IN THE SUPREME COURT OF INDIA

(Order XXXVIII RULE 1)

Original Civil JURISDICTION
[IN THE MATTER OF A PUBLIC INTEREST LITIGATION]
(UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA)
WRIT PETITION (CIVIL) NO.____ OF 2021

IN THE MATTER OF:

Delhi Medical Association (DMA) ……..Petitioner no.1

Dr. Satyajit Borah ……. Petitioner no. 2

Versus

Union of India

Through the Ministry of Health & Family welfare

Room No. 348; 'A' Wing, Nirman Bhavan,

New Delhi-110011 ……Respondent

PAPER BOOK

[FOR DETAILED INDEX PLEASE SEE INSIDE]

ADVOCATE ON RECORD FOR THE PETITIONER: Ms SNEHA KALITA

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PROFORMA FOR FIRST HEARING

SECTION PIL-W

The case pertains to (Please tick/check the correct box):

- Central Act : The Indian Penal Code 1860, The Epidemic Diseases (Amendment) Act, 2020 and The National Disaster Management Act,2005
- Section: : The list of the relevant provisions is annexed herein as Annexure 6

- Central Rule: (Title) : N/A
- Rule No(s) : N/A
- State Act : The chart containing 23 State Acts is annexed herein as Annexure 5

- Section: : -Same-
- State Rule : (Title) : N/A
- Rule No(s) : N/A
- Impugned Interim Order: N/A
- Impugned Final Order/Decree: N/A
- High Court: (Name): N/A

1. Name of Judges : N/A
2. Nature of Matter :Civil
3. (a) Petitioner No.1 -Delhi Medical Association
   (b) Petitioner Appellant No.2- Dr. Satyajit Borah

4. e-mail ID: delhimedicalassociation@gmail.com (Petitioner .1)
   sjtborah@gmail.com (Petitioner no. 2)

   Mobile number: Mob.no. 9811557085(Petitioner No .1)
   Mob.no. 9535081219(Petitioner No.2)

5. (a) Respondent No.1 : Union of India Through the Ministry of Health and family affairs.
   (b) e-mail ID
   (c) Mobile phone number:
6. (a) Main category classification : Civil Matter
   (b) Sub classification : Others
7. Not to be listed before : N/A

8. (a) Similar disposed of matter with citation, if any, & case details: **No Similar Disposed of matter.**
   (b) Similar pending matter with case details:

9. Criminal Matters:

   (a) Whether accused/convict has surrendered : N/A
   (b) Fir No. N/A Date : N/A
   (c) Police Station : N/A
   (d) Sentence Awarded : N/A
   (e) Period of sentence undergone including period of detention/custody undergone : No.

10. Land Acquisition Matters
   (a) Date of Section 4 notification : N/A
   (b) Date of Section 6 notification : N/A

   (c) Date of Section 17 notification : N/A
11. Tax Matters: State the Tax effect : N/A
12. Special category (first Petitioner/Appellant only)
   Senior citizen> 65years SC/SC Women/Child
   Disabled Legal Aid caseIn custody: Petitioner in jail.
13. Vehicle Number(in case of Motor accident Claim matters): N/A

FILED BY:

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Filed On:29.06.2021

SYNOPSIS

The present Writ Petition has been filed by the Petitioners due to the increasing number of assault, verbal abuse, threat, attack against the doctors and other healthcare workers by the patient's relatives and friends and where there has been extreme incidents of public lynching where some unfortunate incidents have led to death of the doctors/ Health Workers.

The Petitioner no.1 is the Delhi Medical Association (DMA) having more than 15000 members of medical fraternity, established in the year 1914(107 years old) constituted during the 1St World War to help the masses & soldiers. One of its objectives is to maintain the honour and dignity and to uphold the interests of the medical profession and devoted to work on health policies & other issues nationaly and associated with International Organisation. And Petitioner no.2 is Dr. Satyajit Borah ,Consultant Orthopaedic Surgeon , presently President of the Assam State Branch, Indian Medical Association (IMA) and former President of NEROSA (North East Chapter, Indian Orthopaedic Association) and associated with such organisations helping to protect the interest of the Health Professionals and healthcare workers .

The Petitioners are seeking appropriate directions in the form of guidelines to have a security system in place to ensure safe working environment for the Medical Service Personnel/ Professionals and the healthcare workers and such others and also seeking directions to adopt adequate preventive, punitive and compensative measures/ mechanism to prevent any kind of assault/violence / public lynching against Medical Service Personnels / Professionals and the healthcare workers .

At present there is no substantial central legislation which have a holistic mechanism of preventive, punitive & compensative measures which can address the above mentioned issues of violence against Medical Service Personnel / Professionals and the healthcare workers.

And also seeking directions guidelines in the form guidelines regarding granting of compensation to the family of the deceased healthcare Professionals/Workers or victim Health workers by both Centre or State Government / or concern authorities as a result of such kind of violence/ assault. And also seeking guidelines to evolve an effective and balanced rescue mechanism system for both the health workers & the patients (in the form of help desk) in every healthcare/ clinical establishments and facilities to intervene immediately to address the problem/ dispute so as to prevent any unavoidable dispute or disturbances resulting to such kind of assault, violence or public lynching .

In the present scenario of covid pandemic, not only India but the whole world is going through a huge crisis and challenging time in the healthcare system, be it the infrastructure, facilities, frontline health care workers, medicines, oxygen supplies and so many other issues. And it is an undenying fact that the doctors and other medical/ para medical personals have stood tall in front of the present pandemic risking their own lives and tirelessly worked to save lives of their countrymen. And the deleterious effect of such kind of violence/assault against even one single Healthcare worker/ professional results not only have adverse affect and fear in healthcare community but also hinders in discharging their duties in serving the mankind especially in this crisis time.

As per the Covid Registry of martyrs report, maintained by the Indian Medical Association (IMA), while 747 doctors succumbed to COVID-19 in the first wave, 748 doctors lost their lives in the second wave. *(Source : State wise Covid Registry maintained by the IMA of martyrs doctors).*

The chart I herein below cited few of the media reported news /items in several states of India regarding assault / violence against healthcare Professionals/ workers/ Para Medical Workers and its Healthcare/ Clinical establishments (Both Pre & during pandemic situation).

However there have been many cases that goes unreported due to many factors such as, non-accessibility of police system, incidents happened in remote areas (in PHC., CHC, Govt. Civil hospitals), trauma faced by the victim health care workers and their families as well.

(A detailed chart statewise with name of the source link have been annexed as annexure in the petition)

Chart –I

Sr.No.	State	Date	Title	Source
1.	Andhra Pradesh	18.01.2017	21 cases of assault on doctors in 2016, reported by IMA.	e paper Deccan Chronicle
		04.12.2020	Doctor attacked by relatives of patient	E paper thehindu.com
2.	Arunachal Pradesh	06.06.2021	2 people arrested in connection with attack on doctors	E news Eastmojo.com
3.	Assam	31.08.2019	73 year old Doctor lynched by mob, at Tea Estate	E news NDTV.com
		01.06.2021 05.06.2021	Assam Jr. Doctor assault by attendants Doctor at Hailakandi beaten Up.	Times of India Epaper Sentinelassam.com
4.	Bihar	15.06.2018	Doctor's family attacked by goons, wife gang-raped daughter molested	e news Oneindia.com
		05.05.2021	Hospital staff assaulted by kin of dying patient	Epaper Hindustan Times
5.	Chhattisgarh	17.03.2021	Junior doctors seek action against attackers.	Epaper Daily Pioneer.
6.	Goa	29.04.2021	Doctors threaten to strike over attacks by COVID-19 patients' kin	e news New Indianexpress.com
7.	Gujarat	07.04.2017	Resident doctor at cancer hospital 'attacked'.	Epaper Indianexpress
		08.05.2021	Medical staff attacked by	E news Times Now

			local residents in Surat at vaccination centre.	
8.	Haryana	14.08.2018	CHC doctor assaulted while on-duty	Epaper Times of India
		24.04.2020	Doctor posted for duty at COVID-19 centre, brutally assaulted by mob of 15 men	E news medicaldialogues.in
9.	Himachal Pradesh	17.06.2019	Woman doctor assaulted.	Epaper Times of India
10.	Jharkhand	04.06.2021	Medicos miffed at 'people's silence over attacks on doctors'	Epaper Times of India
11.	Karnataka	02.06.2021	Doctor assaulted by relative of patient who died.	E news Scroll.in
		04.06.2021	Doctor brutally thrashed after death of a patient.	e news timesnownews.com
12.	Kerala	11.04.2017	Doctor assaulted by drunken patient; video got recorded in CCTV camera.	e news indianexpress.com
		04.06.2021	Doctors in Alappuzha, protest against assault on healthcare workers.	ANI News
13.	Madhya Pradesh	02.04.2020	Doctors,other healthcare workers, civic officials injured after attacked by mob at Indore.	e news First Post
14.	Maharashtra	01.08.2016	Resident doctors brutally thrashed after patient's death	E news medicaldialogues.in
		21.05.2021	Doctors & nurses attacked by kin of dead patient	Epaper Times of India
15.	Manipur	06.06.2021	Health workers get beaten up by Covid patient's kin	e news India Today
16.	Mizoram		Not found any reported cases.	
17.	Meghalaya	11.06.2020	US aid worker assaults Doctors, Ransacks Hospital in Shillong	e news NDTV.com
18.	Nagaland	24.08.2020	Assault on doctor condemned by Naga Peoples Front	Enews Eastern Mirror Nagaland
19.	Orissa	19.08.2016	Doctor brutally attacked by relatives of a patient by iron rod.	Epaper Times of India
		10.05.2020	Physicians attacked on duty .portion of an ear of a doctor ..	Epaper The Hindu
20.	Punjab	27.11.2019	Doctor attacked with knife by patient at the Rajinder Hospital, Patiala.	Epaper Hindustan Times
		27.05.2021	Covid 19 Health Workers attacked when it went to sensitize villagers.	e news New Indianexpress.com
21.	Rajasthan	21.05.2017	Doctor badly beaten by relatives of patient who dies	e news India Today

			while undergoing treatment	
		18.02.2021	Doctor suffers fracture in attack by patient's kin, 2 arrested	E news medicaldialogues.in
22.	Sikkim	12.06.2021	2 arrested for abusing women doctors in Gangtok's CRH	e news Eastmojo.com
23.	Tamil Nadu	20.07.2016	Doctor killed by husband of dead patient in Chennai	Epaper The Hindu
		11.08.2019	Doctors attacked by man, after father dies,	e news News18.com
24.	Telangana	10.06.2020	Attack on doctors after COVID-19 patient's death.	e news thenewsminute.com
		27.05.2021	8 arrested for attacks doctors.	Epaper The Hindu
25.	Tripura	13.04.2019	Doctor beaten up after patient dies In Tripura Hospital	e news NDTV.com
		28.01.2021	Doctor assaulted in Government hospital, Doctors' body demand action	e news Sentinel assam
26.	Uttar Pradesh	16.04.2020	Doctors and cops of quarantine team attacked by mob.	Epaper Times of India
		03.05.2021	Patient's kin 'attack' doctor, hospital staff	e news Indian Express
27.	Uttarakhand	14.09.2018	Pediatrician Doctor shot dead in CHC, Jaspur in broad day light by 2 assailments.	Epaper Hindustan Times
28.	West Bengal	11.06.2019	Mob violently attacks doctors at NRS Hospital.	e news Opindia.com
		08.06.2021	On duty doctor assaulted at Hoogly district	e news republicworld.com

It is submitted that one of the oldest medical journal in the world known as 'The Lancet' have stated that "nearly 75% doctors in India have faced either verbal or physical violence during their lifetime." *(Source:https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)31142-X.pdf).*

A report published by the World Health Organization (WHO) also stated that nearly 600 violent incidents against health facilities in 19 countries took place in the year 2014 and 2015. The World Medical Association through its Chairman stated that “We need to pay more attention to increasing violence in civil situations. Here, there is an urgent need for better protection. Facilities have to be secured against weapons being brought in, especially firearms and knives. Hospitals and clinics must be weapon free. And in conflict situations, health care personnel and facilities are becoming weapons of war and this must end. *(Source:https://www.hindustantimes.com/india-news/world-medical-association-highlights-attacks-on-indian-doctors-report/story-E5lI8VmQ29lljcz36 ALK2O.html) .*

Present Legislation Scenario in India regarding punishment against violence on healthcare Professionals /workers/ Para medical Workers and its establishment.

It is pertinent to mention here that, out of 28 States and 8 Union territories (UTs), only in 23 States and 2 Union Territories have their own legislation/Acts with provisions of punishment whosoever committed violence against healthcare professionals/ Healthcare workers and damage to property of its Establishment. The chart II below provides for the relevant provisions of each legislations state & UT wise.

(A detailed chart state wise alongwith with the name of the legislation is annexed in the present Petition)

Chart II

STATES & UNION TERRITORIES ACTS			
S. No.	State with existing Legislation	Punishment (Imprisonment & Fine) (*all offences are cognizable)	Bailable / Non Bailable
1.	Andhra Pradesh	3 yrs. with fine may extend to Rs.50,000.	Non-Bailable
2.	Arunachal Pradesh	Not less than 3 yrs may extend to 10 yrs or with fine may extend to Rs. 5 lakhs or	Non-Bailable & Non compoundable &

		with both.	triable by Court of Judical Magistrate of First Class
3.	Assam	3 yrs & with fine may extend to Rs. 50,000.	Non-Bailable
4.	Bihar	3 yrs. & with fine may extend to Rs.50,000 & / or action will be taken under IPC.	Non-Bailable
5.	Chattisgarh	May extend to 3 yrs & fine may extend to Rs.50,000.	Bailable Triable by Court of Judicial Magistrate First Class
6.	Goa	May extend to 3 yrs, or with fine may extend to Rs.50,000 or with both.	Non-Bailable
7.	Gujarat	May extend to 3 years, or with fine which may extend to Rs.50,000 or with both.	Non-Bailable Govt. may compound either before or after institution of proceedings
8.	Haryana	3 years & liable to penalty of actual amount of purchase price of medical equipment damaged & loss caused as may be determined by competent court.	Non-bailable
9.	Himachal Pradesh	3 years	Non-bailable
10.	Karnataka	3 years with fine may extend to Rs. 50,000.	Non-bailable
11.	Kerala	May extend to3 years & with fine may extend to Rs.50,000.	Non-Bailable
12.	Madhya Pradesh	Either description may extend up to3 months or with fine may extend to Rs. 10,000 or both	Non-bailable, May be compounded by aggrieved person with the permission of the competent Court.
13.	Maharashtra	May extend to 3 years & with fine which may extend to Rs. 50 ,000	Non-Bailable Triable by Court of Judicial Magistrate First Class
14.	Manipur	May extend to 3 years & with fine which may extend to Rs. 50 ,000.	Non-Bailable
15.	Orissa	May extend to 3 years & with fine may extend to Rs. 50 ,000.	Non-Bailable
16.	Punjab	may extend to 1 year or with fine, may extend to Rs. 50,000 or with both.	Non-bailable Triable by Judicial Magistrate First Class
17.	Rajasthan	3 years & with fine may extend to Rs. 50 ,000.	Non-Bailable
18.	Tamil Nadu	not be less than 3 years but may extend to 10 years and with fine.	Non-Bailable
19.	Telangana	Imprisonment of 3 years & with fine which may extend to Rs. 50 ,000.	Non-Bailable
20.	Tripura	3 years & with fine may extend to Rs. 50,000.	Non-Bailable
21.	Uttar Pradesh	May extend to3 years or with fine may extend Rs. 50 ,000 or with both	Non-Bailable

22.	Uttarakhand	May extend to3 years or with fine may extend Rs. 50 ,000 or with both	Non-Bailable
23.	West Bengal	May extend to 3 years & with fine may extend to Rs. 50 ,000	Non-Bailable

UNION TERRITORIES (UTs)			
S. No.	UTs with existing Legislations	Punishment (Imprisonment & Fine) (*all offences are cognizable)	Bailable / Non Bailable
1.	Delhi	May extend to 3 years or with fine may extend to Rs. 50,000 or with both	Non-Bailable
2.	Chandigarh	The state of Punjab Act is applicable.	

From the above table few points are to be emphasised:

i). There is no provision of fine prescribed in the states of Haryana (though penalty for damage of the property has been prescribed) & Himachal Pradesh . And in the state of Tamil Nadu does not provide any prescribed quantum of fine along with the prescribed punishment . The State of Madhya Pradesh provides for fine which may extend to Rs.10,000 (Rupees Ten Thousand).

ii). In terms of lowest terms of imprisonment, Madhya Pradesh provides for imprisonment which may extend to 3 months and State of Punjab with imprisonment which may extend to 1 year. And the highest term of imprisonment & fine is prescribed in the State of Arunachal Pradesh which provides for imprisonment of 3 years which may extend to 10 years and fine which may extend to 5 lakhs rupees.

iii). In terms of the offences committed, Gujarat and and Delhi provides for it being compoundable by the Government; Madhya Pradesh provides for compoundable by the aggrieved person and State Act of the Arunachal Pradesh makes it non-compoundable.

iv). The states of Arunachal Pradesh, Chattisgarh, Maharashtra and Madhya Pradesh provides for the offences being triable by the Judicial Magistrate of First Class.

It is pertinent to note here that, the states of Sikkim, Meghalaya, Nagaland, Mizoram and Jharkhand presently does not have its own legislation dealing with protection of healthcare workers from violence and any damage to property to its establishment.

Though in India there are presently 23 states & 2 Union Territories which have their state legislation which provides for punishment and penalty against attacks on Healthcare Professionals / workers/ Medicare Service Personnels and such others and damage to healthcare establishment but at present there is no uniform Central Act to address preventive, punitive and compensative measures to address aforesaid issues.

The Epidemic Diseases Act, 1897and the Epidemic Diseases (Amendment) Act, 2020 which came into force on September,2020 have limited scope and jurisdiction and are limited to the period related to the Epidemic Diseases. The Epidemic Diseases (Amendment) Act, 2020 which provides for certain sections relating to punishment against violence on healthcare workers & establishments but none of these legislations have :

1. Any provisions nor have laid down any preventive measures & set up authorities in place to protect and have safety & social security mechanism to protect & prevent such kind of incidents /assaults against the healthcare workers at their workplace.

2. No provision for granting any kind of compensation by the Government or concern authorities to the family of the deceased healthcare workers or victim Health workers as a result of such kind of violence .

It is submitted that there is no Central legislation/ Act for punishment for violence on healthcare Service Personals and Healthcare/ clinical Establishments and to provide provision for preventive measures & authorities to set up and have an effective social security mechanism which is very essential for preventing the incidents of attacks on Healthcare

workers. There is no central policy or mechanism for compensation to be granted by the government to the victim healthcare personnel or the Kith or Kin of the healthcare workers, if deceased as a result of such kind of unfortunate incidents of violence.

The Chart III given below are some of the Central Legislation in India at present that provides for punishment for causing assault & violence against Healthcare workers/personals & its establishment. (Indian Penal Code 1860 (IPC) is the substantive provisions pertaining to crime).

(A detailed chart III with the name of the Central legislations is annexed in the present Petition)

Chart III

Sl No.	Act	Provisions (Sections)	Punishment (Imprisonment & Fine) *As per the classification of offence
1.	IPC, 1860	186	May extend to 3 months or fine which may extend to Rs. 500 or both
		290	Fine may extend to Rs. 200
		323	May extend to1year or fine may extend to Rs. 1,000 or both
		325	Either description may extend to 7 years &fine
		332	Either description may extend to 3 years or with fine or both
		333	Either description may extend to 10 years and fine
		352	Either description may extend to 3 months or with fine may extend to Rs. 500 or both.
		353	Either description may extend to 2 years or with fine or both
2.	The Epidemic Diseases (Amendment) Act, 2020	3(1)	Punishable under section 188 of the IPC
		3(2)	Not less than 3 months, may extend to 5years & with fine not less than Rs.50,000 may extend to 2 lakhs
		3(3)	not less than 6 months, which may extend to 7 years& with fine not less than 1lakh, may extend to 5 lakhs
		3 E(1)	Compensation to be paid for causing hurt/grievous hurt to healthcare personnel by the convicted as decided by the Court.
3.	The National Disaster Management Act, 2005	51	may extend to 1year or with fine or with both
		52	extendable to 2 years & with fine

It is submitted that all the State Acts though provides for punishment to the offenders against such kind of violence but neither of the said Acts provides any preventive and safety & social security mechanisms for the healthcare workers and due compensation granted to victim & family of the deceased Healthcare workers by the Government (as victim & deceased as a result of assault / violence. And also there has been no effective rescue mechanism (for both healthcare workers & patients) to address any such disputes to prevent happening of any unfortunate incident as stated above .

Hence the present writ petition has been filed by the Petitioner in public interest under Article 32 seeking appropriate directions by this Hon'ble Court as a matter of preservation of human rights and the fundamental right and under Article 21& 19 as enshrined in the Constitution of India.

List of Dates

(Some of the incidents against assault against doctors / healthcare workers have been mentioned from the year 2011 -21)

2011	In Assam, Doctor and manager's bungalows ransacked by labourers at Borhat tea estate. *(Source: https://m.dailyhunt.in/news/india/english/eastmojo-epaperestmoj/ with+rising+assault+cases+ anger+is+brewing+ in+assam+tea+estates-newsid-n137567032*)
04.05.2015	As per IMA, over 75% of doctors have faced violence at work, study finds. *(Source: https://timesofindia.indiatimes.com/india/over-75-of-doctors-have-faced-violence-at-work-study-finds/articleshow/47143806.cms*)
06.04.2016	Doctors strike against attack on two doctors in Panvelli, Mumbai. *(Source:https://timesofindia.indiatimes.com/city/navi-mumbai/doctors-strike-against-attack-on-2-medicos-in-panvel-hospital/articleshow /46818678.cms*)
2017	Medical staff assaulted in Goalpara District, Assam by a group of people related to a patient. *(Source: https://taazakhabarnews.com/who-will-save-lives-of-doctors-from-the-angry-mobs/*)
25.03.2018	Resident doctor assaulted and paramedics roughed up by relatives of patient at DY Patil Medical College, Pune. *(Source: https://timesofindia.indiatimes.com/city/pune/relatives-assaultdoc tor-after-death- ofpatient/articleshow/63447556.cms*)
12.09.2018	In the case of Sarita Singh Vs. State &Ors. (Writ Petition (S/B) No.284 of 2017) the High Court of Uttarakhand directed the State Government *inter alia* to pay the compensation of Rs.1,99,09,000/- and to enforce 'Uttarakhand Medicare Service Persons and Institutions (Prevention of Violence and Damage to Property) Act, 2013, in letter and spirit.
30.08.2019	Two resident doctors at Safdarjung Hospital, Delhi brutally beaten by

	relatives of patient. *(Source: https://www.indiatoday.in/india/st ory/safdarjung-hospital-docterstrike-resident-doctors-1593256- 2019-08-30*)
02.09.2019	The Draft Bill of the Health Services Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill, 2019, imposing imprisonment upto 10 years, and fines between Rs 2 lakh to Rs 10 lakh.
02.04.2020	Healhcare team attacked by residents in Indore, Madhya Pradesh. *(Source: https://www.hindustantimes.com/india-news/health-team-pelted-with-stones-during-covid-19-screening-drive-in-indore/story-Yvqf325VVMWOfFhSdPJWSN.html*)
21.04.2020	In the case of Mohammad Arif Jameel Vs. Union of India, (2020 SCC OnLine Kar 442) the Hon'ble High Court of Karnataka ordered *inter alia* to place on record the policy of protection taken by the State Government for the protection of healthcare workers including the ASHA workers.
28.09.2020	The Epidemic Diseases (Amendment) Act, 2020 came into force aimed at protecting healthcare professionals/ Workers/ Medical Personals against violence during pandemic times.
22.04.2021	Doctor attacked with knife at a hospital, Maharashtra. *Source: https://www.news18.com/news/india/maharashtra-man-attacks-doctor-with-knife-on-being-asked-to-not-be-loud-in-covid-ward-3666362.html*
07.05.2021	A medical team attacked at a Covid-19 vaccination centre in Surat, Gujarat. (Source :https://timesofindia.indiatimes.com/city/surat/locals-attack-medical-team-at-covid-19-vaccine-centre/articleshow /82439196.cms).
13.05.2021	In the case of Dr. Rajeev Digambar Joshi Vs. The Chief secretary, State of Maharashtra & Ors. [PIL (ST) No. 2332 of 2020] the Hon'ble High Court of Bombay *inter alia* provided guidelines to be followed to have a zero tolerance against any acts of violence committed against healthcare workers.

28.05.2021	Doctor physically hurt, after death of Covid- 19 patient, Hyderabad. *(Source: https://www.timesnownews.com/hyderabad/article/hyderabad-after-covid-patients-demise-relatives-attack-doctor-ransack-hospital/763119*)
30.05.2021	Doctor was shot at by the assailants in Lucknow. *(Source: https://medicaldialogues.in/news/health/doctors/doctor-brutally-attacked-shot-after-covid-patients-death-in-lucknow-78104*)
02.06.2021	Doctor, at a coronavirus facility Hojai, Assam, was mercilessly beaten by the relatives of a Covid patient who had died. *(Source: https://timesofindia.indiatimes.com/city/guwahati/14-sent-to-jail-for-assaulting-doctor-in-assams-hojai-district/articleshow/83196216.cms*)
03.06.2021	A team visiting to conduct Rapid Antigen Tests was brutally assaulted by around 10 locals. Another team in Vikramgad was stopped from stepping out of their vehicle by villagers armed with stones. *(Source: https://timesofindia.indiatimes.com/city/mumbai/maharashtra-docs-on-covid-duty-attacked-in-villages-in-palghar/articleshow/83187084.cms*)
04.06.2021	In Hailakandi, Assam, an on-duty government doctor of S K Roy Civil Hospital, was reportedly assaulted by family members of a Covid-19 patient. *(Source:https://www.sentinelassam.com/north-east-india-news/assam-news/after-hojai-doctor-assault-case-a-hailakandi-doctor-beaten-up-two-arrested-541512*)
04.06.2021	The doctors at District hospital, under Kerala Government Medical Officers Association (KGMOA) led a protest alleging inaction of police over an incident where a junior consultant surgeon was assaulted by a COVID patent's relative. *(Source:http://www.catchnews.com/national-news/kerala-doctors-in-alappuzha-thiruvananthapuram-protest-against-assault-on-healthcare-workers-217361.html*)
07.06.2021	The Indian Medical Association (IMA) sought Prime Minister's intervention to stop spread of misinformation on the ongoing Covid-

	19 crisis and attack on doctors. *(Source:https://indianexpress.com/article/india/ima-seeks-pm-modis-intervention-to-stop-assault-on-doctors-spread-of-fake-news-covid-19-7347546/*(
09.06.2021	A medical officer of the Majuligarh tea garden, Assam, was attacked by the tea garden workers. *Source: https://www.hindustantimes.com/india-news/in-assam-81-year-old-tea-garden-doctor-allegedly-manhandled-police-lodge-fir-101623345019404.html*
14.06.2021	In a Suo moto case [PIL (Suo Moto/4/2021)] the Hon'ble Gauhati High Court passed an interim ordered *inter alia* for putting notice of warning in every healthcare facilities and sought steps taken by government to deter such incidents in future.
18.06.2021	The Ministry of Health & Family Welfare, Government of India, through a Letter, has addressed all the states to undertake a detailed review and to ensure prompt and necessary steps to be taken for safety & wellbeing of the healthcare workers owing to the increase cases of violence against healthcare workers.
15.06.2021	A letter by the Indian Medical Association HQs to the States seeking information on the number of violent assaults committed against Doctors in their respective States so as to maintain a Registry of the Violence against Doctors in different parts of the country.
18.06.2021	The Ministry of Health & Family Welfare, Government of India, through a Letter, has addressed all the states to undertake a detailed review and to ensure prompt and necessary steps to be taken for safety & wellbeing of the healthcare workers owing to the increase cases of violence against healthcare workers.
29.06.2021	Hence the present Writ Petition

IN THE SUPREME COURT OF INDIA

ORIGINAL JURISDICTION

WRIT PETITON (CIVIL) NO……. OF 2021

(UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA)

IN THE MATTER OF:

Delhi Medical Association (DMA)
D.M.A. House Medical Association Road,
Daryaganj, New Delhi-110002 ……Petitioner no.1

Dr. Satyajit Borah,

Basantipur, (behind Rupam Petroleum Pump),

District Sonitpur, Tezpur, Assam,

Pin code : 784001 ……. Petitioner no. 2

Versus

Union of India

Through the Ministry of Health & Family welfare

Room No. 348; 'A' Wing, Nirman Bhavan,

New Delhi-110011

PETITION UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA FOR ENFORCEMENT OF FUNDAMENTAL RIGHT GUARANTEED UNDER ARTICLE 19(1)g, 21 AND 41 OF THE CONSTITUTION OF INDIA AND THE UNIVERSAL DECLARATION OF HUMAN RIGHTS AND ALL OTHER THE INTERNATIONAL COVENANT WHERE INDIA IS A SIGNATORY MEMBER FOR THE PROTECTION SAFETY AND PREVENTION OF THE HEALTH CARE WORKERS/ MEDICAL PERSONELS AGAINST ANY KIND OF ASSAULT /VIOLENCE

To

Hon'ble The Chief Justice of India and His Lordship's

Companion Justices of the Supreme Court of India.

The Humble petition of the Petitioner above named

MOST RESPECTFULLY SHOWETH:

1. That the Petitioners are filing this writ petition as a PIL under Article 32 seeking appropriate directions in the form of guidelines to have a requisite preventive and security system in place to have a safe working environment for the healthcare professionals / healthcare workers/ Para Medical Workers and such others and to adopt adequate measures to prevent any assault / violence or mob lynching against the health care personals/ workers and such others. The Petitioners are also seeking directions in the form of guidelines regarding granting compensation to the family of the deceased healthcare Professionals / workers and such others or victim Health workers by the Government / or concern the authorities as a result of such kind of violence/ assault. The present petition raises an issue concerning preserving the Human Rights & fundamental Rights of the healthcare Professionals/ personnel and such others healthcare community enshrined in the article 21 and 41 and the relevant International Covenants to which India is a signatory member.

2. Presently there are 23 states & 2 Union Territories which have state legislations which provides for punishment and penalty against attacks on Healthcare Professional/ workers/ Para Medical Personals and its staff members and damaged to healthcare establishment and other legislations .But none of these legislations have any provisions nor have laid down any preventive measures & set up authorities in place to protect and have safety & social security mechanism to protect & prevent such kind of incidents /assaults against the healthcare workers at their workplace .At present there

no substantial central legislation which have a holistic mechanism of preventive , punitive & compensative measures which can address the above mentioned issues of violence against Medical Service Personnels / Professionals and the healthcare workers.

3. The Petitioner no.1 is the Delhi Medical Association (DMA) having more than 15000 members of medical fraternity, established in the year 1914(107 years old) constituted during the 1St World War to help the masses & soldiers. Amongst many, one of its objectives is to maintain the honour and dignity and to uphold the interests of the medical profession and devoted to work on health policies & other issues both at national level and have been working with International health agencies and health associations. Its registered & postal address is Delhi Medical Association , D.M.A. House, Medical Association Road, Daryaganj, New Delhi-110002, Phone Number-41707375, Mobile no.9811078010/ 9811557085/ , email id - delhimedicalassocition@gmail.com. Pan Card AAATD0372 & since the Association is Charitable Trust/ institutions its not Taxable Income under section 12A(b) of the Income Tax Act,1961.

The authority letter given by the Petitioner no.1 to file this petition through the secretary of the said association. **The true copy of the authority letter dated 26.06.2021 given to the Secretary of the DMA to file the present petition has been annexed and marked as Annexure -1 (pages ..24..**)

The true copy of the authority letter dated 26.06.2021 given to the Counsel to file the present Petition (after exchange of letters and communication with the Petitioner no.1 (President of DMA & other members/Office bearers of the existing DMA) with the counsel(

Advocate on Record) and DMA consenting to file the present petition) has been annexed and marked as Annexure -2 (pages …… 25)

4. Petitioner no.2. is Dr. Satyajit Borah (Reg,no. 10902& 5485/16) , S/o Late Lalit Chandra Borah, aged about 56 years, is a Consultant Orthopaedic Surgeon, presently State President of Assam, State Branch, Indian Medical Association (IMA) and former President of NEROSA (North East Chapter, Indian Orthopaedic Association) and associated with many organisations tohelpand protect the interest of the Health Professionals and healthcare workers .The Postal and permanent address of the Petitioner No.2 is Basantipur(Behind Rupam Petroleum), P.O. & P.S. Tezpur, District Sonitpur, State- Assam, Pin code : 784001, PAN Card No. AGHPB2255K, Aadhar Card Number : 901592979575 , Mobile no. 9435081219 and email id sjborah@gmail.com. And his taxable Income is Rs. 93,44,360 for the Financial Year 2019-2020. **The true copy of the authority letter dated 26.06.2021 given to the Counsel to file the present Petition after exchange of letters and communication with the Petitioner no.2 has been annexed and marked as Annexure -2A (pages ……** 26)

5. That the present petition is not guided by self-gain or for the gain of any othe person or institution or body and there is no motive other than of public interest in filing the writ petition.

6. Petitioner has not filed any other petition either in this Court or in any other Court seeking same or similar directions as prayed. There is no civil, criminal or revenue litigation, involving petitioners, which has or could have legal nexus, with issue involved in this petition.

7. That the Respondent is the Union of India through Ministry of Health and family Affairs and it is humbly submitted that the present Petitioners takes

liberty of this Hon'ble Court to include during the time of the hearing any necessary party as it deems fit.

8. That it is submitted that the Healthcare Workers/ Medicare Service Personals (which include Doctors, Nurses, Para-medical, nursing students and any other worker employed and working in Medicare Service Institutions and its staff members have been rendering their untiring service to the human kind and more in this present pandemic situation. And it's the huge responsibility for the Medical fraternity and Healthcare workers to see very carefully and diagnosed the patients with correct treatment with utmost sincerity, diligently and empathy being under every kind of situation and render them all medical assistance and care. As what they have been taught and pledged for when they join, the profession as the code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002, as the prime object of the medical profession is to render service to humanity. And owing to this selfless duty towards the society, they are significantly called frontline warriors.

9. However, the frequent incidents of assaults , violence and life threatening attacks committed against the Medical professionals / healthcare workers and such others, have had a deleterious effect which results in not only build fear factor in healthcare community but also hinders in discharging their duties in serving the mankind in this crisis time or otherwise.Many times the healthcare personnels and para medical workers found themselves in very vulnerable situation for want of proper protective and preventive

measures, both in terms of legislation and necessary administrative steps and paraphernalia.

10. That it is submitted that there has been number of incidents reported against the violence /attacks/assault against the healthcare workers /Medicare Service Personals .And in this pandemic times also, the numbers of such reported cases have also been in rise. There has been reported cases of extreme incidents of public lynching and in some unfortunate cases have led to the death of the doctors/ Healthcare Workers and also damage to property of healthcare establishments & others. However there have been many cases that goes unreported due to many factors such as, non-accessibility of police system, incidents happened in remote areas (in PHC., CHC, Govt. Civil hospitals), trauma faced by the victim health care workers and their families as well. **The some of the reported incidents (Media reports and other journals) of assaults and attacks of the healthcare workers /Medicare Service Personals in the pre and present pandemic times from all the states in India have been annexed and marked herein as ANNEXURE 3 (Page** 27 **to** 33 **).**

11. It is submitted that the Respondent no.1(Ministry of Health & Family Welfare, Government of India) vide its letter dated has addressed to all the states to undertake a detailed review and to ensure prompt and necessary steps to be taken for safety & wellbeing of the healthcare workers owing to the increase cases of violence against healthcare workers. **The copy of the letter issued by Ministry of Health & Family Welfare, Government of India to all the states is annexed and marked herein as ANNEXURE 3 A(page no.** 34)

12. It is pertinent to mention here that there is no statistics maintaining mechanismeither withthe Petitioner no.1 or by any Association regarding the

number of assaults or violence against the Healthcare Workers /Medicare Service Personals. There has been a recent letter dated 15.06.2021 issued by Indian Medical Association (IMA) to all their state branches interalia informing that IMA,HQs would be maintaining a Registry of the violence against Doctors in different parts of the country and requested all the state branches to provide them with the details of such cases from the year 2017 till date. **The true copy of the letter dated 15.06.2021 issued to all the state branches of IMA by the IMA HQs has been annexed and marked as Annexure -4 (pages ..35..)**

13. That it is humbly submitted that, out of 28 States and 8 Union territories (UTs), only 23 States and 2 Union Territories have their own legislations regarding the medical healthcare professionals and personnel against commission of any violence ,bailable or non–bailable punishable for a maximum period of 3 years imprisonment. And the state of Arunachal Pradesh prescribes for such violence the maximum imprisonment upto 10 years and with a fine which may extend to 5 lakhs .

The Epidemic Diseases (Amendment) Act, 2020; the National Disaster Management Act,2005 which provides for certain sections relating to punishment against violence on Medical Personnel and healthcare workers & its establishments but applicable only during pandemic times. Moreover none of these legislations have provisions for compensation granted to the victim or victim family of the deceased Healthcare workers by the Government as a result of assault / violence. The National Disaster

Management Act, 2005, provides for punishment of 1 year which may extend upto 2years with fine for obstruction or non – compliance of the direction. Furthermore, any act which causes grievous hurt to medical personnel as defined in Section 320 of the IPC is punishable with imprisonment whose term could be from 6 months to 7 years and a fine which should be within within Rs. 1,00,000 to 5,00,000.

The copy of the detail in a chart form consisting of all the existing 23 State legislations and 2 Union Territories pertaining to Protection Of Healthcare Persons And Prevention Of Damage Or Loss To Healthcare Property is annexed and marked herein as ANNEXURE 5 (Pages 36 **to** 42 **) .**

A copy of the detail Chart consisting of the relevant provisions of the Central acts is annexed and marked herein as ANNEXURE 6 (Pages 43 **to** 45 **)**

14. It is submitted that none of these legislations as stated above have any preventive mechanism to prevent such kind of violence . Some of the points which needs to be addressed are :

1. No provisions nor have laid down any preventive measures & set up authorities in place to protect and have safety & social security mechanism to protect & prevent such kind of incidents /assaults against the healthcare workers at their workplace.

2. No provision for granting any kind of compensation to the family of the deceased healthcare workers or victim Health workers by the state government / or concern authorities as a result of such kind of violence.

15. That it is pertinent to mention here that, in the case of *Sarita Singh Vs. State &Ors*. (*Writ Petition (S/B) No.284 of 2017),*wherein an on-duty doctor was shot dead in the broad day light, while he was discharging his duty, and the family of the deceased/victim filed writ petition seeking direction for compensation by the Government and the Hon'ble the High Court of Uttarakhand vide order dated 12.09.2018 inter alia directed the State Government to pay adequate compensation to the family of the deceased/victim doctor . However, it is pertinent to reiterate here that, among all the State legislations and the Central Acts, a definitive scheme of compensation and a proper grievance mechanism does not find a place which is in itself an important part of justice delivery system in law. Compensation is a recognised way of justice and that shall find its due recognition, all the more to the dedicated duties the healthcare workers are contributing in the present situation.

The true copy of the judgment dated 12.09.2018 passed by the High court of Uttarakhand in the case of *Sarita Singh Vs. State &Ors*. (*Writ Petition (S/B) No.284 of 2017)* is annexed and marked herein as ANNEXURE 7 (Pages 46 **to** 49 **)**

16. That it is humbly submitted in the case of Mohammad Arif Jameel Vs. Union of India, (2020 SCC OnLine Kar 442) the Hon'ble High that of Karnataka passed direction inter alia to place on record the policy of protection taken by the State Government for the protection of healthcare workers including the ASHA workers

In the case of Dr. Rajeev Digambar Joshi Vs. The Chief secretary, State of Maharashtra & Ors. [PIL (ST) No. 2332 of 2020],the Hon'ble Bombay High Court, interalia , have directed the State of Maharashtra to take all necessary and adequate steps to ensure that there is no violence against the medical and healthcare professionals and such violence, to be dealt with firmly according to law and also directed for adequate police personnel be posted in such medical centres and sufficient boards or posters must be put up.

The Hon'ble Gauhati High Court in suo moto 4/2021 vide its interim order dated 14.06.2021 have directed the State to take steps to ensure that incidents like the recent attack on the doctor at the Hojai district, Assam do not happen in future and that with immediate effect it should be ensured that no weapon/firearms are allowed to be taken inside a hospital and proper notice of warning is given in every hospital and medical colleges about the consequences to be followed in law if Medicare Service Persons, which include Doctors, Nurses, Para-medical, medical students, nursing students and any other worker employed and working in Medicare Service Institutions [as defined under Assam Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act, 2011], are manhandled or attacked.

The true copy of the order vide dated 21.04.2021 by the High Court of Karnataka is annexed and marked herein as ANNEXURE 8 (Pages 50 **to** 52

The true copy of the order vide dated 13.05.2021 passed by the Hon'ble High Court of Bombay is annexed and marked herein as ANNEXURE 9 (Pages ……53….. to 56)

The true copy of the interim order vide dated 14.06.2021 passed by the High Court of Gauhati is annexed and marked herein as ANNEXURE 10 (Pages……57…….to 59)

17. That violence at healthcare workers and in healthcare centres is not confined to India only, it is a global menace. In order to prevent such assaults on healthcare professionals, various countries have in place effective mechanisms to counter the said issue. The survey conducted by Bureau of Labor Statistics, USA shows that 21 percent of registered nurses and nursing students reported being physically assaulted and over 50 percent verbally abused; 12 percent of emergency department nurses experienced physical violence and 59 percent experienced verbal abuse; 13 percent of employees in veterans health administration hospitals reported being assaulted. It is submitted that in the United States of America under the Occupational Safety and Health Act of 1970, the Occupational Safety and Health Administration (OSHA) was created, to assure a safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance. As reported by OSHA, between 2002 and 2013, incidents of serious workplace violence (those requiring days off for the injured worker to

recuperate) were four times more common in healthcare than in private industry on average.

(Source:https://ohsonline.com/articles/2020/02/10/nurses-are-suffering-more-violence-in-the-workplace.aspx)

18. That it is humbly submitted that India being a member of the World Health Organization (WHO) and has an legitimate and ethical obligation to implement the WHO's guidelines for addressing workplace violence in the healthcare sector in its domestic legal regime. It is submitted that the WHO published a report titled "Framework Guidelines for addressing Workplace Violence in Health sector" in the year 2002 and has formulated extensive guidelines with the objective interalia

"to provide general guidance in addressing workplace violence in the health sector. Far from being in any way prescriptive, the Guidelines should be considered a basic reference tool for stimulating the autonomous development of similar instruments specifically targeted at and adapted to different cultures, situations and needs."

Further, the Report has also entailed certain responsibilities for the Governments and their competent authorities should provide the necessary framework for the reduction and elimination of such violence.

The copy of the extracts of the Report of World Health Organisation "Framework Guidelines for addressing Workplace Violence in Health sector" published in the year 2002 is annexed herein and marked as

Annexure **11.** (Pages -60-93) *(Source : https://apps.who.int/iris/bitstream/handle/10665/42617/9221134466.pdf)*

19. That it is humbly submitted that, a preventive, punitive and compensative mechanism for adequate safety measures to the Professional/ Healthcare workers Medicare Service Persons(which include Doctors, Nurses, Para-medical, medical students, nursing students and any other worker employed and working in Medicare Service Institutions) is a need of the hour wherein the healthcare workers are fighting a war like situation with either limited or scarce resources. It is the duty of the State and the Central to evolve a scheme /holistic mechanism to ensure them a dignified and protective working space along with a safe working environment.to prevent any kind of assault/violence / public lynching against Medical Service Personnels/ Professionals and the healthcare workers .At present there no substantive central legislation which have a holistic mechanism to address these aforesaid issues.

GROUNDS

The petitioner is filing this Writ Petition raising the following grounds amongst other grounds:

A.**BECAUSE** it is pertinent to mention that attack on doctors and other healthcare workers, is widespread in the country and the present scenario has only seen its increase. This situation calls for a stricter preventive

measure to be taken wherein, a future occurrence of such attacks can be contained.

B. **BECAUSE** attacks on healthcare workers creates an environment of anticipation and emotional trauma for such dedicated workers that may undermine the morale of such healthcare workers.

D.**BECAUSE** it is pertinent to note that attacks on doctors blatantly violate their fundamental right to life and impedes upon their personal dignity guaranteed Article 21 of the Indian constitution that guarantees fundamental right to life and liberty to every person.

E.**BECAUSE** it is important that a preventive mechanism shall be devised to prevent occurrence of such incidents in the future which will further entail a proper workplace environment and restore the people-healthcare worker relationship in a more empathetic basis.

F.**BECAUSE** it is important to have a systematic safety mechanism so that the doctors and other healthcare workers are ensured to have their workspace safety while on duty and serving and performing their relentless work.

G..**BECAUSE** it is the constitutional responsibility of the State to establish effective mechanism which could safeguard its citizen from living a life of threat and apprehensions arising out of attacks.

H.**BECAUSE** the State has a constitutional directive of raising the level *inter alia* public health under Article 47 of the Indian constitution. This could be

only achieved by providing a safeguarding and enough deterrent mechanism which would prevent the happenings of assaults on doctors.

I. **BECAUSE** the State Governments must post adequate number of police personnel at every hospitals / health centres so that such occurrences of violence against doctors can be prevented.

J.**BECAUSE** a distress management mechanism is to be provided wherein in case of such unwanted situation can be managed in a more efficient way.

K.**BECAUSE** though in India , there are legislation for punishment and fine against whosoever displays any act of violence and there are sections penalizing the culprits under various legislation but it fails to provide any preventive mechanism which would, otherwise, acted as a deterrent to attacks on medical workers.

M.**BECAUSE,** India is a signatory to all the four Geneva Convention which attributes intentional attacks on medical personnel as war crime. Therefore, it becomes a legitimate and ethical obligation on the Indian government to effectuate the rights and obligations enunciated in the convention.

N.**BECAUSE** India is a member of the World Health Organization and has an legitimate and ethical obligation to implement the WHO's guidelines for addressing workplace violence in the healthcare sector in its domestic legal regime.

O. **BECAUSE** the Medical fraternity in any civil society has always upheld a very important position wherein they have had the duty and the obligation of treating a person with utmost responsibility and empathy being under every

kind of situation. They are often considered to be the backbone of a society. Owing to this selfless duty towards the society, they are significantly called frontline warriors.

P. **BEACAUSE** It is pertinent to note here that, during the outbreak of the Ebola virus, certain African states have seen such attacks on the healthcare workers, which have been condemned by international organisations such as WHO Therefore, it is submitted that such a growing violent phenomenon cannot be just shed away but needs to be dealt with such necessary measures, which would entail a safer working environment to the healthcare workers. Attacks on the healthcare workers leaves a lasting impact on the minds of such healthcare workers which very evidently leaves a lasting effect and trauma in terms of their place of work and further degrades their mental health and have a deleterious effect in discharging their duties and rendering healthcare service to the community at large.

PRAYER

It is therefore, most respectfully, prayed that this Hon'ble Court may graciously be please to:

(a).To kindly issue directions to the government and concerned authorities to ensure proper and effective security system (24/7) to be installed in all the hospitals, nursing homes, medical centres , healthcare facilities ,clinical and other such establishments to take immediate actions against such kind of miscreants and to prevent occurrence of assault and violence against Healthcare workers and Medicare Service Persons(which include Doctors, Nurses, Para-medical, medical students, nursing students

and any other worker employed and working in Medicare Service Institutions and its staff members) and prevent damage to property of healthcare establishments & others.

(b).**To kindly issue directions to the concern authorities/ concerned health department of the Government in every state and union territories to issue circular / notification to have a banner/ notice board/ poster to be displayed** (with the information related to the punishment and fine under the appropriate legislations ,both in vernacular & english language) in the conspicuous place of every hospitals, primary health care centres or tertiary and even diagnostic and pathological clinics and other such medical centres and such establishments to act as warning and not to display any kind of violence/ assault against healthcare workers and healthcare and clinical establishment. to act as warning and not to display any kind of violence/ assault against healthcare workers and healthcare and clinical establishment.

(c). To issue direction to both Centre and all the State governments or concerned Authorities **to have a distress fund to grant adequate and mandatory compensation** to the victim or the family of the deceased of the Professional / Healthcare workers, Medicare Service Persons(which include Doctors, Nurses, Para-medical and any other workers employed and working in Medicare Service Institutions) as a result of such kind of violence/assault .

(d). To issue direction to the Government to declare every hospitals, primary health care centres or tertiary and even diagnostic and pathological clinics and other such medical centres and such establishments **as a protected zone to ensure and enhance security system** and facilities have to be

secured against weapons being brought in the hospitals, nursing homes, medical centres , healthcare Centers/ facilities ,clinical and other such establishments , especially firearms and knives. Hospitals and clinics to be weapon free.

(e). To formulate a mechanism to **ensure expedious hearing and speedy trials** of such kind of violence, assault cases against Medicare Service Personals and Healthcare workers and and effective implementation of existing legislations in letter & spirit.

(f). And also seeking guidelines to evolve an effective and balanced rescue mechanism system for both the health workers & the patients (in the form of help desk) in every healthcare/ clinical establishments and facilities to intervene immediately to address the problem/ dispute so as to prevent any unavoidable dispute or disturbances resulting to such kind of assault, violence or public lynching. To kindly issue directions to the concern authorities/ concerned health department of the Government in every state and union territories to ensure **safety to develop a software /application to work as a distress alert call or / button (as SOS signal)** which can be installed in the mobile phones of Medicare Service Personals and any other worker employed and working in Medicare Service Institutions and its staff members and in every hospitals , primary and community healthcare centres and other such centres and healthcare establishments and such facilities) to send sos signal to the nearest and concerned police stations and also signals/ sms goes to higher authority to be reported to.

(g).And pass such other order(s) or direction(s) as Hon'ble Court may deem fit and proper in facts of the case .

AND FOR THIS ACT OF KINDNESS THE PETITIONER AS IN DUTY BOUND SHALL EVER PRAY.

Drafted by : Ms. SNEHA KALITA, AOR Filed by SNEHA KALITA

(ADVOCATE FOR THE PETITIONERS)

Research Associate: Bristi Rekha Mahanta adv.
Research Assistant: Arjit Mishra , Student of law College

Drawn on : 19.06.2021
Filed on :29.06.2021
Delhi

IN THE SUPREME COURT OF INDIA

(Civil Writ Jurisdiction)

In

Writ Petition (Civil) no. ……./ 2021

IN THE MATTER OF:

Delhi Medical Association (DMA)
D.M.A. House Medical Association Road
, Daryaganj, New Delhi-110002 ……Petitioner no.1

Dr. Ajay Gambhir ……. Petitioner no. 2

Versus

Union of India & ors

AFFIDAVIT

I, Dr. Ajay Gambhir, Secretary, Delhi Medical Association (DMA), Delhi is the Petitioner no. 1 ans s/o Sh. V.D.Gambhir, aged about 62 years presently residing at D-721, Saraswati Vihar, New Delhi, Pin Code- 110034. do hereby solemnly affirm and declare as under:

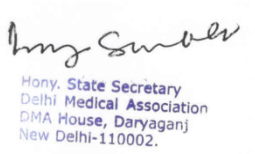
1. That I am the Petitioner no. 1 and am authorized to swear the present Affidavit as such. Even otherwise also, I am well conversant with the facts and circumstances of the present case and therefore competent to depose the Affidavit.

2. I have read and understood contents of the present petition, synopsis and list of dates pages (B -…P….) of writ petition paras (1 - ….19….) pages (1 - ….19….) and and Annexure P/1 to…P/11……which have filed in the petition along with I.A …… are true and correct to my knowledge and belief.

3. I have not filed any other petition either in this Hon'ble Court or in any other Court seeking same or similar directions as prayed.

4. I have no personal interests, individual gain, private motive or oblique reasons in filing this petition. It is not guided for gain of any other individual person, institution or body. The only motive is public interest.

5.The averments made in this affidavit are true and correct to my personal knowledge and belief. No part of this Affidavit is false or fabricated, nor has anything material been concealed there from.



Dr. Ajay Gambhir

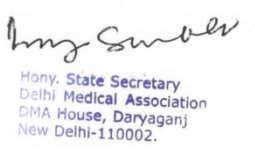
Secretary, Delhi Maedical Association, Darya Ganj, New Delhi

DEPONENT

VERIFICATION:

I, Dr. Ajay Gambhir, the Deponent above named do hereby verify that the contents of the foregoing affidavit are true and correct, no part of it is false and nothing material has been concealed there form.

Verified in New Delhi on this ……OF June of 2021.



Dr. Ajay Gambhir

Secretary, Delhi Maedical Association, Darya Ganj, New Delhi

DEPONENT

IN THE SUPREME COURT OF INDIA
(Civil Writ Jurisdiction)
In
Writ Petition (Civil) no. ……./ 2021

IN THE MATTER OF:

Delhi Medical Association (DMA)
D.M.A. House Medical Association Road
, Daryaganj, New Delhi-110002 ……Petitioner no.1

Dr. Satyajit Borah ……. Petitioner no. 2

Versus

Union of India & ors

AFFIDAVIT

I, Dr. SATYAJIT BORAH…… s/o Late LALIT CHANDRA BORAH….., aged about 56….years presently residing at BASANTIPUR, P.O. & P.S. TEZPUR, District SONITPUR, State ASSAM…..Pin code : 784001….., do hereby solemnly affirm and declare as under:

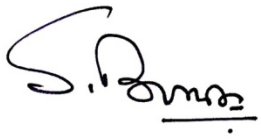
1. That I am the Petitioner no. 2 and am authorized to swear the present Affidavit as such. Even otherwise also, I am well conversant with the facts and circumstances of the present case and therefore competent to depose the Affidavit.

2. I have read and understood contents of the present petition, synopsis and list of dates pages (B -…P….) of writ petition paras (1 - .19…) pages (1 - ..19.) and and Annexure P/1 to….P/11…..which have filed in the petition along with I.A are true and correct to my knowledge and belief.

3. I have not filed any other petition either in this Hon'ble Court or in any other Court seeking same or similar directions as prayed.

4. I have no personal interests, individual gain, private motive or oblique reasons in filing this petition. It is not guided for gain of any other individual person, institution or body. The only motive is public interest.

5.The averments made in this affidavit are true and correct to my personal knowledge and belief. No part of this Affidavit is false or fabricated, nor has anything material been concealed there from.

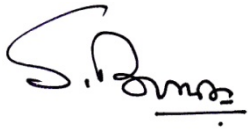


(Dr. Satyajit Borah)
DEPONENT

VERIFICATION:

I, Dr. Satyajit Borah, the Deponent above named do hereby verify that the contents of the foregoing affidavit are true and correct, no part of it is false and nothing material has been concealed there form.

Verified at Guwahati on this ……OF June of 2021.



(Dr. Satyajit Borah)
DEPONENT

DELHI MEDICAL ASSOCIATION

Estd. 1914

(Registered under the Societies Act XXI of 1860)
(Delhi State Branch of I.M.A.)
DMA House, Medical Association Road, Daryaganj, New Delhi-110 002
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Associate Editor (DMA Journal)
Dr. Rumeet Kukreja
M.: 9810064867

F.75/DMA/2021 041

26th June 2021

Ms. Sneha Kalita
Advocate on Record (AOR)
Supreme Court of India
(Standing Counsel For
Gauhati High Court in Supreme Court)
India.

Madam,

Delhi Medical Association have authorised Dr. Ajay Gambhir Secretary DMA to file a petition regarding Assault on Doctors in the Supreme Court. His vakalatnama alongwith other documents are enclosed herewith for your ready reference and further action.

Thanking you,

Yours sincerely,

(Dr. G.S.Grewal)
President

DELHI MEDICAL ASSOCIATION

Estd. 1914

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(Delhi State Branch of I.M.A.)
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F.75/DMA/2021 039

26th June 2021

Ms. Sneha Kalita
Advocate on Record (AOR)
Supreme Court of India
(Standing Counsel For
Gauhati High Court in Supreme Court)
India.

Madam,

On behalf of Delhi Medical Association, I hereby appoint and retain you as a Advocate on Record to file a petition regarding Assault on Doctors in the Supreme Court. .

Thanking you,

Yours sincerely,

(Dr. Ajay Gambhir)
Hony. State Secretary

Dr. Satyajit Borah, M.S.

Consultant Orthopaedic Surgeon
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Ms. SNEHA KALITA
Advocate on Record
Supreme Court of India
New Delhi-110001
Email:- kalitasneha@gmail.com

Dear Madam,

I, Dr. SATYAJIT BORAH, son of Late Lalit Chandra Borah, a resident of Basantipur, Tezpur, Assam (PIN: 784001) hereby appoint and retain you as Advocate on Record to file a petition in the Hon'ble Supreme Court of India on my behalf on the matter 'Assault on Doctors and other Healthcare Workers' , and subsequently to represent me in the court proceedings.

Yours faithfully,

(Dr. Satyajit Borah
Dated : Tezpur, 28th June 2021

ANNEXURE 3

CHART I

Sr. No.	State	Date	Title	Source
1.	Andhra Pradesh	18.01.2017	21 cases of assault on doctors in 2016, reported by IMA.	https://www.deccanchronicle.com/nation/current-affairs/180117/hyderabad-21-doctors-were-assaulted-in-2016.html
		04.12.2020	Doctor attacked by relatives of patient	https://www.thehindu.com/news/national/andhra-pradesh/outrage-after-patients-relatives-attack-octor/article33244018.ece
2.	Arunachal Pradesh	06.06.2021	2 people arrested in connection with attack on doctors	https://www.eastmojo.com/news/2021/06/06/arunachal-two-people-arrested-in-connection-with-attack-on-doctors/
3.	Assam	31.08.2019	73 year old Doctor lynched by mob, at Tea Estate	https://www.ndtv.com/india-news/deben-dutta-killing-assam-court-convicts-25-for-killing-of-73-year-old-doctor-last-year-2309098
		01.06.2021	Assam Jr. Doctor assault by attendants	https://timesofindia.indiatimes.com/city/guwahati/14-sent-to-jail-for-assaulting-doctor-in-assams-hojai-district/articleshow/ 8319 6216.cms
		05.06.2021	Doctor at Hailakandi beaten Up.	https://www.sentinelassam.com/north-east-india-news/assam-news/after-hojai-doctor-assault-case-a-hailakandi-doctor-beaten-up-two-arrested-541512
4.	Bihar	15.06.2018	Doctor's family attacked by goons,	https://www.oneindia.com/india/bihar-horror-doctor-s-family-attacked-

			wife gang-raped daughter molested	goons-wife-gang-rape-2716360.html
		05.05.2021	Hospital staff assaulted by kin of dying patient	https://www.hindustantimes.com/cities/patna-news/bihar-covid-crisis-goes-on-with-kin-of-dying-patients-assaulting-hospital-staff-101620197181925.html
5.	Chhattisgarh	17.03.2021	Junior doctors seek action against attackers.	https://www.dailypioneer.com/2021/state-editions/junior-doctors-seek-action-against-attackers.html
6.	Goa	29.04.2021	Doctors threaten to strike over attacks by COVID-19 patients' kin	https://www.newindianexpress.com/nation/2021/apr/29/goa-doctors-threaten-to-strike-over-attacks-by-covid-19-patients-kin-2296503.html
7.	Gujarat	07.04.2017	Resident doctor at cancer hospital ‘attacked’.	https://indianexpress.com/article/cities/ahmedabad/ahmedabad-resident-doctor-at-cancer-hospital-attacked-three-held-4603253/
		08.05.2021	Medical staff attacked by local residents in Surat at vaccination centre.	https://www.timesnownews.com/india/article/gujarat-local-residents-in-surat-attack-medical-staff-at-vaccination-centre-three-arrested/754456
8.	Haryana	14.08.2018	CHC doctor assaulted while on-duty	https://timesofindia.indiatimes.com/city/chandigarh/haryana-man-assaults-on-duty-chc-doctor-booked/articleshow/65404782.cms
		24.04.2020	Doctor posted for duty at COVID-19 centre, brutally assaulted by mob of	https://medicaldialogues.in/state-news/haryana/haryana-doctor-posted-for-duty-at-covid-19-centre-brutally-assaulted-by-mob-of-15-

			15 men	men-65157
9.	Himachal Pradesh	17.06.2019	Woman doctor assaulted.	https://timesofindia.indiatimes.com/city/shimla/woman-doctor-assaulted-in-himachal-medicos-threaten-pen-down-strike-on-tuesday/articleshow/69823127.cms
10.	Jharkhand	04.06.2021	Medicos miffed at 'people's silence over attacks on doctors'	http://timesofindia.indiatimes.com/articleshow/83214299.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst
11.	Karnataka	02.06.2021	Doctor assaulted by relative of patient who died.	https://scroll.in/latest/996480/karnataka-doctor-assaulted-by-relative-of-patient-who-died-three-others-police-arrest-accused
		04.06.2021	Doctor brutally thrashed after death of a patient.	https://www.timesnownews.com/india/article/karnataka-doctor-brutally-thrashed-after-death-of-6-year-old-child-4-arrested-watch/766023
12.	Kerala	11.04.2017	Doctor assaulted by drunken patient; video got recorded in CCTV camera.	https://malayalam.indianexpress.com/kerala-news/cctv-visuals-of-patient-assaulting-doctor-and-others-at-general-hospital-alapuzha/?utm_source=whatsapp_web&utm_medium=social&utm_campaign=socialsharebuttons
		04.06.2021	Doctors in Alappuzha, protest against assault on healthcare workers.	https://www.aninews.in/news/national/general-news/kerala-doctors-in-alappuzha-thiruvananthapuram-protest-against-assault-on-healthcare-workers20210604070129/
13.	Madhya	02.04.2020	Doctors other	https://www.firstpost.com/health/two-

	Pradesh		healthcare workers, civic officials injured after attacked by mob at Indore.	doctors-injured-in-madhya-pradesh-after-healthcare-workers-civic-officials-attacked-by-indore-mob-8219621.html
14.	Maharashtra	01.08.2016	Resident doctors brutally thrashed after patient's death	https://medicaldialogues.in/pune-resident-doctors-brutally-thrashed-post-patients-death/
		21.05.2021	Doctors and nurses attacked by kin of dead patient	https://timesofindia.indiatimes.com/videos/city/mumbai/covid-19-kin-of-dead-patient-attack-doctors-nurses-in-maharashtra/videoshow/82833911.cms
15.	Manipur	06.06.2021	Health workers get beaten up by Covid patient's kin	https://www.indiatoday.in/india/story/after-assam-now-health-workers-get-beaten-up-by-covid-patient-s-kin-in-manipur-hospital-two-arrested-1811550-2021-06-06
16.	Mizoram		No found any cases reported	
17.	Meghalaya	11.06.2020	US aid worker assaults Doctors, Ransacks Hospital in Shillong	https://www.ndtv.com/india-news/meghalaya-case-against-us-national-for-assaulting-doctor-ransacking-shillong-hospital-2244183
18.	Nagaland	24.08.2020	Assault on doctor condemned by Naga Peoples Front	https://easternmirrornagaland.com/naga-peoples-front-condemns-physical-assault-on-doctor/
19.	Orissa	19.08.2016	Doctor brutally attacked by relatives of a patient by iron rod.	https://timesofindia.indiatimes.com/city/bhubaneswar/balasore-doctor-brutally-attacked-health-dept-seeks-police-in-all-dist-hospitals/articleshow/53774743.cms

		10.05.2020	Physicians attacked on duty .portion of an ear of a doctor.	https://www.thehindu.com/news/national/other-states/odisha-man-attacks-doctor-bites-ear-off/article31551799.ece
20.	Punjab	27.11.2019	Doctor attacked with knife by patient at the Rajinder Hospital, Patiala.	https://www.hindustantimes.com/chandigarh/knife-attack-on-patiala-doctor-by-patient-sparks-protests/story-Bw0LLrGMhR5ve9XE8UcM4J.html
		27.05.2021	Covid 19 Health Workers attacked when it went to sensitize villagers.	https://www.newindianexpress.com/nation/2021/may/27/covid-19-healthcare-workers-attacked-in-punjabs-ludhiana-2308374.html
21.	Rajasthan	21.05.2017	Doctor badly beaten by relatives of patient who dies while undergoing treatment	https://www.indiatoday.in/fyi/story/jaipur-doctor-badly-beaten-up-patient-died-undergoing-treatment-978313-2017-05-21
		18.02.2021	Doctor suffers fracture in attack by patient's kin, 2 arrested	https://medicaldialogues.in/news/health/doctors/rajasthan-govt-doctor-suffers-fracture-in-attack-by-patients-kin-2-arrested-74709
22.	Sikkim	12.06.2021	2 arrested for abusing women doctors in Gangtok's CRH	https://www.eastmojo.com/sikkim/2021/06/12/sikkim-2-arrested-for-abusing-women-doctors-in-gangtoks-crh/
23.	Tamil Nadu	20.07.2016	Doctor killed by husband of dead patient in Chennai	https://www.thehindu.com/news/cities/chennai/husband-of-dead-patient-kills-doctor/article2774115.ece
		11.08.2019	Doctors attacked by man, after father	https://www.news18.com/news/india/tamil-nadu-man-attacks-doctors-after-

			dies,	father-dies-triggers-protest-2266751.html
24.	Telangana	10.06.2020	Attack on doctors after COVID-19 patient's death.	https://www.thenewsminute.com/article/hyderabad-police-arrest-two-people-attack-doctors-after-covid-19-patient-s-death-126255
		27.05.2021	8 arrested for attacks doctors.	https://www.thehindu.com/news/national/andhra-pradesh/eight-arrested-for-attack-on-doctor/article34653276.ece
25.	Tripura	13.04.2019	Doctor beaten up after patient dies In Tripura Hospital	https://www.ndtv.com/india-news/agartala-tripura-doctor-beaten-up-injured-after-pregnant-woman-dies-in-tripura-hospital-2022377
		28.01.2021	Doctor assaulted in Government hospital, Doctors' body demand action	https://www.sentinelassam.com/north-east-india-news/tripura-news/doctor-assaulted-in-government-hospital-in-tripura-doctors-body-demand-action-522434
26.	Uttar Pradesh	16.04.2020	Doctors and cops of quarantine team attacked by mob.	https://timesofindia.indiatimes.com/india/up-mob-attacks-doctors-cops-of-quarantine-team/articleshow/75171069.cms .
		03.05.2021	Patient's kin 'attack' doctor, hospital staff	https://indianexpress.com/article/cities/lucknow/uttar-pradesh-patients-kin-attack-doctor-hospital-staff-7299849/
27.	Uttarakhand	14.09.2018	Pediatrician Doctor shot dead in CHC, Jaspur in broad day light by 2 assailments.	https://www.hindustantimes.com/dehradun/was-deserted-by-the-govt-says-wife-of-murdered-uttarakhand-doc-awarded-rs-1-99cr-by-court/story-eIqg6dNdb9FMTzDfSWYEQM.html
28.	West	11.06.2019	Mob violently	https://www.opindia.com/2019/06/kol

	Bengal		attacks doctors at NRS Hospital.	kata-mob-violently-attacks-doctors-at-nrs-hospital-after-mohammed-sayeeds-death-police-mute-spectators-allege-students/
		08.06.2021	On duty doctor assaulted at Hoogly district	https://www.republicworld.com/india-news/general-news/on-duty-doctor-assaulted-in-west-bengals-oogly-dist-state-health-dept-orders-probe.html

(True copy)

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110011

LAV AGARWAL, IAS
Joint Secretary

Tel. : 011-23061195
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E-mail : alav@ias.nic.in

DO No. Z.28015/135/2021-DMCell
Dated the 18th June 2021

Dear Sir/ Madam,

Healthcare workers are the most crucial resources who are undertaking the battle of COVID-19 management at all fronts. Our endeavors to manage COVID-19 so far are replete with examples of commitment shown by our health care workers at all levels. While country at large has applauded the efforts done by the health fraternity, but there also have been examples where they have stigmatized and even violence is resorted to against the health care workers.

Government of India has taken a number of initiatives for ensuring safety and security of healthcare workers. On 22nd April 2020, Union Ministry of Health has issued an Ordinance to duly amending the Epidemic Diseases Act, 1897 providing protection to health care personnel and their property against violence during epidemics. The said Ordinance was further notified as the Epidemic Diseases (Amendment) Act, 2020 on 29th September 2020.

The amended Act states that "whoever commits or abets the commission of an act of violence against healthcare service personnel; or causes damage or loss to any property" shall be punished with imprisonment and with fine. Such offenses are also cognizable and non-bailable.

Ministry of Health and Family Welfare on multiple occasions through formal communication as well as during video conferences with states had highlighted the need to ensure safety and security of healthcare workers at their living/working premises.

However, recently there have been some reports of incidents of physical violence against doctors and other professionals/healthcare workers particularly from Assam, West Bengal and Karnataka. Such incidents impact the morale of our healthcare workforce who have shown exemplary commitment against all odds in COVID-19 management.

Considering the importance of the issue, it is requested that all states may undertake a detailed review and ensure that prompt and necessary steps are taken for healthcare workers safety and wellbeing besides strict implementation of the amended Epidemic Disease Act.

With regards

Yours sincerely

(Lav Agarwal)

Additional Chief Secretary/ Principal Secretary/ Secretary (Health) of all States/UTs

INDIAN MEDICAL ASSOCIATION (HQs.)

(Registered under the Societies Act XXI of 1860)
Mutually Affiliated with the British & Nepal Medical Associations
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National President	Immediate Past National President	Honorary Secretary General	Honorary Finance Secretary
Dr. J A Jayalal	**Dr. Rajan Sharma**	**Dr. Jayesh M Lele**	**Dr. Anil Goyal**
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15.06.2021
New Delhi

To,
The President & Honorary Secretary
All State Branches of IMA

Dear Doctor,

Greetings from Indian Medical Association HQs!

COVID-19 has brought fear, uncertainty and anxiety among people in an unprecedented fashion. We, the Healthcare professionals (HCPs) around the world work tirelessly to serve humanity, all the while battling with these emotions. It is, therefore, truly disheartening when one learns about incidents of abuse and ostracism against HCPs, as the problem of violence against doctors in India is increasing steadily. Despite many reactionary measures like enhanced security to doctors at the workplace and stricter medical negligence laws and the recently Epidemic Act Amendment 2020, Indian doctors are teetering on the brink of a major silent crisis, amidst the COVID-19 pandemic, which is detrimental for the growth of the society in the coming times.

Dissatisfied patients and their agitated friends and relatives, impaired doctor–patient relationship, an ever-hungry media and the medical community's negative image created by misleading journalism are the usual perpetrators for violence against doctors. However, the fear and uncertainty of COVID-19 pandemic and the misinformed suspicion of doctors being vectors of transmission were the root cause for these recent catastrophes. These events put the medical community in a state of fear and regret for choosing a career when the society does not support them.

On the lines of Covid Martyrs Registry being prepared by us, now IMA HQs has decided to make a Registry of the Violence against Doctors in different parts of the country.

You are requested to kindly provide us the details of the violence/assault on doctors which were happened in your State from the year 2017 till date, so that the same can be combined at IMA HQs. and the same will be presented to the Government for our long pending demand of making a Central Law on Assault on Doctors.

Thanking you and with regards,
Yours sincerely,

Dr. J A Jayalal
National President

Dr. Jayesh M Lele
Honorary Secretary General

ANNEXURE 5

CHART II

STATES AND UNION TERRITORIES				
S. NO.	**ACT**	**OFFENCES (*all offences are cognizable)**	**PUNISHMENT (Imprisonment & Fine)**	**BAILABLE/ NON-BAILABLE**
1.	Andhra Pradesh Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act, 2008	Violence against medicare service persons or damage to property in a medicare service institution	Imprisonment for 3 years & with fine which may extend to Rs. 50 ,000.	Non-Bailable
2.	The Arunachal Pradesh Protection of Medical Service Personnel and Medical Service Institutions (Prevention of Violence and Damage or Loss of Property) Act, 2019	Any act of Violence, mental or physical abuse against medical service personnel during or incident to discharge of his lawful duties pertinent to medical and health care delivery within such medical institutions or mobile clinic or in an ambulance shall be prohibited	Imprisonment for not less than 3 years which may extend to 10 years or with fine which may extend to Rs. 5 lakhs rupees or with both.	Non-Bailable & Non compoundable & triable by Court of Judical Magistrate of First Class

3.	The Assam Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act, 2011.	Assault against Medicare workers or damage of the property of the Medicare institution	Imprisonment which may extend to 3 years & with fine which may extend to Rs. 50,000.	Non-Bailable
4.	Bihar Medical Service Institution and Person Protection Act, 2011	Any act of violence against Medical service persons or damage to property in Medical service institutions shall amount to an offence under this Act	Punishable with imprisonment for a period of 3 years & with fine which may extend to Rs.50,000 and / or action will be taken under IPC.	Non-bailable
5.	Chhattisgarh Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss to Property) Act, 2010	Act of violence against a Medicare Service Person or damage or loss to the property in a Medicare Service Institution, shall be prohibited.	Imprisonment which may extend to 3 years & fine which may extend to Rs.50,000.	Bailable Triable by Court of Judicial Magistrate First Class
6.	The Goa Medicare Service Personnel and Medicare Service Institutions (Prevention of Violence and Damage or Loss to Property) Act, 2013	Any act of violence against a medicare service personnel or damage or loss to property in a Medicare Service Institution is hereby prohibited	Imprisonment which may extend to 3 years, or with fine which may extend to Rs.50,000 or with both.	Non-bailable

7.	Gujarat Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss of Property) Act, 2012	Assault against Medicare workers, damage of the property of the Medicare institution	Imprisonment which may extend to 3 years, or with fine which may extend to Rs.50,000 or with both.	Non-Bailable. Govt. may compound either before or after institution of proceedings
8.	Haryana Medicare Service Persons And Medicare Service Institutions (Prevention Of Violence And Damage To Property) Act, 2009	endangers the life of or causes any harm, injury, intimidation, obstruction or hindrance to any medicare service person in the discharge of duty or damage to any property in medicare service institution, commits an act of violence which shall be an offence under this Act	Imprisonment for a term of 3 years & liable to penalty of actual amount of purchase price of medical equipment damaged & loss caused as may be determined by the competent court.	Non-bailable
9.	The Himachal Pradesh Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Amendment Act, 2017	Violence against Medicare workers, damage of the property of the Medicare institution	Imprisonment of 3 years	Non-Bailable

10.	The Karnataka Prohibition of Violence against Medicare Service Personnel and Damage to Property in Medicare Service Institutions Act, 2009	Assault against Medicare workers, damage of the property of the Medicare institution	Imprisonment of 3 years with fine which may extend to Rs. 50,000.	Non-Bailable
11.	The Kerala Healthcare Service Persons and Healthcare Service Institutions (Prevention of Violence and Damage to Property) Act, 2012	Assault against Medicare workers or damage of the property of the Medicare institution	Imprisonment which may extend to 3 years & with fine which may extend to Rs.50,000.	Non-Bailable
12.	Security Act 2008 for Madhya Pradesh Doctors and Associated Medical Care People	Act of assault, criminal force, intimidation, threat to medical personnel while he is discharging his duties in a medical service institutions	Imprisonment of either description which may extend up to 3 months or with fine which may extend to Rs. 10,000 or both	Non-bailable May be compounded by aggrieved person with the permission of the competent Court.

13.	The Maharashtra Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss to Property) Act, 2010	Assault against Medicare workers or damage of the property of the Medicare institution	Imprisonment which may extend to 3 years & with fine which may extend to Rs. 50 ,000	Non-Bailable Triable by Court of Judicial Magistrate First Class
14.	Manipur Medicare Service Personnel and Medicare Service Institutions (Prevention of Violence and Damage To Property) Act, 2015	Act of violence again Medicare service person or damage or loss of property in a Medicare service institution, shall be prohibited.	Imprisonment which may extend to 3 years & with fine which may extend to Rs. 50 ,000	Non-bailable
15.	The Orissa Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act, 2008	Violence against Medcare Service persons and damage to property	Imprisonment which may extend to 3 years & with fine which may extend to Rs. 50 ,000	Non-Bailable
16.	The Punjab Protection Of Medicare Service Persons And Medicare Service Institutions (Prevention Of Violence And Damage To Property) Act, 2008	Act of violence against a Medicare Service Person or damage to property in a Medicare Service Institution	Imprisonment, which may extend to 1 year or with fine, which may extend to Rs. 50,000 or with both	Non-bailable Triable by Judicial Magistrate First Class

17.	Rajasthan Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act, 2008	Violence against Medicare Service Persons and Damage to Property in Medicare Service Institutions and for matters connected therewith and incidental thereto.	Imprisonment of 3 years & with fine which may extend to Rs. 50 ,000	Non-Bailable Non-Bailable
18.	Tamil Nadu Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss to Property) Act, 2008	Violence against Medicare ServicePersons and Damage or loss to the property of medicare service institutions	Imprisonment for a term which shall not be less than 3 years but may extend to 10 years and with fine.	
19.	Telangana Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act, 2008	Assault against Medicare workers, damage of the property of the Medicare institution	Imprisonment for 3 years & with fine which may extend to Rs. 50 ,000	Non-Bailable
20.	The Tripura Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act, 2013	Violence against Medicare ServicePersons and Damage to the property of medicare service institutions	Imprisonment which may extend to 3 years & with fine which may extend to Rs. 50 ,000	Non-Bailable

21.	Uttar Pradesh Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act, 2013	An act of violence Medicare service person or causes any damage to the property of Medicare service institution	Imprisonment which may extend to 3 years or with fine which may extend to Rs. 50 ,000 or with both	Non-bailable
22.	Uttarakhand Medicare Service Persons and Institutions (Prevention of Violence and damage to Property) Act, 2013	Violence against medicare service persons and damage to property in medicare service institutions	Imprisonment which may extend to 3 years or with fine which may extend to Rs. 50 ,000 or with both	Non-Bailable
23.	West Bengal Medicare Service Persons and Institutions (Prevention of Violence and damage to Property) Act, 2009	Violence against medicare service persons and damage to property in medicare service institutions	Imprisonment which may extend to 3 years & with fine which may extend to Rs. 50 ,000	Non-Bailable

(True copy)

ANNEXURE 6

CHART III

S. no.	Act	Provisions	Punishment	Cognizance	Bailable
1.	Indian Penal Code, 1860	Sec. 186: Voluntarily obstructing public servant in discharging public functions	Imprisonment which may extend to 3 months or fine which may extend to Rs. 500 or both	Non-cognizable	Bailable
		Section 268: Public Nuisance	u/s: 290 Fine which may extend to Rs. 200	Non cognizable	Bailable
		Section 321: Voluntarily causing hurt	u/s: 323 Imprisonment which may extend to1year or fine which may extend to Rs. 1,000 or both	Non cognizable	Bailable
		Section 322: Voluntarily causing grievous hurt	u/s: 325: Imprisonment of either description which may extend to 7 years &fine	Cognizable	Bailable
		Section 332: Voluntarily causing hurt to deter public servant from his duty	Imprisonment either description which may extend to 3 years or with fine or both.	Cognizable	Bailable
		Section 333: Voluntarily causing grievous hurt to deter public servant from his duty	Imprisonment either description which may extend to 10 years and fine	Cognizable	Non-bailable
		Section 351: Assault	u/s. 352: Imprisonment either description which may extend to 3 months or	Non-cognizable	Bailable

			with fine which may extend to Rs. 500 or both.		
		Section 353: Assault or criminal force to deter a public servant from discharge of his duty	Imprisonment either description which may extend to 2 years or with fine or both	Cognizable	Non-bailable
2.	The Epidemic Diseases (Amendment) Act, 2020	Section 3(1): Disobeying any regulation	Punishable under section 188 of the IPC	Cognizable	Non-Bailable
		Section 3 (2): Assault against healthcare service personnel	Imprisonment not less than 3 months, may extend to 5years& with fine not less than Rs.50,000 which may extend to 2 lakhs	Cognizable	Non-Bailable
		Section 3(3): Causes Grievous Hurt	Imprisonment not less than 6 months, which may extend to 7 years& with fine not less than 1lakh, may extend to 5 lakhs *Sec. 3E(1) provides for compensation to be paid for causing hurt/grievous hurt to healthcare personnel by the convicted as decided by the Court.	Cognizable	Non-Bailable

3.	National Disaster Management Act, 2005	Section 51 Punishment for obstruction or non – compliance of the direction	Imprisonment which may extend to 1year or with fine or with both.	No court shall take cognizance of an offence except on complaint made by- (a) the National Authority,State Authority, Central Govt, State Govt, District Authority or any other authority or officer authorised by that Authority or Government, (b) any person who has given notice of not less than 30 days of the alleged offence & his intention to make a complaint to the National Authority, the State Authority, Central Govt, State Govt, District Authority or any other authority or officer authorised as aforesaid.	Bailable (according to first schedule of Cr.P.C., 1973)
		If such obstruction or non-compliance results into loss of lives or imminent danger	Imprisonment extendable to 2 years.		Bailable (according to first schedule of Cr.P.C., 1973)
		Section 52: Punishment for false claim regarding assistance, relief, repair reconstruction or any other benefit	Imprisonment extendable to 2 years and with fine.		Bailable (according to first schedule of Cr.P.C., 1973)

(True copy)

ANNEXURE 7

Uttarakhand High Court

Sarita Singh vs State & Others

12TH September,2018

IN THE HIGH COURT OF UTTARAKHAND ATNAINITAL

Writ Petition (S/B) No.284 of2017
Reserved on: 08.08.2018
Delivered on: 12.09.2018

SaritaSingh ..... Petitioner
Versus
State & others .....Respondents

Mr. Tapan Singh, Advocate for the petitioner.
Mr. S.S. Chauhan, Dy. A.G., for the State/respondent no.1. Ms. Beena Pande, S.C., for the State of U.P./respondentno.3.
Mr. V.K. Kohli, Sr. Advocate assisted by Mr. Parikshit Saini, Advocate, for the respondent no.4.

Coram: Hon'ble J. Rajiv Sharma

J. Hon'ble Manoj Kr. Tiwari,

J. Per: Hon. Rajiv Sharma, J.

1. Key facts necessary for the adjudication of this petition are that Dr.SunilKumar (petitioner's husband) obtained MBBS degree from A.N.Magadh Medical College Hospital, Gaya, Magadh University in January, 1990. He got himself registered with Bihar Medical Council on 1. 4. 1991. He joined and worked as a Junior Resident in Orthopaedics Department of A.N. Magadh Medical CollegeHospital,Gayafrom1.4.1991to18.8.1991.HealsoworkedasaJuniorResidentinSurgery Department of Hindu Rao Hospital, Delhi from 19.8.1991to18.8.1992.Hewasappointed as Medical Officer on ad hoc basis vide U.P.Government letter dated 22.8.1992. He was posted to Combined Health Center(C.H.C.)Parmanandpur,Nainitalon19.9.1992. Thereafter, he joined as Medical OfficeratCHC,Patrampuron19.5.1994.

2. The Uttar Pradesh Re-organization Act, 2000 was enacted whereby the State of Uttarakhand was carved out. Dr. Sunil Kumar was allocated to the State of Uttarakhand.

However, Dr. Sunil Kumar opted for the State of Uttar Pradesh, but, he was not relieved by the State of Uttarakhand.

3. Dr. Sunil Kumar was transferred to CHC, Jaspur (U.S. Nagar) as Paediatrician. He was shot dead on 20.4.2016 while discharging his duties in the C.H.C., Jaspur in Room No.5. The FIR was lodged at P.S. Jaspur by the Emergency Medical Officer/Superintendent, CHC, Jaspur. A criminal case was registered bearing No.773 of 2016 against the assailants, namely, Manik Rathi and ShubhamTyagi.

4. Dr. Sunil Kumar was born on 5.10.1965. He was the sole bread earner of his family. At the time of death, his elder son was studying in B.Tech. Final Year. His younger son was pursuing plustwo.

5. Section 3 provides for prohibition of Violence which reads as under:-

"Any act of violence against, Medicare Service Persons or damage to property in the Medicare Service Institutions is hereby prohibited."

6. The petitioner (wife of late Dr. Sunil Kumar Singh) made a representation to the Chief Secretary, health along with a copy to the Hon'ble Chief Minister, State of Uttarakhand for providing extraordinary pension under Rule 10 of the Uttar Pradesh Civil Services (Extraordinary Pension) (First Amendment) Rules, 1981.The Chief Medical Officer, Udham Singh Nagar also sent a communication dated 21.4.2016 to the Director, Medical Department, Uttarakhand, Dehradun for providing compensation to thepetitioner.

7. The Chief Secretary to the State of Uttarakhand made a proposal to the Hon'ble Chief Minister on 26.5.2016 for grant of following benefits to the petitioner:-

A. Compensation of Rs.50.00lakh

B. Compassionate appointment to the elder son ofthe petitioner on the post of Lecturer in any polytechnic in Dehradun on permanent basis; and C. Government accommodation for the petitioner for a period of 5 years in Dehradun.

8. The Hon'ble Chief Minister of the State endorsed the proposal by endorsing 'proposal approved'. Copy of the same is Annexure P-16to the petition. However, the fact of the matter is that the petitioner widow family has only been paid Rs.1.00 lakh. Petitioner's

elder son was given the compassionate appointment as Lecturer in Computer Science Department of State Polytechnic, Dehradun on contractual basis. The last drawn salary of petitioner's husband was Rs.1,27,315/-. The Government of Uttar Pradesh vide letter dated 22.2.2017 approved the financial benefit in Regional Medical &Health Services of Level-3 post holders who has put in continuous and satisfactory services for 11,17and 24years. The name of Dr. Sunil Kumar figured at Serial No.122. Arrears of salary of petitioner's husband were not paid but it has come in the counter affidavit that these were ordered to bepaid.

9. Dr. Sunil Kumar's date of birth was05.10.1965.His year of retirement was October, 2025.He was due to be promoted to the post of Chief MedicalOfficer.

10. The State has filed the counter affidavit. According to the averments made in the counter affidavit, the Medical Superintendent, CHC, Jaspur vide order dated 22.9.2017 has directed to make payment of salary of Rs.10,65,000/-.The official accommodation has been provided to thepetitioner by the said Department. The son of the petitioner has been appointed as Lecturer, Computer Science on contractual basis. The encashment of earned leave has been paid on 4.8.2016. 90% of GPF was released on 24.9.2016.10% of GPF was released on 4.9.2017. Pension and gratuity has been released on19.9.2017. The State now extend to various fields which cannot be strictly related to sovereign power. Their Lordships have held as under:

11. Various aspects of the Public Law field were considered. It was found that though initially a petition under Article226 of the Constitution relating to contractual matters was held not to lie, the law underwent a change by subsequent decisions and it was noticed that even though the petition may relate essentially to a contractual matter, it would still be amenable to the writ jurisdiction of the High Court under Article 226. The Public Law remedies have also been extended to the realm of tort. This Court, in its various decisions, has entertained petitions under Article 32 of the Constitution on a number of occasions and has awarded compensation to the petitioners who had suffered personal injuries at the hands of the officers of the Govt.

12. Having regard to what has been stated above, the contention that Smt.Hanuffa Khatoon should have approached the Civil Court for damages and the matter should not have been considered in a petition under Article 226 of the Constitution, cannot be accepted.

Where public function aries are involved and the matter relates to the violation of Fundamental Rights or the enforcement of public duties ,the remedy would still be available under the Public Law notwithstanding that a suit could be filed for damages under Private Law."

13. Petitioner's husband was 51years of age at the time when he was shot dead. His last drawn salary was Rs.1, 27,300/-. He was bound to be promoted to the post of Chief Medical Officer (CMO). In case of promotion to the C.M.O., his salary would have been Rs.1, 91,000/-. Even after making necessary deductions, the figure comes to Rs.1, 25,300/-. The reasonable multiplier at the age of '51'would be '11'. Thus, the family is entitled to Rs.1, 89, 09,000/-as compensation. The petitioner's family is also entitled to the loss of consortium and love and affection quantified as Rs.10.00 lakh. The State Government is remiss in implementing the provisions of the Uttarakhand Medicare Service Persons and Institutions (Prevention of Violence and Damage to Property) Act, 2013.It is the duty cast upon the State Government to protect the Medicare Service Persons and Institutions throughout the State of Uttarakhand.

14. Accordingly, the present petition is allowed by issuing the following mandatory directions:-

The State Government is directed to pay the compensation of Rs.1, 99, 09,000/-(One Crore, Ninety Nine Lakh, Nine Thousand Only) along with interest 7.5% per annum, to the petitioner, from the date of filing of petition.

15. The respondent-State is directed to award extraordinary pension to the petitioner as per the provisions of the Uttar Pradesh Civil Services (Extraordinary Pension) (First Amendment) Rules,1981, as adopted by the State of Uttarakhand, within ten weeks from today along with the arrears at the rate of 8.5% per annum.

16. The State Government is directed to enforce the provisions of 'Uttarakhand Medicare Service Persons and Institutions (Prevention of Violence and Damage to Property) Act, 2013, in letter and spirit.

17. Pending application, if any, stands vacated.
(Manoj Kr. Tiwari, J.) (Rajiv Sharma, J.)Rdang

(True copy)

ANNEXURE 8

KARNATAKA HIGH COURT

W.P.No.6685 of2020

CJ/BVNJ:

21st April,2020

ORD ER

We have heard the learned counsel for the petitioner, the learned Additional Government Advocate and the learned Additional Solicitor General of India for the Central Government. We have also heard Shri S. Basavaraj, the learned counsel who has made an application for intervention.

Considering the issues raised in this Writ Petition, the same shall be heard along with Writ PetitionNo.6435of2020.WedirecttheRegistrytoregisterinterlocutory application of Shri. Basavaraj as I.A. in this Writ Petition.

As regards prayer(A)in Writ Petition, our attention is invited to the incident which occurred in the night on 19th April, 2020 at Padarayanapura in Bengaluru. It is reported in newspapers that the persons who were sought to be quarantined attacked the healthworkers including the doctors as well as the Police. We direct the State Government to place on record the action taken against the wrong doers. What is more important is the issue of providing adequate police protection to the doctors, nurses, paramedical staff and Accredited Social Health Activists (ASHA) workers. The State Government must place on record a policy decision taken regardingprovidingadequateprotectiontothedoctors,nurses,paramedical staff, ASHA workers, etc.It must be clarified whether the State has any policy to provide armed police constables for protection of all the health workers. The State will also have to place onrecordwhatstepsitproposes to take to prevent such incidents.The reason isthat the safety of the doctors, nurses, paramedical staff,ASHA workers, etc. is of paramount importance in

thebattle against Covid-19. The State must come out withthe policy which applies across the State for protecting thisclass of citizens who are on the forefront in the battleagainstCovid-19.WedirecttheStateGovernmentto respondby*28th April,2020*whenthisissuewillbeconsidered.

Our attention is invited to the order dated 07thApril, 2020 and in particular the directions contained inparagraph No.21 thereof.Though the State has placed onrecord the steps taken to procure and manufacture the Personal Protection Equipment(PPE)kits andother equipments, there is no response of the State Governmenton the question whether PPE kits have reached the doctorsandthenursingstaffacrosstheStateandwhetherequipmentslikemasksandhand-glovesaremadeavailable across the State to health care facilities, such asPrimaryHealthCenters(PHCs)andotherfacilitiesatgrass-rootslevel.

The learned counsel appearing for Karnataka State Legal Services Authority (KSLSA) pointed out that in Bengaluru Urban,Davanagere and at Gadag districts, masks are not being made available to many health workers at grass-roots level. The State Government has also not responded on the question whether the PPE Kits can be made available at a cost to private hospitals and to private clinics. The learned counsel who has intervened has invited our attention to the order of the Apex Court dated 08th April, 2020, which is annexed to his application for intervention and in particular, Clause (1) of the said order. He has also invited our attention to the direction issued in Clause (4) of the said order. He also pointed out that on Government E-Marketplace (GEM) Portal provided by the Central Government, private doctors and privatehealthworkerscannotregisterthemselvesforprocurementofPPEkitsandotherequipments.Thelearned Additional Solicitor General stated that he will take instruction on this aspect.The learned Additional Solicitor General of India stated that the Central Government has recently distributed 2,83,910 PPE Kits and about 20 lakhsN-95MaskstovariousStates.WedirecttheStateGovernment to respond on the aforesaid aspects on orbefore*28th April,2020*

Even the learned Additional Solicitor General

ofIndiawillalsotakeinstructionontheaspectoftheGovernmentE-Marketplace(GEM)Portalandstatewhetheritcanbethrownopentoprivatehealthcareworkers to enable private health care workers to buy PPE Kits and other equipments.

At this stage, learned counsel Shri. Shridhar Prabhu in Writ Petition No.6685 of 2020 pointed out that salaries of paramedical workers and ASHA workers in the State have not been released. The State will also respond on this aspect before the next date. We expect the Statetoensurethatnonurses,paramedicalstafforASHAworkersaredeprivedoftheir salaries.

Sd/-(ABHAY S. OKA)CHIEFJUSTICE

Sd/-

(B.V.NAGARATHNA)JUDGE

RK

(True Copy)

ANNEXURE 9

BOMBAY HIGH COURT

Dr. Rajeev Digambar Joshi vs The Chief Secretary, State Govt. on 13May,2021

Bench: G. S. Kulkarni

1-Cri-PIL-ST-2332-2020

IN THE HIGH COURT OF JUDICATURE AT
BOMBAY CRIMINAL APPELLATE
JURISDICTION

PUBLIC INTEREST LITIGATION (St.) NO. 2332
OF 2020

WITH

INTERIM APPLICATION NO.1328
OF 2021 WITH

INTERIM APPLIATION (ST) NO.666O OF 2021

Dr. Rajeev Digamber Joshi ... Petitioner

vs.

The Additional Chief Secretary to the

State Govt. (Home)&Ors..... Respondents

.....

Mr. Nitin Deshpande for petitioner. Dr.
F. R. Shaikh, APP for State.

Mr. S.R. Nargolkar with Mr. Arjun Kadam for Applicant in IA
No.1328/21 (Added Respondent).

Mr. Rui Rodrigues i/b. Singh Yogita Singh for Applicant in IA No.6660/21 (Added Respondent).

Mr.Anil C.Singh, ASG a/w Mr.Aditya Thakkar, Mr.D.P.Singh and Yash Momaya i/b Mr.A.A.Ansari for Respondent-UOI.

CORAM :- DIPANKAR DATTA, CJ &

G. S. KULKARNI, J.

DATE:- MAY 13,2021

PC :

This PIL petition and the Interim Applications filed therein essentially seek orders from the Court on the respondents to1-CRI-PIL-ST-2332-2020 extend protection to professionals like doctors, nurses and other para-medical staff who are in the frontline of battling the pandemic arising out of COVID-19.

It has been brought to our notice that representatives of the petitioner/applicants have attended meetings convened by the Director of Health Services, State of Maharashtra and put- forth various suggestions to secure the safety and security of such professionals. The last of such meeting appears to have been held on May 3,2021.

At this stage, it is not known as to what steps the State contemplates to take having regard to the deliberations of the meeting that the Director of Health Services had with the representatives of the petitioner/applicants. Dr.Shaikh, learned APP appearing for the State has prayed for time to return with betterinstructions.

Mr. Deshpande, learned advocate for the petitioner has referred to the pleaded case in the petition and prayed for interim directions to arrest any harm being caused to the professionals.

Mr. Rodrigues, learned advocate appearing for the applicant in IA (St) No. 6660/2021

has drawn our attention to an order dated May 6,2021passed by a coordinate Bench of the Bombay High Court at Goa. He has referred to paragraph 9 of such order and has prayed that similar protection granted by such order may be extended to the medical and healthcare professionals in the State.

Having read the order dated May 6,2021,we are ad idem with the coordinate Bench and accordingly direct the State of Maharashtra to take all necessary and adequate steps to ensure that there is no violence against the medical and healthcare professionals and such violence, if there be any, is dealt with firmly according to law. We further direct that adequate police personnel be posted at hospitals, wards, etc., and sensitized and instructed so that any act of crime against the medical and healthcare professionals can be nipped in the bud. Sufficient boards or posters must also be put up at such places to make it clear that there will be zero tolerance towards any form of violence against medical and healthcare professionals. At the same time, it would be obligatory for the hospital administration to ensure that the patients and their relatives 1-CRI-PIL-ST-2332-2020are furnished proper information as to the line of treatment or otherwise, apprise them of the possible risks that could be involved in course of treatment and counsel them about the health status of the patients, albeit upon maintaining COVID- 19protocol. These directions shall be complied with forthwith, as matters of protection to the medical and healthcare professionals cannot brook any delay.

We have heard a submission from Mr. Deshpande that although complaints are being lodged with various police stations disclosing commission of offences punishable under the Epidemic Diseases Act, 1897 (for short "the Act of 1897")but FIRs are not being registered referring to any section of such enactment and instead, the provisions of the Maharashtra Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss to Property) Act,2010(for short "the Act of2010")are only being applied. According to him, the provisions of the Act of2010 make the offences punishable there under bailable, whereas the provisions of the Act of 1897make the offences non-bailable; and such flawed registration of FIRs is designed to allow the offender to easily obtain bail.

Although, prima facie, the factual foundation for supporting such allegation appears to

be lacking in the petition, we direct Dr. Shaikh to indicate on the returnable date the number of cases registered all over the State of Maharashtra under the Act of 1897 upon receipt of complaints from medical and healthcare professionals alleging offences of the nature punishable under such enactment.

We also grant liberty to Mr. Deshpande, Mr. Rodrigues as well as Mr. Nargolkar, learned advocate for the applicant in IANO.1328/21,to forward to Dr. Shaikh a comprehensive set of suggestions, arrived at upon consultation with each other, for immediate consideration by the State. Upon receipt of the suggestions, the State shall not wait for any orders of the Court to implement such of the suggestions which the State considers acceptable and workable. An advisory to this effect containing all such suggestions which are acceptable and found to be workable shall be issued by the State and circulated for information of all concerned without any delay, for information and implementation. However, if any or all the suggestions 1-CRI-PIL-ST-2332-2020 forwarded by the petitioner/applicants is/are not found to be acceptable and workable by the State, it shall respond to such suggestions by the returnable date indicating the reasontherefore.

We propose to hear this petition as well as the applications on Wednesday next (May 19, 2021) onceagain.

(G. S.KULKARNI,J.) (CHIEFJUSTICE)

(True copy)

ANNEXURE 10

THE GAUHATI HIGH COURT

(HIGH COURT OF ASSAM, NAGALAND, MIZORAM AND ARUNACHAL PRADESH)

Case No. : PIL(Suo Moto)/4/2021

XXX

GUWAHATI, ASSAM

VERSUS

1. IN RE- THE PRINCIPAL SECRETARY TO THE GOVT. OF ASSAM AND 3 ORS HOME AND POLITICAL DEPARTMENT, JANATA BHAWAN, DISPUR GUWAHATI 781006
2. THE PRINCIPAL
   SECRETARY TO THE
   GOVT. OF ASSAM
   HEALTH AND FAMILY
   WELFARE DEPARTMENT
   JANATA BHAWAN DISPUR
   GUWAHATI 781006
3. THE DIRECTOR GENERAL OF POLICE ASSAM POLICE HEADQUARTER ULUBARI GUWAHATI 781007
4. THE SUPERINTENDENT OF POLICE HOJAI ASSAM

Advocate for the Petitioner :

Advocate for the Respondent : GA, ASSAM

– B E F O R E –

HON'BLE THE CHIEF JUSTICE MR. SUDHANSHU DHULIA HON'BLE MR. JUSTICE MANASH RANJAN PATHAK

14-06-2021

(Sudhanshu Dhulia, CJ)

The matter is taken up through video conferencing.

Heard Mr. V. Hansaria, learned senior counsel assisted by Ms. S. Kalita, learned counsel appearing for the Gauhati High Court. Also heard Mr. D. Saikia, learned Advocate General, Assam.

In this public interest litigation, concern has been raised about the doctors and paramedics, who are the frontline warriors and it also touches on an incident where a Doctor was manhandled and beaten up by a mob in Udali Model Hospital in the district of Hojai. Further prayer in this petition is that suitable measures be taken by the State to ensure that such incidents do not occur in future.

The learned Advocate General of the State Mr. D. Saikia has apprised this Court that as far as the incident of Udali is concerned, the concerned persons, twenty-four in number, were arrested within twenty-four hours and are presently lodged in jail and due process of law is being followed as far as this incident is concerned. Moreover, the Government itself is conscious about the care it has to give to its doctors and paramedics and it is open for any suggestions and guidelines in this regard as it is a public interest litigation.

Let a statement of progress made in this case be placed before this Court within two weeks from now.

Meanwhile, a detail reply be filed by the Government within two weeks with regard to the measures taken by the Government or the measuresi proposes to take to ensure that such

incidents do not happen in future and that with immediate effect it should be ensured that no weapon/firearms are allowed to be taken inside a hospital and proper notice of warning is given in every hospital and medical colleges about the consequences to be followed in law if Medicare Service Persons, which include Doctors, Nurses, Para-medical, medical students, nursing students and any other worker employed and working in Medicare Service Institutions [as defined under Assam Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act, 2011], are manhandled or attacked.

List on ***14th July, 2021***.

THE CHIEF JUSTICE MR. SUDHANSHU DHULIA

JUSTICE MANASH RANJAN PATHAK.

Comparing Assistant

(True copy)

ANNEXURE 11

The copy of the Report of the World Health Organization on “Framework Guidelines for addressing Workplace Violence in Health sector” as published in the year 2002,has been extracted below.
taken from the mentioned below link.
(*Source: https://apps.who.int/iris/bitstream/handle/10665/42617/9221134466.pdf)*

FRAMEWORK GUIDELINES FOR ADDRESSING WORKPLACE VIOLENCE IN THE HEALTH SECTOR

International Labour Office **ILO** International Council of Nurses **ICN**
World Health Organization **WHO** Public Services International
PSI

Joint Programme on Workplace Violence in the Health Sector

Genev
a2002

Contents

1. BACKGROUND, SCOPE AND DEFINITION

1.1 BACKGROUND

Workplace violence — be it physical or psychological — has become a global problem crossing borders, work settings and occupational groups. For long a "forgotten" issue, violence at work has dramatically gained momentum in recent years and is now a priority concern in both indus- trialised and developing countries.

Workplace violence affects the dignity of millions of people worldwide. It is a major source of inequality, discrimination, stigmatisation and conflict at the workplace. Increasingly it is becoming a central human rights issue. At the same time, workplace violence is increasingly appearing as a serious, sometimes lethal threat to the efficiency and success of organisations. Violence causes immediate and often long-term disruption to interpersonal relationships, theorganization of work and the overall working environment.

While workplace violence affects practically all sectors and all categories of workers, the health sector is at major risk. Violence in this sector may constitute almost a quarter of all violence atwork. (*Nordin, H., 1995)*

Under the strain of reforms, growing work pressure and stress, social instability and the deterioration of personal interrelationships, workplace violence is rapidly spreading in the health sector. Increasingly, domestic violence and violence in the streets are spilling over into the health institutions. Recent studies confirm that workplace violence in the health sector is universal, although local characteristics may vary, and that it affects the health of both women and men, though some are more at risk than others. Altogether it may affect more than half of health care workers. (*Di Martino, V., 2002, forthcoming)*

The negative consequences of such widespread violence impact heavily on the delivery of health care services, which could include deterioration in the quality of care provided and the decision by health workers to leave the health care professions. This in turn can result in a reduction in health services available to the general population, and an increase in health costs. In develop-ing countries particularly, equal access to primary health care will be threatened if health work- ers, already a scarce resource, abandon their profession because of the threat of violence.

It has been estimated by a number of reliable studies that stress and violence together possibly account for approximately 30% of the overall costs of ill-health and accidents. Based on the above figures it has been suggested that stress/violence may account for approximately 0.5 – 3.5% of GDP per year. *(Hoel, H.; Sparks, K.; Cooper, C., 2000)*

This evidence clearly indicates that workplace violence is far too high and that interventions are urgently needed. Further, more specific evidence is available in each country which should be used to increase awareness of the importance of the problem of workplace violence and to make it a pri-ority target for all people operating in or concerned with the development of the health sector.

SCOPE

Objective

The objective of these Framework Guidelines (from now on referred to as Guidelines) is to provide general guidance in addressing workplace violence in the health sector. Far from being in any way prescriptive, the Guidelines should be considered a basic reference tool for stimulating the autonomous development of similar instruments specifically targeted at and adapted to different cultures, situations and needs.

The Guidelines cover the following key areas of action:

- prevention of workplace violence
- dealing with workplace violence
- management and mitigation of the impact of workplace violence
- care and support of workers affected by workplace violence
- sustainability of initiatives undertaken

Use

These Guidelines should be used to:

- develop concrete responses at the enterprise, sectorial, national and international levels
- promote processes of dialogue, consultation, negotiation and all forms of cooperation among governments, employers and workers, trade unions and other professional bodies, specialists in workplace violence, and all relevant stakeholders (such as consumer/patient advocacy groups and non-governmental organizations (NGOs) active in the areas of workplace vio- lence, health and safety, human rights and gender promotion)

- give effect to its contents in consultation with the interested parties: in national laws, policies and programmes of action; in workplace/enterprise/sectorial agreements; and in workplace policies and plans of action.

Field of application

These Guidelines apply:

- to all employers and workers
- in the public, private and voluntary sectors
- to all aspects of work, formal and informal.

DEFINITION

Within a general common understanding of the significance of workplace violence, specific understanding and terminology may vary from country to country and from situation to situa- tion. It is therefore important that definitions and terms as given below are assessed in relation to such situations and adapted accordingly so that their significance is clear to and shared by those who will be using the guidelines.

General definition of workplace violence

Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health. (Adapted from European Commission)

Physical violence and psychological violence

While the existence of personal physical violence at the workplace has always been recognized, the existence of psychological violence has been long under-estimated and only now receives due attention. Psychological violence is currently emerging as a priority concern at the workplace.

It is also increasingly recognized that personal psychological violence is often perpetrated through repeated behaviour, of a type which by itself may be relatively minor but which cumulatively can become a very serious form of violence. Although a single incident can suffice, psychological violence often consists of repeated, unwelcome, unreciprocated and imposed upon action which may have a devastating effect on the victim.

Physical violence

The use of physical force against another person or group, that results in physical, sexual or psychological harm. It includes among others, beating, kicking, slapping, stabbing, shooting, pushing, biting and pinching. (Adapted from WHO definition of violence)

Psychological violence

Intentional use of power, including threat of physical force, against another person or group, that can result in harm to physical, mental, spiritual, moral or social development. It includes verbal abuse, bullying/mobbing, harassment and threats. (Adapted from WHO definition of violence)

Terms frequently used

Physical and psychological violence often overlap in practice making any attempt to categorize different forms of violence very difficult. Some of the most frequently used terms relating to violence are presented in the following list.

Assault/attack

Intentional behaviour that harms another person physically, including sexual assault.

Abuse

Behaviour that humiliates, degrades or otherwise indicates a lack of respect for the dignity and worth of an individual. (Alberta Association of Registered Nurses)

Bullying/mobbing

Repeated and over time offensive behaviour through vindictive, cruel or malicious attempts to humiliate or undermine an individual or groups of employees. (Adapted from ILO – Violence at Work)

Harassment

Any conduct based on age, disability, HIV status, domestic circumstances, sex, sexual orienta- tion, gender reassignment, race, colour, language, religion, political, trade union or other opin- ion or belief, national or social origin, association with a minority, property, birth or other status that is unreciprocated or unwanted and which affects the dignity of men and women atwork. (Human Rights Act, UK)

Sexual harassment

Any unwanted, unreciprocated and unwelcome behaviour of a sexual nature that is offensive to the person involved, and causes that person to feel threatened, humiliated or embarrassed. (Irish Nurses Organisation)

Racial harassment

Any threatening conduct that is based on race, colour, language, national origin, religion, asso- ciation with a minority, birth or other status that is unreciprocated or unwanted and which affects the dignity of women and men at work. (Adapted from Human Rights Act, UK)

Threat

Promised use of physical force or power (i.e. psychological force) resulting in fear of physical, sexual, psychological harm or other negative consequences to the targeted individuals or groups.

Victim

Any person who is the object of act(s) of violence or violent behaviour(s) as described above.

Perpetrator

Any person who commits act(s) of violence or engages in violent behaviour(s) as described above.

Workplace

Any health care facility, whatever the size, location (urban or rural) and the type of service(s) provided, including major referral hospitals of large cities, regional and district hospitals, health care centres, clinics, community health posts, rehabilitation centres, long-term care facilities, general practitioners' offices, other independent health care professionals. In the case of services performed outside the health care facility, such as ambulance services or home care, any place where such services are performed will be considered a workplace.

2. GENERAL RIGHTS AND RESPONSIBILITIES

GOVERNMENTS

Governments and their competent authorities should provide the necessary framework for the reduction and elimination of such violence. This includes:

- making the reduction/elimination of workplace violence in the health sector an essential part of national/regional/local policies and plans on occupational health and safety, human rights protection, economic sustainability, enterprise development and gender equality
- promoting the participation of all parties concerned with such policies and plans
- revising labour law and other legislation and introducing special legislation, where necessary
- ensuring the enforcement of such legislation
- encouraging the inclusion in national, sectorial and workplace/enterprise agreements of provisions to reduce and eliminate workplace violence
- encouraging the development of policies and plans at the workplace to combat workplace violence
- launching awareness campaigns on the risks of workplace violence
- requesting the collection of information and statistical data on the spread, causes and consequences of workplace violence
- coordinating the efforts of the various parties concerned

EMPLOYERS

Employers and their organisations should provide and promote a violence-free workplace.

This would include:

- recognizing overall responsibility for ensuring the health, safety and wellbeing of workers including the elimination of the predictable risk of workplace violence, according to national legislation and practice
- creating a climate of rejection of violence in their organisations
- the routine assessment of the incidence of workplace violence and the factors that support or generate workplace violence
- developing policies and plans at the workplace to combat workplace violence and establishing the required monitoring mechanisms and range of sanctions

- consulting with representatives of the workers on the development of such policies and plans and how to implement them
- the introduction of all necessary preventive and protective measures and procedures to reduce and eliminate the risks of workplace violence
- giving managers at all levels responsibility for implementing policies and procedures relating to workplace violence
- the provision of adequate information, instruction and training concerning workplace violence
- the provision of short, medium and long-term assistance to all those affected by workplace violence, including legal aid, as required
- giving special consideration to the specific risks faced by particular categories of health careworkers as well as to risks in certain working environments in the health sector
- endeavouring to have included provisions to reduce and eliminate workplace violence innational, sectorial, and workplace/enterprise agreements
- actively promoting awareness of the risks and destructive impact of workplace violence
- the provision of adequate reporting systems
- setting up of mechanisms for collecting data and information in the area of workplace violence

WORKERS

Workers should take all reasonable care to reduce and eliminate the risks associated with workplace violence. This would include:

- following workplace policies and procedures
- cooperating with the employer to reduce and eliminate the risks of workplace violence
- attending relevant educational and training programmes
- reporting incidents, including minor ones
- actively contributing to promoting awareness of the risks, impact of and sanctions associatedwith workplace violence
- seeking guidance and counselling if involved in situations that may lead to workplace violence

4 PROFESSIONAL BODIES

Trade unions, professional councils and associations should launch, participate in and contribute to initiatives and mechanisms to reduce and eliminate the risks associated with workplace violence. This would include:

- promoting training of health care personnel concerning the risks of workplace violence and the mechanisms to prevent, identify and cope with such violence
- elaborating on data collecting procedures for incidents of violence in the health sector and promoting the collection of such data

- incorporating in their codes of practice and codes of ethics, clauses concerning the inadmissi- bility of any incident of violence at the workplace
- promoting the incorporation in the accreditation procedures for health care institutions and facilities, of a requirement of measures aimed at the prevention of violence at the workplace
- endeavouring to have included provisions to reduce and eliminate workplace violence innational, sectorial and workplace/enterprise agreements
- encouraging the development of policies and plans at the workplace to combat workplace violence
- actively contributing to promoting awareness of the risks of workplace violence
- providing support for victims of workplace violence, including legal aid if required

ENLARGED COMMUNITY

The media, research and educational institutions, specialists in workplace violence, consumer/patient advocacy groups, the police and other criminal justice professionals, NGOs active in the area of workplace violence, health and safety, human rights and gender promotion, should actively support and participate in the initiatives to combat workplace violence. This would entail:

- contributing to the creation of a network of information and expertise in this area
- contributing to promoting awareness of the risks of workplace violence
- contributing to the development of coordinated policies and plans to combat workplace violence
- contributing to continuing training and education, as required
- contributing with support structures for the prevention of workplace violence and the management of incidents as well as post-incident management.

3. APPROACH

Workplace violence is not an isolated, individual problem but a structural, strategic problem rooted in social, economic, organisational and cultural factors. An approach should consequently be developed and promoted which would attack the problem at its roots, involve all parties concerned and take into account the special cultural and gender-dimension of the problem. It is also essential that any intervention adopted is developed from its inception, in a systematic way to maximise the effective use of often limited resources in this sector. Such an approach should therefore be an *integrated, participative, cultural/gender sensitive, non-discriminatory and systematic* one.

INTEGRATED

An integrated approach should be actively pursued at all levels of intervention based on the combined and balanced consideration of prevention and treatment. Treatment should cover all necessary interventions to cure and rehabilitate those affected by workplace violence for as long as is necessary. Prevention consists of a pro-active response to workplace violence with emphasis on the elimination of the causes and a long-term evaluation of each intervention. Preventive measures to improve the work environment, work organisation and interpersonal relationships at the workplace, have proved particularly effective. It is important that preventive measures are immediately introduced when risks of workplace violence are identified without waiting for workplace violence to manifest itself at the workplace.

PARTICIPATIVE

A participatory approach, whereby all parties concerned consider it worthwhile to work together to reduce workplace violence and where such parties have an active role in designing and implementing anti-violence initiatives, should be actively promoted. A participatory approach should:

- create the trust necessary for open communication with all staff. It is particularly important for the management to clarify that workers who openly share their feelings regarding workplace violence, and their ideas for changes in the work environment, are not only protected from reprisals but valued for their positive contribution
- involve all parties concerned. The involvement of trade unions and other professional bodies, governments, employers and workers, specialists in workplace violence, the police and all relevant stakeholders (such as consumer/patient advocacy groups and non-governmental organ-

izations (NGOs) can greatly contribute to generate awareness and sensitivity on the issue of workplace violence

- activate safety and health committees or teams that receive reports of violent incidents, make inquiries into and conduct surveys on workplace violence and respond with recommendations for corrective strategies
- encourage workers' participation in such teams

CULTURE/GENDER SENSITIVE AND NON-DISCRIMINATORY

Culture

While workplace violence has an universal significance, the perception and understanding of it may vary among different cultures. This cultural difference should be taken into account and properly addressed by:

- the use of appropriate terminology that reflects the commonly used language in a specific culture
- special emphasis on forms of workplace violence that have a particular relevance in a specific culture
- a special effort to identify and unveil situations of workplace violence that are difficult to detect and accept as a reality because of specific cultural backgrounds

Gender

The gender dimension should be recognised. Women and men are both affected although in different ways, by workplace violence with women particularly exposed to certain types of violence, such as sexual offences. (*D. Chappell and V. Di Martino 2000*). In the health sector, where vio- lence is so pervasive that it is often seen as part of the job, a large number of women are employed. The continued concentration of women in low-paid and low status jobs in this sector, further exacerbates the problem making women a real or perceived vulnerable target. More equal gender relations and the empowerment of women are vital to successfully prevent violence in the health sector. Action in this area should take into due account the specificity of the concrete situations to be addressed.

Discrimination

Workplace violence is closely linked to and generates discrimination. Discrimination includes any distinction, exclusion or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation such as those made on the basis of race, colour, sex, religion, political opinion, national extraction or social origin. Any policy or action against workplace violence should be also directed at combating any form of discrimination linked to or originated by such violence.

Approach

SYSTEMATIC

In order to develop the above approaches effectively, it is essential that anti-violence action be carried out in a systematic way.

Short, medium and long term objectives and strategies should be identified at the earliest stages so as to organize action towards realistically achievable targets within agreed time frames.

Action should also be articulated in a series of fundamental steps that include:

- violence recognition
- risk assessment
- intervention
- monitoring and evaluation.

4. WORKPLACE VIOLENCE RECOGNITION

Early recognition of risks of violence allows for intervention before violence manifests itself. Even though each pre-condition and signal may be due to other factors, their combined simultaneous occurrence may require the need to take anti-violence action. It should be borne in mind however, that workplace violence is always difficult to predict and that it is important to avoid stereotyping or labelling, which can lead to discrimination, especially when considering risk factors at individual level.

The following should be considered.

ORGANISATIONS AT RISK

While all kinds of health facilities are potentially exposed to workplace violence, some are at higher risk than others. Such risk should be assessed having regard to the specific situation and conditions in which each health care facility operates with special attention paid to those health facilities that are:

- located in suburban, highly populated and high crime areas
- small and isolated
- understaffed
- under the strain of reform and downsizing
- working with insufficient resources, including inappropriate equipment
- functioning in a culture of tolerance or acceptance of violence
- working with a style of management based on intimidation
- noted for poor communication and interpersonal relationships

In this respect, attention should also be paid to abnormally high levels of absence on grounds of sickness, high levels of staff turnover and previous records of violent incidents.

POTENTIAL PERPETRATORS

A number of factors of risk have been identified which may help in preventing workplace violence, particularly physical violence.

However, in dealing with such factors every attention should be paid to avoid any labelling of individuals as potential or alleged perpetrator. The potential perpetrator can be a member of the public, of the organisation or other organisation in the health sector or a patient or client of the service. Consideration should be also given to the fact that, in a number of cases, perpetratorsare themselves victims of violence.

Background

Can include:

- a history of violent behaviour
- a difficult childhood
- problems of psychotropic substance abuse, especially problematic being alcohol use
- severe mental illness, the symptoms of which are not being adequately identified or controlled through therapeutic regimes
- access to firearms or objects that can be used as weapons

Warning signals

Can include:

- aggressive/hostile postures and attitudes
- repeated manifestations of discontent, irritation or frustration
- alterations in tone of voice, size of the pupils of the eyes, muscle tension, sweating
- the escalation of signals and the building up of tense situations

POTENTIAL VICTIM

A number of factors of risk have been identified which may help in preventing workplace violence. As in the case of a perpetrator, every attention should be paid to avoid any labelling of the victim.

Profession

Although all professions in the health sector are potentially at risk of workplace violence, some appear to be at special risk:

- nursing and ambulance staff: at extremely high risk
- doctors, support and technical staff: at high risk
- all other allied professionals: at risk

Real or perceived vulnerability

Can apply to:

- members of minorities
- people in training or on placement
- workers in precarious job situations
- young people
- women

Experience/attitudes/appearance

Can include:

- being inexperienced
- the display of unpleasant, irritating attitudes
- absence of coping skills
- wearing uniforms or name tags

Uniforms or name tags have proved to act both as a deterrent to and a trigger of workplace violence depending on the circumstances. Consequently, recourse to them and the way uniforms or name tags are used, is a matter that should be carefully assessed and decided upon according to the specific situation under consideration.

5. WORKPLACE RISK ASSESSMENT

One of the first steps to be taken when considering the prevention of work-related violence, is an assessment or diagnosis of the relevant hazards and situations at risk as an integral part of the occupational safety and health management system and of the overall organisational management of heath institutions. This should include:

ANALYSING AVAILABLE INFORMATION

A great deal of information is usually available that should be properly exploited. To this purpose:

- official records concerning incidents, absenteeism, turnover should be carefully analysed
- information on the management style should be obtained and considered
- workplace inspections should be carried out regularly
- periodical general and situation-specific surveys should be carried out among the staff
- discussions with workers and their representatives should be developed
- an on-going relationship with occupational health services should be maintained
- contacts with other employers, employers' organisations, relevant governmental organisations, customer/patient advocacy groups and insurance companies should be maintained.

IDENTIFYING SITUATIONS AT SPECIAL RISK

There are a number of work situations that have been identified as being at special risk of workplace violence. Health care workers are exposed to the entire range of such situations of risk and this makes this category of workers unique in terms of the importance and spread of workplace violence.

Situations at special risk

Working alone

Workers working alone are at special risk of suffering physical and sexual attacks. Many work- ers in the health sector such as night and home care nursing staff, do work alone or in relativeisolation and are therefore subject to greater risk of violence.

Working in contact with the public

A wide variety of occupations, including many in the health sector, involve contact with the public. Increasingly, exposure to the public generates higher risks of violence.

Working with objects of value

Wherever valuables (e.g. cash, drugs, syringes/needles, expensive equipment) are, or seem to be within "easy reach", there is a risk that crime, and increasingly violent crime, may be committed. Workers in the health sector, such as cashiers and those dealing with the dispensing and storage of drugs, are exposed to such a risk.

Working with people in distress

Frustration and anger arising out of illness and pain, psychiatric disorders, alcohol and substance abuse, can affect behaviour and make people verbally or physically violent. The incidence of violence faced by workers in contact with people in distress is so common that it is often con- sidered an inevitable part of the job. Health care workers are at the forefront of this situation.

Working in an environment increasingly "open" to violence

Violence in health care settings which was traditionally concentrated in a few areas such as emergency services, is now progressively spreading to all areas of work.

Working in conditions of special vulnerability

Extended processes of reform and down-sizing in the health sector lead to an increasing number of workers becoming involved in occasional and precarious employment, exposed to the risk of poor working conditions and job loss as well as associated risks of violence.

In order to fully assess the specific relevance of situations at special risk in different workplaces, an analysis should be conducted of the presence of such situations within each workplace and each category of workers employed there. This is an essential pre-condition for a targeted and effective intervention and should be satisfied before any intervention takes place.

6. WORKPLACE INTERVENTIONS

Once the potential existence of violence has been recognised and the situations at risk identified, action to deal with violence should be taken.

PRE-CONDITIONS

Developing a human-centred workplace culture

Priority should be given to the development of a human-centred workplace culture based on safety and dignity, non-discrimination, tolerance, equal opportunity and cooperation. This requires actively promoting the development of socialisation processes, new, participative management styles and the establishment of a new type of organisation where:

- social dialogue and communication are extensively utilised
- the organisation and staff share a common vision and goals
- the manager is committed to combating workplace violence
- services and responsibilities are decentralised so that managers, supervisors and workersbecome more aware of local issues and are better able to respond to the needs of the patients
- the organisation encourages problem-sharing and group problem solving
- the organisation provides an environment where the efforts of the staff are recognized, feedback given and opportunities created for personal and professional development
- there is a strong and supportive social environment

Issuing a clear policy statement

A clear policy statement of intent should be issued from the top management in consultation with all stakeholders recognizing the importance of the fight against workplace violence.

The statement should contain at least the following:

- a definition of violence so that people know exactly what is being referred to
- a declaration indicating a real commitment to make the issue of violence a high priority in the organisation
- a caution stating that no violent behaviour or behaviour intentionally generating violence will be tolerated
- a readiness to engage in support of any action targeted at creating a violence-free environment;

- a directive stating that supervisors and managers have a positive duty to implement the policy and to demonstrate leadership by example
- an engagement to provide managers with the ability and the means necessary to carry out thepolicy at all levels within the organisation
- an assignment of responsibility to individuals or teams with appropriate training and skills for the implementation of the policy
- the provision of an independent and free- from -retaliation complaint system
- raising awareness

It is essential that the policy statement be accompanied by initiatives to raise awareness among the management, supervisors and staff, patients, clients, suppliers and local communities, of the deleterious effects of workplace violence and of the advantages of undertaking immediate action to eliminate or reduce violence at the workplace. The following implications of violence should be clearly highlighted:

For the individual:

The suffering and humiliation resulting from violence usually lead to a lack of motivation, loss of confidence and reduced self-esteem and, if the situation persists, consequences such as physi- cal illness, psychological disorders or tabacco, alcohol and drug abuse are often observed.

At the workplace:

Workplace violence causes immediate, and often long-term disruption to interpersonal relationships, the organisation of work and the overall working environment, usually leading to deterioration in the quality of service provided. Employers bear the direct cost of legal liabilities, lost work and more expensive security measures. They are also likely to bear the indirect cost of reduced efficiency and productivity, deterioration in the quality of service provided, difficulty in recruiting or retaining qualified personnel, loss in company image and a reduction in the number of clients.

In the community:

Workplace violence may eventually result in unemployment, psychological and physical prob- lems that adversely influence an individual's social position. The costs of violence include health care and long-term rehabilitation costs for the reintegration of victims, unemployment and retraining costs for victims who lose or leave their jobs as a result of such violence, and disability and invalidity costs where the working capacities of the victims are impaired by violence at work. Access for the public to quality health services is also threatened.

ORGANISATIONAL INTERVENTIONS

High priority should be given to organizational intervention. Sorting out the organizational problem at the source usually proves much more effective and less costly than increasing the coping capacity through intervention at the individual level or intervening on the effects of violence on the individual worker. Organisational interventions should be developed and adapted in the light of specific situations, and priorities for intervention should be identified in consultation with the local stakeholders. Organisational intervention may include:

Staffing

The adequate presence of staff, in terms of numbers and qualification, should be ensured, especially:

- at peak periods, during patient transfers, emergency responses, meal times, and at night.
- in admission units and crisis or acute care units
- for patients with a history of violent behaviour or gang activity

Available staff should be used in the most effective way and arrangements should be made in this respect with the staff concerned, including:

- arranging staff rotation for particularly demanding jobs and for those who are new to the job
- detailing how staff move between different working areas
- arranging rosters to help staff to be as alert as possible and have assistance in case violent situations
- arranging assignments so that workers in dangerous situations do not work alone.

Management style

Management is a natural point of reference within organisations. When the management exemplifies positive attitudes and behaviour at the workplace, the entire organisation is likely to follow suit. A management style based on openness, communication and dialogue, in which caring attitudes and respect for the dignity of individuals are priorities, can greatly contribute to the diffusion and elimination of workplace violence.

Information and communication

Among the staff and working units

Circulation of information and open communication can greatly reduce the risk of workplace violence by defusing tension and frustration among workers. They are of particular importance in removing the taboo of silence which often surrounds cases of sexual harassment, mobbing and bullying.

The following should be promoted:

- information sessions
- personnel meetings
- office meetings
- group discussions
- team working
- group training

With the patients and the public

The provision of timely information to patients and their friends and relatives, is crucial in lessening the risk of assault and verbal abuse. This is particularly the case in situations involving distress and long waiting periods, as often occurs in accident and emergency departments. In particular:

- protocols or codes of conduct, explaining the obligations as well as the rights of patients, relatives and friends, should be compiled, distributed, displayed and applied
- sanctions in response to violence against personnel, should be made known

For workers at special risk

Information on the risks involved in specific situations and effective communication channels should be provided to workers at special risk, such as community and home care workers or ambulance staff. This includes:

- providing protocols for informing staff that a colleague is away from base, where he/she has gone and the approximate or expected time of return. Procedures for reacting to failed protocols should also be in place.
- providing emergency codes so that staff can request help without having to explain the situation and, therefore, without alerting an assailant
- providing information on the possible risks involved in future contacts and their location
- maintaining links with the local police to acquire up-to-date information on problem locations or known violent patients
- providing alarm systems as indicated below under “workplace design”

Work practices

Changing and improving work practices is a most effective, inexpensive way of diffusing work- place violence. Since every working situation is unique, a combination of different measures should be used which can best respond to each situation.

- client flow and the scheduling of appointments should be tailored to suit needs and resources
- crowding should be avoided
- waiting times should be kept to a minimum

- workers should be given margins of flexibility so that rules and policies are not interpreted by patients as intolerable constraints
- workers making home visits should, wherever possible, telephone or write to make appointments for visits; schedule visits to problem areas for particular times of the day, such as themorning when drug activity and drunkenness should be minimal
- night workers, especially women and those moving from building to building or working in isolated areas of a building, should, if at all possible, work together or in close proximity to each other
- transportation should be provided, if at all possible, to night workers

Job design

Job design is an essential factor in respect of violence at the workplace. An efficient design should ensure that:

- tasks performed are identifiable as whole units of a job rather than fragments
- jobs make a significant contribution to the total operations of the organisation which can be understood by the worker
- jobs provide an appropriate degree of autonomy
- jobs are not excessively repetitive and monotonous
- sufficient feedback on task performance and opportunities for the development of staff skills are provided
- jobs are enriched with a wider variety of tasks
- job planning is improved
- work overload should be avoided
- pace of work is not excessive
- access to support workers or team members is facilitated
- time is available for dialogue, sharing information and problem solving

Working time

To prevent or diffuse workplace violence, working time management should avoid excessive work pressure by:

- arranging, as far as possible, working time in consultation with the workers concerned
- avoiding too long hours of work
- avoiding a massive recourse to work overtime
- providing adequate rest periods
- creating autonomous or semi-autonomous teams dealing with their own working time arrangements
- keeping working time schedules regular and predictable
- keeping, as far as possible, consecutive night shifts to a minimum

ENVIRONMENTAL INTERVENTIONS

Action should be undertaken to identify and address problems within the working environment with a view to preventing workplace violence. Environmental interventions should be developed and adapted having regard to the specific situations, and priorities among the various types of intervention available should be established in consultation with the local stakeholders. Environmental interventions may include:

Physical environment

The physical features of a workplace are key factors in either defusing or acting as a potential trigger of violence. Special attention should be therefore paid to the level and ways in which workers, patients and visitors are exposed to such factors and to the adoption of adequate solutions, in line with existing law and practice, to reduce or eliminate any negative impact. In particular:

- levels of noise should be kept to a minimum to avoid irritation and tension among workers, visitors and patients
- colours should be relaxing and attractive
- bad odours should be eliminated
- good illumination should be maintained to improve visibility in all areas, particularly access,parking and store areas especially at night
- measures should be taken to provide adequate temperature/humidity/ventilation especially in crowded areas and in hot climates
- all physical structures and fixtures should be well maintained

Workplace design

In the specific context of possible violence and aggression in the workplace, especially in those areas open to the public, the design of workplaces requires special attention and involves the fol- lowing additional factors:

Access

- safe access should be provided to and from the workplace
- multiple areas of public access to health care facilities should be minimized
- security services should be placed at the main entrance, near visitors' transit route and emergency departments
- checking for weapons should be considered with great caution and implemented if necessary, according to local law and practice with the priority aim of avoiding any unnecessary risk
- the reception area should be easily identifiable by patients/visitors, easily accessible and visi- ble to other staff
- public access to the main health care facility should be regulated according to agreed protocols

- access to staff areas (e.g. changing rooms, rest areas) must be restricted and limited to per-sonnel of the facility
- staff parking areas should be located within close proximity to the workplace

Space

- there should be sufficient space among visitors and patients to reduce personal interference and the build up of tension
- adequate work space should be provided to facilitate provision of services
- adequate place should be provided for health care personnel to relax
- spacious and quiet reception areas with sufficient space for personnel, should be provided
- protective barriers should be used for workers at special risk and to separate dangerouspatients from other patients and the public

Waiting areas

- there should be comfortable seats especially where long waiting is involved
- boredom should be reduced by providing activities (e.g. reading materials, television, toys forchildren)

Fixtures and fittings

- furniture should be arranged in such way as to prevent entrapment of staff
- in interview rooms or crisis treatment areas, furniture should be minimal, lightweight, without sharp corners or edges, and where appropriate, be affixed to the floor

Premises

- treatment rooms should have two exits or where this is not possible, they should be so arranged as to allow easy means of exit
- treatment rooms in emergency services should be separated from public areas
- the possibility of providing a separate room for emotionally disturbed patients, intoxicated patients, confronting gangs and similar cases, should be given special consideration bearing in mind however, that in certain circumstances, recourse to such a facility may be perceived as discrimination and thus further exacerbate the situation
- toilets, areas providing food, drink and public telephones should be signposted, easily accessible and properly maintained
- non-smoking and smoking areas should be clearly identified
- privacy should be respected as much as possible.

Alarm systems and surveillance cameras

- surveillance cameras should be installed in potentially dangerous areas
- alarm systems e.g. telephone, beeper, short-wave radio, should be provided to workers where risk is apparent or may be anticipated to alert or notify other colleagues in the event of a problem
- the use of silent systems is advised in order to avoid the reaction of the assailant. If silent systems are not available the victim should avoid using the systems before the assailant has left in order to avoid angry reactions from him/her
- a reliable response system when an alarm is triggered should be arranged
- the type of alarm system should depend on the risk assessment for the particular area.

INDIVIDUAL-FOCUSSED INTERVENTIONS

Interventions should be developed to reinforce the capacity of individuals to contribute to the prevention of workplace violence. Individual-focused interventions should be developed and adapted having regard to the specific situations, and priorities among the various types of interventions available should be established in consultation with the local stakeholders.

This would include:

Training

Training to cope with workplace violence should be based on a set of policies and provided on a continuous or periodical basis depending on the specific needs, to all workers and their repre-sentatives, supervisors and managers.

Training should include:

- orientation to the workplace environment, management policies and grievance procedures
- information on the different types of workplace violence, physical and psychological, and best practices for its reduction
- information on gender, multicultural diversity and discrimination to develop sensitivity to such issues
- improving the ability to identify potentially violent situations
- instilling interpersonal and communication skills which could prevent and defuse a situation of potential workplace violence
- developing competence in the particular functions to be performed
- preparing a “core group” of mature and specially competent staff and workers’ representatives who can take responsibility for more complicated interactions
- assertiveness training or empowerment, especially for women
- self-defence, as required according to risk assessment

Guidelines for specific occupations should further identify the special training needs and skillsrequired for preventing or coping with workplace violence under particular circumstances.

Assistance and counselling

Assistance and counselling to help individuals recognize the danger in their present behaviour and assistance to change their conduct/attitude, e.g. domestic violence, substance abuse, or that resulting from stress, depression, insomnia, should be made available.

Well-being promotion

Maintaining physical fitness and emotionally stable psychic conditions is an effective way to cope with workplace violence. Special attention and encouragement should be given to the development of the habit of regular physical exercise, proper eating and sleeping habits, relaxation techniques and leisure activities particularly those involving socialisation among staff members.

Dealing with the often overlapping and conflicting demands of the workplace and the family can be very stressful and generate tension and dissatisfaction. The provision of the means to recon- cile work and family responsibilities such as flexible working time arrangements, the creation of crèches at the workplace or special assistance given to single parents, can effectively contribute to the prevention of workplace violence.

AFTER-THE-EVENT INTERVENTIONS

After the- event- interventions should be directed to minimise the impact of workplace violence and to ensure that such violence will not be repeated in future. They should be targeted not only at the victim but also at the perpetrator, the witnesses and all other staff directly or indirectly concerned by a violent incident/behaviour.

Response plans

Management plans for handling situations of workplace violence and for helping all those affected by workplace violence to deal with the distressing and often disabling after-effects of a violent incident/behaviour as well as to prevent severe psychological problems from developing later, should be made available and tested in advance.

Reporting and recording

Reporting and recording systems are essential for identifying places and work activities where violence can be a problem. All incidents, involving both physical and psychological violence, as well as minor and potential incidents where no actual harm has resulted, should be reported and recorded.

The manager should establish procedures to register all cases of workplace violence and mechanisms to respond to such cases should be available. Periodic review of such reports of incidents as an indicator for improving workplace safety measures, should be carried out.

All workers should know how and where to report, without fear of reprisal or criticism. A

report form should be designed to elicit the following information:

- where the incident occurred, including the physical environment
- the date and time of day
- activity at the time of the incident
- details of the victim
- details of the alleged perpetrator
- relationship between victim and alleged perpetrator
- account of what happened
- witnesses
- outcome
- measures undertaken after the incident
- effectiveness of such measures
- recommendations to prevent a similar incident happening in the future

Workers should also be encouraged to report on conditions or situations where they are subjected to excessive or unnecessary risk of workplace violence; and to make suggestions for reducing the risk of violence or improving working conditions.

Medical treatment

Immediate medical treatment should be available, and its existence known to all those affected by workplace violence. Special care should be exercised when dealing with victims of sexual offences since the medical examination can be reminiscent of the offence itself and therefore particularly distressing.

De-briefing

Debriefing as required should be made available to all those affected by workplace violence It would include:

- sharing personal experience with others to diffuse the impact of violence
- helping those who have been affected by workplace violence to understand and come to terms with what has happened
- offering re-assurance and support

- getting people to focus on the facts and give information
- explaining the subsequent help available.

Counselling

Counselling by specialist or peer groups should be also made available as required. Specialist coun- selling should be provided directly by the health care institution as part of occupational health or its own clinical psychology service, or, if these are not available, by referral to external services.

Management support

The management should provide immediate and protracted support to all those affected by work-place violence.

In particular, the management should:

- deal with the immediate aftermath of violence
- minimise the impact of workplace violence by taking care of or advising on provision of leave,costs and legal issues
- provide information and support to the families of those affected
- initiate a timely internal investigation
- follow-up the case for as long as is necessary

Representation and legal aid

Trade unions, professional organisations, and if necessary colleagues, should be involved in providing representation and legal aid, as required. This would involve:

- assistance and support with police procedures
- consulting with sources of legal aid in regard to options
- attending meetings, investigations and hearings
- stewards having access to training in workplace violence
- a member from an ethnic or other minority community/group being represented by a steward from a similar background

Grievance procedures

Procedures should be available which may help solve problems before a situation, particularly among workers, supervisors or managers, further deteriorates. These may consist of informal meetings between the complainant and an appropriate line manager or a facilitator. Meetings to clarify matters with the alleged perpetrator or any other relevant person, with the assistance of a workers' representative or the ombudsperson or a colleague, may also be arranged. They can offer opportunities for conciliation and prevent violence or further violent incidents. Nonetheless, if a

solution is not possible on the basis of such a procedure, a route for a complaint to be lodged according to law and practice to formal jurisdictional bodies, should be offered to the complainant.

The complainant and the perpetrator should be:

- seen privately
- informed that the organization will take the complaint seriously and that every endeavour will be made to sort the case out quickly
- advised on what is likely to happen next
- assured of confidentiality
- protected from further violence and the spreading of rumours

Rehabilitation

Recovery from workplace violence may involve a long period of rehabilitation. Workers should be supported during the entire period of rehabilitation, allowed all necessary time to recover but also encouraged to return to work. The sooner the victim can return to work, the easier it would be for him/her to rejoin the group and the worker will have missed out on less of the current information needed for effective job performance. However, workers should not be subjected to too much stress at first and flexibility such as in the form of part time work, a differ- ent assignment or support of a co-worker can allow the victim to recover self-confidence. For vic- tims of workplace violence it is important that, when they return to work, they feel safe in their environment both from physical and psychological violence.

7. EVALUATION

Evaluation of the effectiveness of anti-violence plans and measures should include:

- monitoring, on a continuous basis, and regular dissemination of the results of measures introduced
- involving the workers in developing the criteria for evaluation and receiving regular feedback from them to check how well they are working and to make modifications as necessary
- organising periodical joint meetings of management and workers to discuss the measures put in place
- reviewing the management plan on a regular basis including the assessment of policy implementation.
- re-assessing the workplace culture, work organisation and the quality of the environment to effectively respond to workplace violence
- activating a risk management cycle to make the combat of workplace violence an ongoing process within organisations

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(True copy)

स्थाई लेखा संख्या /PERMANENT ACCOUNT NUMBER

AAATD0372L

नाम /NAME

DELHI MEDICAL ASSOCIATION

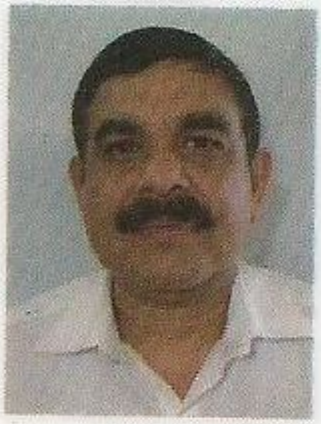
निगमन/बनने की तिथि /DATE OF INCORPORATION/FORMATION

14-12-1917

आयकर निदेशक (पद्धति)

DELHI MEDICAL ASSOCIATION * NEW DELHI *

ভাৰত চৰকাৰ
Government of India



সত্যজিৎ বৰা
Satyajit Borah
জন্মৰ তাৰিখ / DOB : 01/10/1965
পু�ৰুষ / Male

9015 9297 9575

আধাৰ – সাধাৰণ মানুহৰ অধিকাৰ

ভাৰতীয় বিশিষ্ট পৰিচয় প্ৰাধিকৰণ
Unique Identification Authority of India

ঠিকনা:
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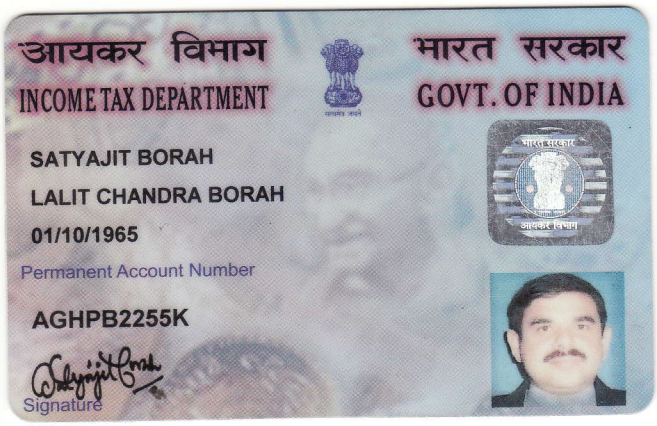
आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
SATYAJIT BORAH
LALIT CHANDRA BORAH
01/10/1965
Permanent Account Number
AGHPB2255K
Signature

IN THE SUPREME COURT OF INDIA
CIVIL APPELLATE JURISDICTION
I.A. NO._____OF 2021
IN
WRIT PETITION . ……OF 2021

IN THE MATTER OF:-

DELHI MEDICAL ASSOCIATION AND OTHERS
...PETITIONERS

VERSUS

UNION OF INDIA ...RESPONDENTS

INDEX

FILED ON: 29 .06.2021

FILED BY:

(**SNEHA KALITA)**
ADVOCATE FOR THE RESPONDENT
CHAMBER NO.422, NEW LAWYERS CHAMBER,
SUPREME COURT OF INDIA,
NEW DELHI-110001
CODE NO.2052
MOB:- 9910623965

IN THE SUPREME COURT OF INDIA
CIVIL APPELLATE JURISDICTION

I.A. NO._____OF 2021
IN
WRIT PETITION . ……OF 2021

IN THE MATTER OF:-

DELHI MEDICAL ASSOCIATION AND ORS.
...PETITIONERS

VERSUS

UNION OF INDIA ...RESPONDENT

Application for exemption from filing attested affidavit filed by Petitioners and in all IAs.

To,

The Hon'ble Chief Justice and his Companion Justices of the Hon'ble Supreme Court of India.

The humble petition of the Respondent above named:

MOST RESPECTFULLY SHOWETH:

1. That in the present Petition filed by the Petitioner no.1 & 2 whereby, the Petitioners is seeking appropriate directions in the form of guidelines to have social security system in place to have a safe working environment for the health care workers and to adopt adequate measures to prevent any assault / violence or mob lynched against the health care personals/ workers. Also the Petitioner is seeking guidelines to evolve an effective balanced grievance & rescue mechanism system for both Health workers & the patients & their attendants (in the form of grievance/ complaint & rescue desk) in every healthcare / clinical establishments & facilities to intervene immediately to address the problem/ dispute from both the sides so

as to prevent any unavoidable dispute or disturbances resulting to such kind of assault, violence or public lynching and also seeking guidelines in the form of direction regarding granting compensation to the family of the deceased healthcare workers or victim Health workers by the state government / or concern authorities as a result of such kind of violence/ assault. Hence this present Writ petition.

2. That the facts leading to the filling of the present application are fully narrated in the accompanying petition and the same are not being repeated herein for the sake of brevity. The Petitioners crave leave of this Hon'ble Court to refer to and rely upon at the time of hearing of the present application.

3. That the Petitioners most respectfully submits that the present application is being moved seeking exemption from filing the present petition alongwith appropriate attested affidavit of the Petitioners . It is submitted that the Petitioners are constrained to move the present application due to existence of COVID-19 Pandemic due to which the attestation facility is not available and as such the Petitioners is constrained to move the present application.

4. Therefore it is most respectfully prayed that this Hon'ble Court may kindly be pleased to exempt the Petitioners from filing th Affidavit in aforesaid Writ Petition from affidavit attested by Stamp of Oath Commissioner and also the present application and also in all IAs.

PRAYER

Therefore, it is most respectfully prayed that this Hon'ble Court may graciously be pleased to:-

a) Exempt the Petitioners, The Delhi Medical Association (Petitioner no.1) through its Secretary and Dr. Satyajit Borah (Petitioner no.2) from filling the present affidavit in aforesaid Writ Petition with attested affidavit and in all I.A.s ; and

b) Pass such further and other order/s as this Hon'ble Court may deem fit and proper in the facts and circumstances of the present case.

DRAWN & FILED BY:

(SNEHA KALITA)
Advocate for the Petitioners

Filed on 29 .06.2021
New Delhi

SECTION-PIL-W

IN THE SUPREME COURT OF INDIA

(Order XXXVIII RULE 1)
Original Civil JURISDICTION
[IN THE MATTER OF A PUBLIC INTEREST LITIGATION]
(UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA)
WRIT PETITION (CIVIL) NO.____ OF 2021

IN THE MATTER OF:

Delhi Medical Association (DM ……..Petitioner no.1

Dr. Satyajit Bora ……. Petitioner no. 2

Versus

Union of India

Through the Ministry of Health & Family welfare

Room No. 348; 'A' Wing, Nirman Bhavan, New Delhi-110011

……Respondent

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2.	Special Leave Petition along with affidavit		
3.	Annexures		
4.	Applications		
5.	Filing Memo		
6.	Vakalatnama		

FILED BY SNEHA KALITA (AOR CODE NO.2052)
Advocate for Petitioner
422, New lawyers Chamber,
Opp. Supreme Court of India
New Delhi-110001
Mob:- 9910623965, Email:- kalitasneha@gmail.com
Filed On:29.06.2021

VAKALATNAMA

IN THE SUPREME COURT OF INDIA
(Civil Writ JURISDICTION)
Writ Petition (Civil) no. ...../ 2021

IN THE MATTER OF:
Delhi Medical Association ,
Through Its Secretary
Delhi

.....Petitioner no.1

Dr. Satyajit Borah ,
Consultant Orthopedic Surgeon,
Tezpur, Assam ..... Petitioner No. 2

Versus

Union of India & Ors. .....Respondents

I Dr. Ajay Gambhir, Secretary on behalf of Delhi Medical Association(DMA) the Petitioner no.1, in the above Petition hereby appoint and retain

MS.SNEHA KALITA,Advocate On Record (2052)

Advocate ,Supreme Court, to act and appear for me/us in the above Petition and on my/our behalf to conduct and prosecute the same and all the proceedings that may be taken in respect of any application connected with the same or any decree or order passed therein, including proceeding in taxation and application for Review, to file and obtain return of documents and to deposit and receive money on my/our behalf in the above Petition/Appeal an to represent me/us and to take all necessary steps on my/our behalf in the above matter. I/We agree to ratify all acts done by the aforesaid, Advocates in pursuance of this authority.
Dated this the ..... day of June 2021
Accepted, identified & satisfied

SNEHA KALITA
Advocate On Record
Supreme Court

(Dr. Ajay Gambhir)
Secretary of Delhi Medical Association(DMA)
(Petitioner no.1)

Hony. State Secretary
Delhi Medical Association
DMA House, Daryaganj
New Delhi-110002.

Memo of Appearance

To
The Registrar,

Supreme Court of India
New Delhi.

Sir,Kindly entered my appearance on behalf of the petitioner no.1

SNEHA KALITA
Advocate for the petitioner no. 1
Chamber no.422,New lawyers' Chamber,New Delhi
Mob: 9910623965,email: kalitasneha@gmail.com, **CODE NO.2052**

V A K A L A T N A M A
IN THE SUPREME COURT OF INDIA
(Civil Writ JURISDICTION)
Writ Petition (Civil) no. ……../ 2021

IN THE MATTER OF:
Delhi Medical Association,
Through Its Secretary
Delhi

……Petitioner no.1

Dr. Satyajit Borah ,
Consultant Orthopedic Surgeon,
Tezpur, Assam …… Petitioner No. 2

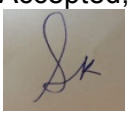
Versus

Union of India & Ors. …..Respondents

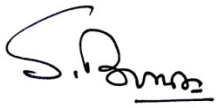
I Dr. …SATYAJIT BORAH……..the **Petitioner no.2**, in the above Petition hereby appoint and retain

MS.SNEHA KALITA,Advocate On Record (2052)

Advocate ,Supreme Court, to act and appear for me/us in the above Petition and on my/our behalf to conduct and prosecute the same and all the proceedings that may be taken in respect of any application connected with the same or any decree or order passed therein, including proceeding in taxation and application for Review, to file and obtain return of documents and to deposit and receive money on my/our behalf in the above Petition/Appeal an to represent me/us and to take all necessary steps on my/our behalf in the above matter. I/We agree to ratify all acts done by the aforesaid, Advocates in pursuance of this authority.
Dated this the ……. day of June 2021
Accepted, identified & satisfied



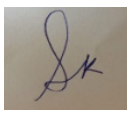
SNEHA KALITA
Advocate On Record
Supreme Court



Dr. Satyajit Borah(Reg.no. 10902 & 5485/2016)
(Petitioner no.2)

Memo of Appearance

To
The Registrar,



Supreme Court of India
New Delhi.
Sir,Kindly entered my appearance on behalf of the petitioner no.2 **SNEHA KALITA**
Advocate for the petitioner no. 2
Chamber no.422,New lawyers' Chamber,New Delhi
Mob: 9910623965,email: kalitasneha@gmail.com, **CODE NO.2052**