the Healthcare Rights of Undertrials: Behind and Beyond the Bars



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## **Abstract**

India is a democratic and independent nation that is required to uphold all the rights outlined in the Indian Constitution, regardless of the circumstances. The Indian Constitution guarantees rights to all individuals, whether they are under trial or convicted. These rights consist of the right to healthcare, which is a necessary element of the right to life and the right to personal liberty. In addition to it, the State is obliged under a number of Directive Principles to guarantee everyone's right to healthcare and good health. Despite several efforts by the criminal justice system to reduce the number, it has been noted from previous years that 70% of the prison population consists of undertrials. This ratio illustrates the serious problem which is somehow conflicting with the basic rights conferred to every individual. Healthcare rights are an issue as a result of the Undertrials basic circumstances and requirements being compromised by the influx in the number of Undertrials in relation to their occupancy rate. This

chapter focuses on the Undertrials access to healthcare rights, the abuses they endure because these rights are denied to them due the non-availability of medical assistance in view of physical as well as psychological harm while they are incarcerated, and—above all—the psychological suffering they experience after being released from prison—an issue that has never been explored or is often overlooked.

**Keywords:** Undertrial, Healthcare, Right to life, Criminal Justice System, Prison

## **1. Introduction**

Indian adversarial criminal justice system which focuses upon unbiased nature and believes in providing opportunity to everyone to represent themselves and ensures that their rights should not be abridged in the true sense. But it is noticed that there are gaps which needs to be fulfilled by the system when it comes to a question of the basic rights of the Undertrials within the prisons and even after getting out of prison when proven innocent. There are various International Instruments/Organisations which provide a recognition to the Human Rights in Universal Declaration of Human Rights (1948) states that there are human rights considered as alienable rights which cannot be taken from any human being even being as a Prisoner. Furthermore, there were two more covenants as International Covenant on Civil and Political Rights (ICCPR) and International Covenant on Economic, Social and Cultural Rights (ICESCR) which stated that people being in custody deprived of their liberty should not be deprived of their basic rights.(Reyes, 2001). The term “Undertrial” was defined for the first time in 78<sup>th</sup> Report of the Law Commission of India which states that an individual who is in judicial supervision or custody during Investigation will be named as an Undertrial. The



serious judicial intervention for Undertrials started from 1979 when the plight of Undertrials was written in Venerable English Daily, The Indian Express and a big discussion took place for the rights of Undertrials in the case of Hussainara Khatoon v. State of Bihar and soon after recognition was given to Undertrials. The fundamental right to health recognised in accordance with Indian Constitution under Article 21. No rights provided by Law should be deprived of any individual on the mere basis of any legal status. According to National Human Rights Commission in the Press Release, a patient's entitlement to appropriate medical treatment and, consequently, his right to life, cannot be superseded by technical factors while deciding whether to transfer him to a hospital. The Commission suggested in the case of Babu Lal (an undertrial prisoner in Banda, U.P who succumbed to his burn injuries) that suitable instructions be sent to all parties involved, stating that anytime a human life is at stake and the situation is urgent, the relevant authorities should move quickly to ensure the detainees receive the right medical care. (Technicalities Cannot Outweigh Right of Undertrial Prisoner Patient to Healthcare : NHRC, 2018). There is an public health reason to protect Prisoners from various diseases and provide them proper health as after few years they will be released from Prison and try to reintegrate themselves into the society, during that pressure of unemployment on them, they should be burdened on their families after their release due to their adverse health conditions and it is a major issue when the prisoners release on bail but no one from their families comes to take them back home. Diabetes, hypertension and there are various other major diseases which majorly causes heart attack or strokes which will burden the society to take care for long of those ex-prisoners. There is one more approach in this context that Right to Health with proper knowledge should be given to the Prisoners so that they should not be affected with any non-communicable or risk taking diseases like HIV-AIDS, TB etc. because after their release there is a probability that society can also be affected with that disease and proper

medication along with proper knowledge needs to be given to the Prisoners irrespective of the fact they have done something wrong. (Bhambhani, H. B. J. A. J., 2022).

Ethically, they should be provided with Health care facilities because being in Prison they do not have the opportunity to be well equipped with any type of health Insurance which can be utilized one they fell ill or they can use in future after their release from Prisons. Hence, they are the responsibility of the Prison Department under the Judicial Custody as the Guardian which take the guarantee to give the Indian Constitution's Article 21 Right to Proper Health. (2008).

Right to Healthcare was foremost enunciated in World Health Organization in 1946 and soon after in 1983 in India, it was acknowledged as a Fundamental Right with the prominent verdict of *Bandhua Mukti Morcha v. Union of India*. There are various healthcare provisions to offer proper health care amenities to the Undertrials as the intrinsic part of Article 21 but it is still seen that despite of all the provisions nationally and internationally many lacunas are there when it comes to the facilities or rights provided to the Undertrials in the true sense. In *Re Inhuman Conditions in 1382 Prisons* (2016) and *Sunil Batra versus Delhi Administration* (1978), the Supreme Court reaffirmed the well-established legal principle that the State has a constitutional obligation to provide healthcare to inmates. However, the majority of prisoners are awaiting trial, and as such, their living conditions are appalling. (2022). After COVID, the main focus is majorly on the mental health of the Undertrials as COVID pandemic was an emergency which affected everyone irrespective of their legal status. It was harmful for everyone but the only good thing was that somehow everyone were with their families but undertrials were closed in Bars and being away from their families was really difficult for them as well as their family members to survive which

was directly affecting their mental status leading to stress, anxiety etc. Secondly during COVID there were various precautions taken by the State Governments which stated that initially the inmates to be kept for 14 days quarantine in a quarantine prison especially made for them and then shifted to the Prison which made them feel isolated from the society. Taking these conditions into consideration Ministry of Home Affairs, Government of India released an Advisory Report stating that focus should be given to the mental health of the Inmates too and addressed about the two handbooks prepared by NIMHANS i.e. National Institute of Mental Health and Neuro Sciences Bengaluru which has provided guidelines to be followed for the mental well-being of the Inmates within Prisons and beyond the Prisons.(2021)

## **2. Legal Framework**

In order to guarantee fair treatment and due process, undertrials—those who are awaiting trial but have not been found guilty of any crime, generally have certain constitutional rights. It's crucial to remember that because different nations have distinct legal frameworks and constitutional requirements, these rights may fluctuate depending on the jurisdiction. To find out exactly what rights and safeguards undertrials are granted in a given situation, it is important to review the relevant legal rules and constitution of the relevant jurisdiction. In some circumstances, the rights of undertrials may also be shaped by international human rights norms. There are some constitutional rights provided to every Undertrial as their matter of right.(R. N. Datir, 2009)

- a. Presumption of Innocence:** India follows an adversarial form of criminal justice system which promotes the concept of “Beyond Reasonable Doubt” i.e. everyone is innocent until proven guilty and this concepts lays the foundation of Criminal Justice Delivery System in India.(2023)

- b. Right to fair and speedy Trial:** As per the report of National Crime Bureau Report Prison Statistics 2022 70% of the Prisons are occupied by the Undertrial Prisoners which clearly states that speedy trial is not that speedy anymore. Starting from the instance of Hussainara Khatoun v. State of Bihar to Nominal Index Pascal Sasil R v. State of Tamil Nadu, Madras High Court held that “Bounden Duty to prevent Reasonable Delay” speedy justice is seen only as a concept now. This right is intrinsically included in Chapter III of the Indian Constitution but is noticed that it is not followed in the true sense.
- c. Protection under Self Incrimination:** Article 20(3) of the Indian Constitution states that everyone is having the right to be silent and not incriminate themselves. The concept of being reasonably fair and unbiasedness results into not compelling anyone to testify against themselves and if done will not be an evidence in the court of Law.
- d. Right to be informed about their charges:** As per various rules it is the legal right of the Undertrials to know the status of their case for which they are kept into custody and it is the duty of the Prison Authorities as well as State to provide proper assistance to them and keep them updated about the status of their case.
- e. Right to Bail:** According to Sections 436 and 436 A, an undertrial has the right to bail if they have already served half of the maximum sentence allowed for them as an undertrial. If they are impoverished, they may also be freed without a surety.(2021)
- f. Protection against Cruel and Unusual Punishment:** Every Prisoner is having the basic human right of not receiving any cruelty or torture from the

authorities which are not promoted by Law.(1989) It is equivalently important that no undertrial should be liable for Double jeopardy according to Article 21(2) of the Constitution of India, which notably stipulates that an individual cannot be held accountable for the same offense twice.

**g. International Regulations**

• **Standard Minimum Rules for the Treatment of Prisoners, 1955:**

There are various rules which provides regulations to be followed for the Undertrials. Inmates awaiting trial will be kept apart from those convicted of a crime; Juvenile offenders and adult offenders will be housed apart, as will prisoners incarcerated for civil offences such as debt and other infractions. Categorizing the prisoners will help with their treatment and social rehabilitation; those who are more prone to cause trouble for other prisoners because of their criminal records or shady character will be kept apart from them. Giving undertrial inmates the chance to work is crucial, as is granting them the autonomy to tell their families about their incarceration right away and choose any safety precautions they see fit in order to be released and receive prompt justice. There is a special provision provided for mentally ill convicted ones that they should be shifted to Mental Correction rooms instead of Prison for their improvement. It is desirable to provide mental help and psychiatric treatment to them.(1955)

• **United Nations Standard Minimum Rules for the Administration of Juvenile Justice –‘The Beijing Rules’, 1985:** It emphasizes how crucial it is to defend minors' rights to privacy. Youth are especially vulnerable to stigmatization and the research conducted by criminologists on labelling procedures has demonstrated the negative consequences (of

many types) that arise from permanently designating young people as "delinquent" or "criminals." All of the rights and assurances found in the ICCPR as well as the Standard Minimum Rules for the Treatment of Prisoners are applicable to juveniles who are being held in detention pending trial. The necessity of other measures must be emphasized because, while incarcerated awaiting trial, young people are vulnerable to being tainted by criminal activities.

- Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, 1988:** It prohibits any kind of inhumane behaviour, torture or degrading treatment towards the Prisoners and provide them legal assistance as their matter of right. It will be necessary to provide initial and continuing training to the various actors tasked with putting the legal framework into effect, especially those working in the criminal justice system, which includes judges, law enforcement, and detention facilities, about the normative framework and how to create operational procedures that adhere to it. It is important to implement and ensure that procedural safeguards function as intended, especially for those who are detained. (Treves, T., 1990) This can entail making certain that all registrations at detention facilities are kept up to date and that police codes of behaviour are routinely reviewed. Full and effective reparations, such as restitution, compensation, rehabilitation, satisfaction, and a pledge against repeat, should be given to victims of torture and other cruel treatment. It is necessary to offer monetary compensation for damages that are economically measurable. A public apology, an official proclamation to restore the victim's dignity, or a memorial service and tribute to the victims are just a few examples of the many ways that satisfaction can be shown.

- **Nelson Mandela Rules, 2015**

**Rule no. 11** - A variety of criteria, including gender, age, past criminal activity, the reason for their incarceration legally, and their care requirements, will determine which organizations or parts of organizations will house the various kinds of convicts. For instance: (a) If at all possible, men and women will be housed in separate institutions; if this is not possible, the entire floor assigned to women will be kept apart; (b) Inmates expecting trial will be kept separately from those who have been found accused; (c) Debtor and other civil prisoners will be kept apart from those who are being held for a criminal offense; and (d) Juvenile prisoners will be kept apart from adult inmates. It also emphasizes maintaining each person's file and offering legal support and excellent health to them. (Thompson, A., 2016)

### **3. Healthcare Challenges Behind and Beyond the Bars**

- a. Inadequate Medical Resources:** Medical access is the fundamental right of all the human beings irrespective of their legal status. As per the NCRB statistics, 2022 the occupancy rate was filled by 131% which indicates that as per the population there is shortage in medical facilities as resources too. Due to this delay and shortage of staff members to provide service it becomes difficult for the inmates to survive and rather die. It is also noticed that in many cases the medical check-up is not done due to which the disease is not revealed and due to prolonged disease inmates die just due to negligence made by the authorities.

It is important to provide health check-up to the inmates and provide proper medical treatment when required. The major concern to resolve these issues to an extent is providing proper and adequate nutrition to them so that they

can beat all the diseases by themselves and resolve the issue of overcrowded prisons.

- b. Mental health concerns among Undertrials:** Mental health issues among undertrials may be exacerbated by the strain of being on trial and the confines of the prison. Undertrial inmates are kept with Convicted ones which is a major issue to be resolved because Undertrials are not proven guilty yet but being with Convicted ones and the treatment given to them as a convict somehow makes them feel more depressed and humiliating and they suffer without sufferer's fault. These things directly impact on the minds of the Undertrials and they become mentally ill. Regrettably, there may not be enough mental health services available in prisons, which means that problems like anxiety, depression, and other mental illnesses may go untreated. It is important to keep a counsellor for all those who are suffering from mental illness because mental illness is not comprehensive in nature it includes everything related to mind. (Janak Raj Jai, 1996)
- c. Limited access to Healthcare Services:** Due to over crowdedness of prisons there is huge shortage of Healthcare services which was evident during COVID-19 phase and afterwards. There is limited access to healthcare services for undertrials is a significant challenge that can have serious consequences for their well-being. There is less availability of facilities due to which less staff is there and during any emergency it becomes difficult to provide services and in case of Prisons there is lack of medical staff and delay in their medical treatment affects the inmates in a serious manner. There are some correctional homes located in remote areas which make it difficult to provide medical assistance on the spot. Due to the language and culture barriers it becomes difficult for the inmates to convey their problems to the Medical Assistance team. It is further noticed that



many Inmates doesn't report their illness to the Officials because they are stigmatized or in fear by their co-inmates. These are few reasons which cause problems in providing medical assistance to the Inmates.(Dr Upendra Nath Dubey, 2023)

#### 4. Ethical Considerations

a. **Right to Health as a Fundamental Human Right:** World Health Organization in its report stated that "every human being, without distinction of race, religion and political belief, economic or social condition, is entitled to the enjoyment of the highest attainable standard of health." Good Health is the right which should be given to all irrespective of their social and economic status and everyone should have access to health care facilities and services without any financial hardship.(*Health Is a Fundamental Human Right*, 2017), Right to Healthcare is having binding power by all the International Convention, health includes not only physical health but mental health too and this right acquire freedom in true sense. This right is very broad in nature as it includes entitlements i.e. the unalienable right to receive high-quality medical care. There are various principles to Fundamental Human Right to Health:

- **Non-discrimination and Equality:** To attain fairness, this necessitates giving the needs of those who are most in need top priority. Equity is a concept used in public health to identify and address justifiable disparities in health outcomes between different subpopulations. To put in place legislative safeguards for non discrimination and equality, HRBA offers legal norms and obligations. The variables of discrimination that overlap and intersect, tackling bias, factors including gender, race, ethnicity, handicap, sexual orientation, gender identity, and socioeconomic status

must be taken into account. Health treatments can be planned in a way that addresses intersecting determinants by using an intersectional lens to examine health inequalities resulting from several grounds of exclusion. This would include, among other things, ensuring that health information is provided in forms that allow individuals to get the information they need.

- **Participation:** In order to participate, communities, civil society, and users of health services must be given the authority to participate in the planning, decision-making, and execution of health initiatives at all systemic levels and throughout the program cycle. In order to ensure that people's needs and expectations are realized, meaningful involvement must incorporate clear measures to resolve power imbalances, value experiential evidence, and control competing interests. By using participatory planning tools, beneficiary groups can be included in the development of health services or the setting of priorities for public spending.
- **Accountability:** Nations need to set up easily accessible and efficient systems for accountability. These could involve oversight by other organizations, like nation-wide human rights organizations and well-being and social repair watchdogs, as well as administrative and legal remedies. The Committee on Economic, Social, and Cultural Rights, one of the UN's human rights bodies, is a key accountability body that oversees nations' adherence to their commitments pertaining to health-related human rights.

There are various components of Right to Health as a Fundamental Human Right like

- Medical Facilities access must be given to everyone whenever required.
- There should be sufficient medical services available for all.
- There should be good quality of medical instruments available for the public which should be tried and tested and scientifically and medically approved.
- There should be analysis of the financial, geographical, physical, and other obstacles to health systems and services, as well as how they could impact marginalized populations, is necessary for accessibility. To overcome these obstacles, it is necessary to create or implement precise norms and standards in both legislation and policy.

**b. The Principle of Equivalence in Healthcare for Pre-Trial Detainees:** It is important to provide high-quality medical facilities which is a basic requirement of a fundamental human right, and here is where the Principle of Equivalency comes in. According to the "equivalency of care" principle in prison medicine, prison health services must give inmates care that is on par with that given to the general public in the same nation. An increasing number of people use the equivalency principle as a guide when implementing healthcare standards for those who are detained. In the framework of the Health in Prisons Project, one of the strategic goals is to "promote all healthcare services in Prison including services related to promotion of health with standards equivalence." United Nations Organization of December 14, 1990, regarding the "Basic principles for the treatment of prisoners," already mentions this general principle, which is as follows: "Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation."(2007) The World Health Organization (WHO) also references the equivalency principle in this regard. According to international legal

standards, it is imperative that pre-trial inmates receive adequate medical care. However, it has been observed that Pre-trial Detainees suffer greatly from a lack of appropriate medical facilities and services because they are housed in facilities that are only meant to be temporary detention centres. As a result, they are not given longer-term treatments, such as tuberculosis, simply because of this. Principle of Equivalence majorly focuses upon the theory of equality i.e. all the opportunities provided to Pre-Trial Detainees and should not be discriminated on the basis of short tenure.(n.d.).

**c. Ethical responsibilities of healthcare professionals in custodial settings:**

Among the fundamentals of medical practice are consent and confidentiality, which can cause issues for patients who are incarcerated. The protection of prisoners' and detainees' physical and mental health as well as the treatment of illness at the same level and quality as that which is provided to those who are not confined or incarcerated is the responsibility of health workers, especially physicians, according to UN General Assembly resolution 37/194. In practice, informed consent elements that are theoretically well-regulated from a legal and moral standpoint may create contextual discrimination due to the deprivation of freedom measures that may lead to aggressive behaviour, dissimulation or simulation, indifference to medical knowledge, attempts at autolysis, etc. Therefore, the legitimacy of informed consent may be questioned, which could have an impact on medical acts.

- **Informed Consent:** Medical personnel must have a thorough understanding of the patient's characteristics, accounting for the detention factor. The terms "patient" and "inmate" are used interchangeably, which suggests certain characteristics of the individual's psychological and social background, including social exclusion, a very low socioeconomic status, little education, diminished cognitive function, aggression,

impulsivity, decreased frustration tolerance, personality disorders, and disorders brought on by drug abuse. All of these traits highlight the need of respecting the patient's autonomy in the patient-physician relationship in order to gain the patient's compliance and confidence in the doctor, especially when it comes to custodial measures. The foundation of any medical act that upholds a patient's autonomy in all its manifestations—including comprehension, voluntarism, and capacity for decision-making—is informed consent.(2002)

- **Confidentiality:** Maintaining patient privacy and strengthening patient confidence in the doctor and the healthcare system are two things that depend on maintaining confidentiality.(Gostin, L., 1997). With a few exceptions, the doctor is required by law to keep the patient's medical history, diagnosis, and treatment plan confidential. When confidentiality is to be violated, it must be made known to the patient and expressly specified, justified, and supported by the law and medical ethics. In general, the patient has the freedom to choose whether or not to reveal private information. In light of this, it should be noted that secrecy and privacy are not absolute virtues and may be constrained by more significant moral reasons. Aside from circumstances governed by laws upholding the interests of justice, situations that raise the question of the attending physician disclosing confidential information without the patient's consent usually relate to the patient posing a serious risk to themselves or to others. The rationale for divulging private information must include a precise description of the issue, gathering pertinent data, identifying and weighing potential courses of action, making a decision, and assessing the results.(Rindfleisch, T. C., 1997)

### 5. Legal Activism

The right to health is one of the fundamental rights and every individual has the right to the highest level of physical and mental well-being, as guaranteed by certain clauses in the Indian Constitution. The Apex Court of India has declared in several cases that access to healthcare is a fundamental aspect of Article 21. The State is obligated to provide some basic amenities as privileges to protect and preserve individual's life. The Hon'ble Supreme Court, affirmed that a prisoner, whether a convict or an undertrial, does not lose their status as a human being and retains the fundamental rights guaranteed by the Constitution of India, including the right to life (*State of A.P. Vs. Challa Ramkrishna Reddy & Ors.*, 2000). In the renowned case the Apex Court stated that the sheer confinement does not withdraw the offenders of all the vital privileges preserved in the Indian Constitution (*D.B.M.Patnaik v. State of Andhra Pradesh*, 1974). The Court concluded that prisoners are allowed to exercise all fundamental rights available to any person who is free, with the exception of those that are restricted due to their confinement. (*Francis Coralie Mulin vs. The Administrator, Delhi*, 1981).

Everyone has the fundamental right to health, and in the instance of (*Gautam Nvlakha v. National Investigation Agency & Ors.*, 2021). It is clearly states that getting proper and approved medical treatment must be given to the Undertrials as their Fundamental Human Right(*Gautam Nvlakha v. National Investigation Agency & Ors.*, 2021). The Supreme Court held that an undertrial prisoner's right to life does not in any way decrease while they are incarcerated as suspects in a crime, and that the state and, if necessary, the courts must attend to their health needs. A bench made up of Chief Justice N V Ramana, Justices Surya Kant and A S Bopanna issued this decision, ordering the Uttar Pradesh

government to move journalist Siddique Kappan, who was detained, to a government hospital in Delhi (2021).

In the 1989 case of *Parmanand Katara v. Union of India*, The court held that a physician employed by a government hospital owes duty to patients to provide any necessary medical care in order to preserve life. Actually, a doctor's professional obligation is to save his life by offering his services to patients, no matter who they may be, with appropriate care and skill (*Paramanand Katara v. Union of India*, 1989). Therefore, no legal body may intervene to stop medical professionals from carrying out their obligations. No patient may be refused care at a government hospital because there aren't enough beds, the court said in *Paschim Bengal Khet Mazdoor Samiti v. State of West Bengal* (*Paschim Banga khet Mazdoor Samity versus State of West Bengal*, 1996).

In a renowned case of 1998, (*Rasikbhai Ramsing Rana v. State of Gujarat*, 1998) the Gujarat High Court ruled that access to healthcare is a fundamental human right that ought to be granted to all individuals. The court additionally instructed the relevant correctional authorities to provide the inmates who were afflicted with any kind of illness with appropriate mental and physical health care. The same court ordered in a suo moto writ that the Central government furnish all Central and District jails with the most up-to-date medical equipment, an ICCU, a pathology lab, qualified doctors, and sufficient personnel, including nurses, to render medical care. (Garg, C., & Sukhmani, S. S., 2023)

## **6. Improvements in Medical Assistance**

The primary cause of the lack of medical help is the overcrowding in prisons, where the occupancy rate is higher than the occupancy area. (Joshi, M. S., 1985) As a result, not everyone has access to medical services because there are

already insufficient resources and the high occupancy rate makes them much scarcer. Facilities should be made available to all as per the need, with the aim of reducing the custodial inhabitants. Reducing the number of undertrials in prison is a beneficial step that can be taken, since they make up 75% of the prison population. Second, review committees must be established in this regard in order to visit prisons on a regular basis and provide reports that include one-on-one conversations with the inmates. The Mental Healthcare Act of 2017 and other health provisions that are granted to them as a matter of right should be explained to them so that they are aware of the resources available to them. Health should be prioritized, and all prisons should select highly qualified health officers and nursing staff to ensure that inmates receive care without delay. There is an urgent need of health assessments to be done properly before detaining any Undertrial about their pre health conditions and as per that treatment to be given in Prisons also. (Priyadarshini, A., & Durge, M., 2018)

- To provide effective healthcare services by staffing detention institutions with qualified medical personnel. Medical professionals, nurses, mental health specialists, and other specialized workers may fall under this category.
- To create and put into place explicit procedures for handling medical emergencies in prisons. For prompt and efficient responses, staff members must get training in first aid and emergency protocols. (Nagarjuna, P., 2022)
- To provide undertrials with health education programs to increase knowledge of preventative healthcare practices, improve healthy lifestyles, and foster self-care. Examine how technology can be used to improve the efficiency of healthcare procedures in prisons. Telemedicine, electronic health records, and other tech-based solutions can boost productivity and communication. (Sidhu, S. S., & Mishra, U., 2022)



A multifaceted strategy that takes into account the particular requirements of this population and complies with international human rights norms is needed to improve medical facilities for undertrials. Meaningful and long-lasting reforms require cooperation between medical specialists, legal activists, correctional officials, and outside parties.(Dhanda, A., 2005)

## **7. Conclusion**

Fundamental Health Rights are basic rights which are dedicate to human beings irrespective of their social, economic, political or legal strata but ironically it is seen that the rights guaranteed are not offered to them due to their undefined or presumed to spend short span of time in Prison. These rights are having the sanction of various International Conventions and Indian legislations but the enforcement of these rights lack due to oversized occupancy rate and shortage of medical facilities and staff members. Every prisoner's entitlement to basic health requirements is upheld by the Model Prison Manual, regardless of constitutional rights. A balanced diet, access to healthcare, clean drinking water, housing, and cubicles with enough sunlight and ventilation are a few of them. But because jails routinely underinvest in health facilities, there is a staff vacancy rate of around 30% and only one medical professional serving approximately 243 prisoners. This skewed ratio becomes even more concerning when it comes to the necessity of quick diagnosis and prompt isolation measures to stop the virus from spreading.(ROY, K., 2022).

The 2019 India Justice Report states that a variety of infectious diseases plague inmates, resulting in a shortened life expectancy. Such circumstances continue even in the face of specific laws and regulations intended to control prison medical facilities, prevent epidemics, and establish regular physical testing protocols. In actuality, prison hospitals run in an irregular fashion. Their

overworked personnel provides the care, and they usually lack the required equipment. Governments now need to consider innovative approaches to address prisoner health. According to studies, artificial intelligence systems can be employed for automatic disinfection systems, thermal screening, effective employee shift allocation, and video surveillance to enforce social distance regulations. Experience has also demonstrated that autonomy in decision-making and budgetary flexibility assist prevent needless bureaucratic delays. Customized prison administration and partnerships with outside companies can enhance the standard of the food, the cleanliness of the medical facilities, and the behaviour of the inmates.(Matiyani, H., & Puri, G, n.d.)

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