ACCESSIBLE HEALTHCARE

Accessible Healthcare in India: From Legal Rights to Ground Reality

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Abstract

Healthcare is a fundamental component of human dignity, equality and social participation. However, persons with disabilities in India continue to encounter multiple barriers while accessing healthcare facilities, including inaccessible hospital infrastructure, unsuitable medical equipment, communication difficulties, inadequate disability sensitisation among healthcare personnel and institutional shortcomings. The Rights of Persons with Disabilities (RPwD) Act, 2016, establishes important legal obligations concerning healthcare accessibility, non-discrimination and barrier-free access. Furthermore, the Accessibility Standards for Healthcare issued by the Ministry of Health and Family Welfare were given statutory force in 2023, providing a more comprehensive framework for accessible healthcare institutions. Despite these developments, an important question remains: how effectively are these legal and policy commitments reflected in the everyday functioning of government hospitals? This article examines the legal framework, institutional responsibilities, accessibility barriers and accountability mechanisms governing disability-inclusive healthcare in India. It also proposes a practical framework for assessing hospital accessibility through institutional audits, public disclosure, citizen participation and the Right to Information Act, 2005.

Keywords: Accessible healthcare; disability rights; RPwD Act 2016; government hospitals; healthcare accessibility standards; institutional accountability; right to information; inclusive healthcare

1 Introduction: When accessing a hospital becomes another battle

For most people, visiting a hospital is an ordinary requirement of healthcare. For many persons with disabilities, however, the experience can begin with an entirely different struggle.

A wheelchair user reaches a government hospital but discovers that the entrance is accessible only through stairs. A visually impaired patient arrives at the registration counter but cannot independently access the information displayed on a screen. A deaf patient attempts to explain symptoms but finds no appropriate communication support. A woman with a locomotor disability requires a medical examination but encounters inaccessible examination equipment. A patient with an intellectual disability struggles to understand medical instructions because the information is not communicated in an appropriate and understandable manner.

These situations expose a fundamental contradiction in India's healthcare system: a hospital may provide medical treatment, but does it necessarily provide accessible healthcare to everyone?

Healthcare accessibility is not simply about constructing ramps or providing wheelchairs. It involves the entire healthcare experience, from entering a hospital and registering for treatment to consulting a doctor, undergoing diagnostic procedures, receiving medication and accessing follow-up services.

For persons with disabilities, inaccessible healthcare infrastructure and services can result in dependence, delayed treatment, compromised privacy and unequal access to medical care.

India has recognised these concerns through legislation, government guidelines and judicial interventions. However, the critical challenge is ensuring that legal commitments translate into measurable improvements at the institutional level.

The central argument of this article is that healthcare accessibility must be treated as a legal obligation and an institutional accountability requirement, not as an optional welfare facility.

2 The legal foundation: What does Indian law require?

India's disability-rights framework is based on the principles of equality, dignity, non-discrimination, accessibility and independent participation.

The Rights of Persons with Disabilities Act, 2016, is the principal legislation governing the protection of disability rights in India [1]. It gives effect to the principles of the United Nations Convention on the Rights of Persons with Disabilities [2]. Table 1 summarises the key statutory provisions relevant to healthcare.

Table 1. Key statutory provisions of the RPwD Act, 2016, relevant to healthcare.

Provision	Relevance
Section 3 – Equality and Non-Discrimination	Establishes equality, dignity and non-discrimination as core principles.
Section 8 – Protection During Situations of Risk	Addresses protection and safety of persons with disabilities during situations of risk, armed conflict, humanitarian emergencies and natural disasters.
Section 25 – Healthcare	Addresses healthcare measures, barrier-free access in government and private hospitals and healthcare institutions, and priority in attendance and treatment.
Sections 40–46 – Accessibility	Establish the broader accessibility framework, including standards relating to the built environment, transportation, information and communication technology, and services.

3 The 2023 Accessibility Standards for Healthcare: An important policy development

One of the significant developments in India's disability-inclusive healthcare framework was the issue of the Accessibility Standards for Healthcare by the Ministry of Health and Family Welfare [3], which were given statutory force in 2023 through an amendment to the Rights of Persons with Disabilities Rules, 2017 [4].

These standards were developed to establish accessibility requirements for government and private hospitals and other healthcare institutions and centres.

The standards address hospital arrival and departure areas; reception and registration facilities; waiting areas; outpatient and emergency departments; consultation and examination rooms; diagnostic laboratories; pharmacy facilities; patient wards; accessible toilets and supporting infrastructure; medical equipment and furniture; and information, communication and staff-related requirements.

The standards are particularly important because they move the discussion beyond basic physical infrastructure. An accessible hospital must consider whether patients can use its diagnostic

equipment, communicate with healthcare personnel, obtain information and independently access essential services.

The standards were notified for compliance by government and private hospitals and other health-care institutions. However, notification of standards is only one stage of implementation.

The more important questions are: Have hospitals assessed their existing accessibility? Have deficiencies been documented? Have funds been allocated for improvements? Have corrective measures been implemented? Are accessibility facilities functional? Are patients able to use these facilities independently?

These questions require institutional records, accessibility audits and independent monitoring.

4 The hospital accessibility gap: Law versus institutional practice

The most important issue is the difference between the existence of accessibility requirements and their implementation in actual healthcare settings.

Table 2 compares the legal and policy expectations with the institutional questions that hospitals should examine.

Table 2. Hospital accessibility: legal and policy expectations versus institutional questions.

Area	Expectation	Institutional issue to examine
Hospital Entrance	Barrier-free access	Are ramps available and functional?
Internal Movement	Accessible circulation	Can wheelchair users reach all essential departments?
Lifts	Accessible vertical movement	Are lifts functional and appropriately equipped?
Registration	Accessible service delivery	Can patients independently complete registration?
Consultation	Equal access to medical care	Are examination rooms accessible?
Diagnostics	Appropriate medical facilities	Is diagnostic equipment accessible?
Toilets	Accessible sanitation facilities	Are accessible toilets functional and usable?
Communication	Accessible information	Is appropriate communication support available?
Staff	Disability-sensitive healthcare	Have personnel received appropriate training?
Grievance Redressal	Institutional accountability	Can patients report accessibility deficiencies?

5 Physical accessibility: Can a patient reach every essential service?

Physical accessibility is the most visible dimension of hospital inclusion. However, a hospital entrance alone cannot determine whether the institution is accessible.

A wheelchair user may enter the building but remain unable to access the laboratory, pharmacy, consultation room or washroom. Similarly, a person with a mobility disability may face difficulties using narrow corridors, inaccessible counters and examination rooms.

Government hospitals should examine step-free entrances; properly designed ramps and handrails; functional lifts; accessible circulation routes; appropriate door widths; accessible reception counters; accessible toilets; suitable parking arrangements; and emergency evacuation facilities.

The assessment must also consider whether facilities are maintained and available throughout hospital operating hours.

An accessibility facility that exists only on paper, remains locked or is non-functional does not provide meaningful accessibility.

6 Medical equipment: The overlooked dimension of healthcare accessibility

One of the frequently overlooked aspects of disability-inclusive healthcare is the accessibility of medical equipment.

A hospital may have a barrier-free building but still fail to provide appropriate medical services if patients cannot use its examination or diagnostic equipment.

Examples include examination tables that cannot accommodate wheelchair users; weighing scales unsuitable for certain mobility disabilities; inaccessible diagnostic equipment; inadequate patient transfer facilities; and medical examination equipment that cannot be adjusted to individual requirements.

Women with disabilities may encounter particular difficulties during gynaecological examinations, reproductive healthcare and maternal services.

Healthcare accessibility must therefore include equipment procurement, maintenance, clinical procedures and patient handling arrangements. Hospital administrations should assess whether their medical equipment can accommodate patients with different disabilities and whether alternative arrangements are available when necessary.

7 Communication accessibility: Every patient has the right to be heard

Medical treatment depends on communication. A doctor must understand the patient's symptoms, medical history and concerns. The patient must also understand the diagnosis, treatment options, medication instructions and possible risks.

For persons with disabilities, communication barriers can seriously affect this process.

A deaf patient may require sign language interpretation or other appropriate communication support. A visually impaired patient may need medical information in an accessible format. A person with a speech disability may require additional time or alternative communication methods. A person with an intellectual disability may benefit from simplified explanations and supported communication.

Hospitals should introduce accessible digital information; audio and visual information systems; appropriate sign language support; screen-reader-compatible registration systems; easy-to-understand medical instructions; and appropriate communication assistance.

Healthcare personnel must also respect patient autonomy. Whenever possible, doctors and hospital staff should communicate directly with patients with disabilities rather than automatically treating accompanying family members as the primary decision-makers.

8 Women and children with disabilities: Addressing additional healthcare barriers

Healthcare accessibility must recognise the different requirements of women and children with disabilities.

Women with disabilities may face barriers in accessing reproductive healthcare, gynaecological examinations, maternal services and preventive health screening. Section 25(2)(k) specifically recognises sexual and reproductive healthcare, particularly for women with disabilities.

Section 6 of the RPwD Act addresses protection from cruelty and inhuman treatment, while Section 7 addresses protection from abuse, violence and exploitation.

Children with disabilities also require accessible screening, appropriate medical assessment, early identification and suitable healthcare services.

Healthcare institutions must ensure that disability does not become a reason for neglecting individual medical needs.

9 Emergency healthcare: Accessibility must never be delayed

In an emergency, every minute matters. Persons with disabilities may face additional risks when emergency departments, ambulance arrangements, communication systems and evacuation procedures are inaccessible.

Section 25 addresses essential medical facilities for life-saving emergency treatment and procedures and healthcare during natural disasters and other situations of risk.

Hospitals should develop disability-inclusive emergency protocols covering accessible emergency entrances; appropriate assistance for patients with mobility disabilities; accessible emergency communication; evacuation arrangements; staff training; and appropriate support for patients with sensory and intellectual disabilities.

Emergency accessibility should be incorporated into hospital disaster-management plans rather than addressed only after an emergency occurs.

10 The Supreme Court's message: Accessibility must include human dignity

An important judicial development is the Supreme Court's judgment in Om Rathod v. Director General of Health Services & Others, 2024 INSC 836, decided on 25 October 2024 [5].

Although the case concerned disability assessment and access to medical education, the judgment contains important observations about disability inclusion and healthcare institutions.

The Court recognised that barriers faced by persons with disabilities may be physical, psychological and attitudinal. It emphasised that the inclusion of persons with disabilities in medical practice is important for developing a healthcare environment that is humane, sensitive and informed by lived experiences.

The judgment also recognised the importance of reasonable accommodation in enabling persons with disabilities to exercise their rights on an equal basis with others.

This has an important implication for healthcare institutions. Accessibility cannot be achieved merely through construction and infrastructure. It also requires changes in institutional attitudes, professional practices and decision-making.

A hospital may have technically accessible facilities, but if its staff do not respect the dignity, autonomy and communication requirements of patients with disabilities, meaningful inclusion remains incomplete.

11 RTI as an instrument of healthcare accountability

One of the most effective ways to examine the implementation of government policies is to obtain documentary information from public authorities.

The Right to Information Act, 2005, provides citizens with an important mechanism for seeking information held by public authorities [6].

In the context of disability-inclusive healthcare, RTI applications can help examine whether government hospitals have implemented accessibility requirements.

Information may be sought in the following areas:

- **Infrastructure:** ramps, lifts, accessible toilets, registration counters and parking arrangements.
- **Accessibility audits:** audit reports, identified deficiencies and corrective action taken.
- **Financial accountability:** accessibility budgets, expenditure, approved projects and pending works.
- **Medical facilities:** accessible examination equipment, diagnostic facilities and patient transfer arrangements.
- **Human resources:** disability-sensitisation programmes, training records and responsible officers.
- **Institutional grievances:** accessibility complaints, action-taken reports and grievance redressal mechanisms.

RTI information should be analysed carefully, with appropriate attention to the reporting period, completeness of records and the distinction between information supplied by an institution and independently verified ground conditions.

The purpose of RTI should not merely be to collect documents. It should be to convert information into institutional accountability and corrective action.

12 A proposed disability-inclusive hospital accountability framework

To strengthen implementation, government hospitals should adopt a structured monitoring system.

The following ten-point framework is proposed by Panacea Disability Rights Activists as a practical institutional assessment model (Table 3).

Table 3. Ten-pillar hospital accountability framework.

Pillar	Assessment Area	Key Performance Question
1	Physical Accessibility	Can patients independently enter and move through the hospital?

Pillar	Assessment Area	Key Performance Question
2	Medical Equipment	Can patients with different disabilities access examinations and diagnostics?
3	Communication	Can every patient understand and communicate medical information?
4	Accessible Toilets	Are accessible sanitation facilities available and functional?
5	Healthcare Personnel	Are staff trained in disability-inclusive healthcare?
6	Emergency Services	Are emergency arrangements disability-inclusive?
7	Women and Children	Are their specific healthcare requirements addressed?
8	Digital Accessibility	Are registration and information systems accessible?
9	Grievance Redressal	Can patients report and resolve accessibility problems?
10	Institutional Accountability	Are audits, budgets and corrective actions documented?

Hospitals should conduct periodic assessments, publish relevant accessibility information and develop time-bound improvement plans. The framework should also include participation by persons with disabilities and their representative organisations. Their lived experiences can help identify barriers that conventional infrastructure inspections may overlook.

13 A ten-point action agenda for the Government of India

To translate legal commitments into practical improvements, the following actions deserve priority:

1. **Mandatory Institutional Accessibility Assessments:** Government hospitals should assess their facilities against the notified Accessibility Standards for Healthcare.
2. **Time-Bound Corrective Action Plans:** Every identified deficiency should have a responsible authority, implementation timeline and monitoring mechanism.
3. **Dedicated Accessibility Budgets:** Accessibility improvements should receive appropriate budgetary support and expenditure monitoring.
4. **Accessible Medical Equipment:** Hospitals should progressively procure appropriate examination, diagnostic and patient-transfer equipment.
5. **Disability-Sensitisation Training:** Regular training should be provided to doctors, nurses, technicians, administrative personnel and support staff.
6. **Accessible Digital Healthcare:** Hospital websites, online registration, appointment systems and digital health information should meet applicable accessibility requirements.
7. **Women-Centred and Child-Centred Healthcare:** Specific arrangements should be developed for women and children with disabilities.
8. **Disability-Inclusive Emergency Planning:** Emergency response, disaster management and evacuation protocols should include persons with different disabilities.
9. **Public Disclosure of Accessibility Information:** Hospitals should make relevant audit findings, accessibility facilities and corrective action reports accessible to the public.
10. **Participation of Persons with Disabilities:** Persons with disabilities and their representative organisations should participate in hospital accessibility assessments, planning and monitoring.

14 Conclusion: A hospital is not truly accessible until every patient can access its services

India has established an important legal foundation for disability-inclusive healthcare.

The RPwD Act, 2016, particularly Section 25, establishes responsibilities relating to healthcare, barrier-free access and priority in attendance and treatment. The 2023 Accessibility Standards for Healthcare provide a further framework for improving the accessibility of government and private healthcare institutions. Judicial interventions have also reinforced the importance of dignity, reasonable accommodation and the removal of physical, psychological and attitudinal barriers.

However, the success of these measures must ultimately be evaluated at the hospital level.

Can a wheelchair user independently access the consultation room? Can a visually impaired patient understand medical instructions? Can a deaf patient communicate effectively with healthcare personnel? Can a woman with a disability access appropriate reproductive healthcare? Can a person with an intellectual disability receive understandable information and appropriate support?

These are not merely questions of convenience. They concern equality, dignity, independence and the effective enjoyment of healthcare rights.

The responsibility for creating accessible healthcare cannot be placed entirely on persons with disabilities and their families. Government authorities, hospital administrations, healthcare professionals and policymakers must ensure that institutions are designed and operated to serve everyone.

India must move from a policy-oriented approach towards measurable institutional implementation.

The real measure of healthcare inclusion is not how many hospitals claim to be accessible, but how many patients with disabilities can actually enter, communicate, receive treatment and leave with their dignity intact.

A hospital should not simply open its doors to persons with disabilities. It must ensure that every part of its healthcare system is accessible to them.

15 A call for institutional accountability

Panacea Disability Rights Activists calls upon government healthcare authorities, hospital administrations and policymakers to treat accessibility as an essential institutional responsibility.

- Regular accessibility assessments.
- Transparent disclosure of institutional records.
- Effective implementation of healthcare accessibility standards.
- Disability-sensitisation of healthcare personnel.
- Meaningful participation of persons with disabilities.
- Time-bound correction of identified deficiencies.

Healthcare is a right. Accessibility is an obligation. Dignity is non-negotiable.

Let us work towards a healthcare system where no patient is denied independence, dignity or equal treatment because of disability.

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