

HIGH LEVEL COMMITTEE

FOR HOSPITALS IN DELHI

ENQUIRY REPORT

JUSTICE A. S. QURESHI

CHAIRMAN

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PREFACE

The task assigned to this committee is important and challenging. The Committee consists of ten persons of high standing and vast experience in their respective fields. In view of the fact that there is quite a lot of discontent and severe criticism among the people regarding working of hospitals and nursing homes in Delhi, there should have been a thorough and wide ranging enquiry ordered to cover all aspects of functioning of hospitals and nursing homes including mismanagement, misappropriations, overcharging, siphoning out into open market the medicines meant for poor patients, rude and insulting behaviour with poor patients and a whole lot of wrong things done there. But the Govt. of NCT of Delhi, in its wisdom ordered this enquiry with very narrow terms of reference. There are public interest(P.I.L.) writ petitions filed in the High Court of Delhi against some hospitals. It may have been feared that a comprehensive and wide ranging inquiry may open a Pandora's box from which too many wrongful actions, inconvenient nexuses and ugly situations may be unearthed and may be difficult to handle. But in the long run the policy of cover-up, connivance or negligence would be more harmful because a problem not tackled in time may become very difficult if not insoluble, just like a wound, if allowed to fester for long, it may become gangrenous and incurable.

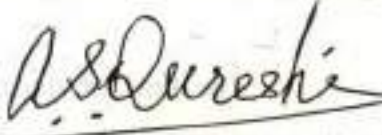
Earlier a departmental level enquiry was instituted. It worked for a short period and submitted a brief note. In the meantime, this High Level Committee was constituted with its clearly defined terms of reference. This Committee has taken care to keep itself within the narrow confines of its terms of reference. But inevitably there are some digressions which have taken place due to the need of the context and perceived necessity. It is open to the Govt. of N.C.T. of Delhi to decide how much of the report it should accept and how much it may like to reject and when to implement.

The time of three months from the date of Notification given to this Committee was unrealistic, considering that first two or three weeks were required to assemble such a large and somewhat unwieldy body of ten members and get on track. Thereafter also the mutual convenience of all had to be taken care of. The Committee

was given a staff of four persons, one R.O., two U.D.C.s and one peon, from the Directorate of Health Services. They had to go there to attend to urgent work as and when required. The Medical Superintendent(Nursing Homes) in Directorate of Health Services was made available from time to time. He rendered good assistance in spite of heavy duties, including attending court cases and his family bereavement. All decisions of the Committee were taken after full discussion in as many as seventeen meetings as per members' convenience which took considerable time. Moreover, there were other snags also, including frequent breakdown in power supply, generator failure, computer breakdown requiring replacement of parts, recording of evidence of witnesses, allowing personal presentations by the members of the public in response to public notice, hospital visits, studying carefully voluminous material which came on the record of the enquiry, etc. All these things took a lot of time of the Committee. The Draft Report was circulated to members on 12.5.2001 for consideration and finalisation in the sixteenth meeting on 14.5.2001. In the meeting there were important and wide-ranging changes sought by members. Hence the draft report was suitably changed and some portions re-written. Therefore it has taken just over eleven months to submit this report. Looking to the magnitude and importance of the work this period cannot be said to be unreasonably long. All members of the Committee have given useful assistance with their views and suggestions. In spite of that if there is any deficiency or defect found in the report it is that of the Chairman alone, who gladly and unreservedly owns it up.

The Chairman would like to express his deep sense of gratitude and sincere appreciation for the co-operation given by the Hon'ble Members of the Committee. The loyal and sincere staff members, viz. Sh. B. K. Kakkar, Sh. R. P. Vats, Sh. Selvaraj P. N., and Sh. Somarajan, who have worked diligently throughout, especially in last few days, also deserve special commendation. Last but not the least, the Chairman would like to express his deep gratitude to the Dean and his personal staff of Maulana Azad Medical College for their unfailing and smiling co-operation throughout the eleven month period of the Committee work.

Maulana Azad Medical College,
New Delhi - 110 002.
This 22nd Day, May, 2001.


(JUSTICE A. S. QURESHI)
Chairman,
High Level Committee

ENQUIRY REPORT

The Govt. of N.C.T. of Delhi (Health & Family Welfare Deptt;) by the notification no. F.13/36/99-DHS/NH/Pt.File/340 dated 12.6.2000 published the order of the Lt. Governor of Delhi constituting a Committee consisting of the following members:-

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|---|------------------|
| 1. Justice A.S. Qureshi (Retd.), | Chairman |
| <u>Non-official members:</u> | |
| 2. Dr. K.C. Mahajan, Consultant, Sir Ganga Ram Hosp. | Member |
| 3. Sh. A.L. Batra, Chairman, Batra trust | Member |
| 4. Sh. Ramesh Chandra, Executive Director, Times of India. | Member |
| 5. Sh. O.P. Vaish, Sr. Advocate, Supreme Court. Rotary Int. | Member |
| 6. Sh. R.K. Takkar, MD, IMCL | Member |
| <u>Official members:</u> | |
| 7. Secretary (H&FW), GNCTD | Member |
| 8. Commissioner, Land Disposal, DDA | Member |
| 9. Land & Development Officer, Ministry of U.D. Govt. of India. | Member |
| 10. Director Health Services, GNCTD, | Member Secretary |

The terms of reference of the Committee were set out in the said order as follows:

- To review the existing free treatment facilities extended by the Charitable and other Hospitals who have been allotted land on concessional terms and rates by the Government
- To suggest suitable policy guidelines for free treatment facilities for need

and deserving patients uniformly in the beneficiary institutions in particular to specify the diagnostic, treatment, lodging, surgery, medicines and other facilities that will be given free or partially free.

- c) To suggest a proper referral system for the optimum utilisation of free treatment by deserving and needy patients.
- d) To suggest a suitable enforcement and monitoring mechanism for the above including a legal framework.

(Hereto annexed and marked **Annexure A** is a copy of the said Govt. notification.)

The Committee held its first meeting on 4.7. 2001 in the Conference Room of Maulana Azad Medical College, adjacent to the office of the Committee. After a preliminary survey of ground to be covered in this enquiry it was decided that a public notice should be published in the newspapers with wide circulation in the NCT of Delhi. Accordingly the public notice was published in two English newspapers viz: - The Times of India and the Hindustan Times. It was also published in two Hindi newspapers viz : - Nav Bharat Times and Punjab Kesri. It was also published in Quami Aawaz, the Urdu daily. They are annexed hereto as **Annexure-B**. In response to the public notice a number of citizens and institutions expressed their desire to appear before the Committee. Some of them were selected for recording their statements. The statements of those witnesses are recorded and are on the record of the Committee. It was further decided that a comprehensive questionnaire should be prepared and sent to all hospitals and nursing homes to elicit information and gather material for use as database for the preparation of the

report. It was also agreed that the Chairman may frame the draft of the questionnaire and circulate it among the Committee members and call for suggestions for its improvement, if any. Accordingly the Chairman drafted the questionnaire and circulated it among the members. Some suggestions and alterations were offered by some members, which were included. The contents of the questionnaire were finalised and sent out to all hospitals and nursing homes numbering about 450 by registered post in October 2000. (Here to annexed and marked Annexure C is a copy of the questionnaire.)

Many hospitals and nursing homes wrote back to the Committee that they have not been allotted land on concessional terms/ rates by the Govt. and therefore they are not covered within the purview of this enquiry. Among these hospitals were Mool Chand Khairati Ram Hospital, B.L. Kapoor Hospital etc. who have been in fact allotted large tracts of land on nominal amounts chargeable as premium on granting lease to charitable hospitals. They claimed that they had purchased the land from the Govt. by paying high premium in 1950's when according to them the land prices were extremely low compared to the present land prices. The resistance and persistent refusal of the managements of these hospitals was considered by the Committee in its deliberations and it was decided to write to them again that they should send the reply to the questionnaire irrespective of whether they were allotted land or not because the same is required as data base for preparing this report and assuring them that it will not be used against them. Some hospital managements reluctantly complied with the requirements and sent replies to the questionnaire as it suited them, disclosing some of the facts and withholding what they found

inconvenient. Mool Chand Khairati Ram Hospital management persisted till the very last and refused to send reply to questionnaire or submit the documents, which they were required to provide. Only towards the end of the enquiry period they submitted reply to the questionnaire and the documents, which they were repeatedly told to produce before the Committee.

Even after persuasion and sending the questionnaire second time only 80 out of 450 hospitals responded. Some of them have answered the questionnaire satisfactorily giving the information sought for. But some have given very scanty information to the questionnaire. Out of the 80 hospitals who have responded, a few who are prominent ones are set out here in the tabulated form, which gives an idea of the information supplied by those hospitals. Hereto annexed, as **Annexure D** is a copy of the tabulated information. These are the hospitals who have been allotted the govt. land for hospitals and have given free medical treatment to the patients which are set out in this chart. There are other hospitals also who have been given govt. land but who have rendered free service on a very limited scale. There are hospitals like R.B. Jessa Ram and B.L. Kapoor, who have been given govt. land but they have not responded to the questionnaire. Therefore it is not possible to know whether they have given any free service at all. B.L. Kapoor Hospital is completely demolished and therefore the question of giving free service does not arise. R.B. Seth Jessa Ram Hospital is almost like a ghost hospital and therefore in absence of the reply to the questionnaire it is difficult to say whether any free treatment is given to the poor patients.

The Committee has held meetings on several dates to discuss and decide the

important points, which arose from time to time. The Committee held its meetings on following dates:-

<u>MEETING</u>	<u>DATE</u>	<u>TIME</u>
FIRST	04.07.2000	3.00 P.M.
SECOND	12.07.2000	3.00 P.M.
THIRD	31.08.2000	4.00 P.M.
FOURTH	09.08.2000	4.00 P.M.
FIFTH	28.08.2000	3.00 P.M.
SIXTH	06.10.2000	3.00 P.M.
SEVENTH	30.10.2000	3.00 P.M.
EIGHTH	15.11.2000	3.00 P.M.
NINTH	30.11.2000	3.00 P.M.
TENTH	20.12.2000	3.00 P.M.
ELEVENTH	18.01.2001	3.00 P.M.
TWELFTH	28.02.2001	3.00 P.M.
THIRTEENTH	11.04.2001	3.00 P.M.
FOURTEENTH	18.04.2001	3.00 P.M.
FIFTEENTH	20.04.2001	3.00 P.M.
Continued on	23.04.2001	4.00 P.M.
SIXTEENTH	14.05.2001	3.00 P.M.
SEVENTEENTH	18.05.2001	3.00 P.M.

The detailed minutes of every meeting was prepared and circulated among the members for approval in the next meeting. They give a clear and detailed idea of the policy decisions taken and fixing the programme of work to be carried out from time to time. Here to annexed and marked **Annexure E** (colly.) is a

compilation of the Minutes of all the seventeen meetings held during the tenure of this Committee.

It was decided in the Committee meeting that the Chairman and Member Secretary may visit some of the selected hospitals with a view to have first hand information regarding the compliance of the conditions in respect of free treatment to poor, needy and deserving patients. Accordingly a list of hospitals was drawn out for visiting them. It contained 18 hospitals. Two more were added in a subsequent meeting making the total of 20 hospitals. Due to the constraint of time and other difficulties all these hospitals could not be visited. The following hospitals were visited on the dates set out herein:-

1.	B.L. Kapoor Hospital	15.12.2000
2.	Mool Chand Khairati Ram Hospital (First visit)	16.1.2001
3.	Escorts Heart Institute	23.1.2001
4.	Batra Hospital	31.1.2001 ✓
5.	Sir Ganga Ram Hospital	7.2.2001 ✓
6.	R.B. Jassa Ram Hospital	13.2.2001
7.	Veeranwali Hospital	14.2.2001 ✓
8.	Vimhans Hospital	15.2.2001
9.	Dharamshila Cancer Hospital	28.2.2001 ✓
10.	Mool Chand Khairati Ram Hospital (second visit)	21.3.2001
11.	Apollo Hospital	4.4.2001

The Medical Superintendent Dr. Ashok Kumar Rana accompanied the Chairman and gave very valuable assistance. During the visits there was detailed discussion with the leading persons in the managements of the hospitals visited. The replies given by each hospital to the questionnaire were discussed, deficiencies therein were pointed out and clarifications sought from the representatives of the managements. The hospital managements admitted that there was no full compliance of the condition regarding the free treatment to be given to the poor patients as stipulated. According to them it was not possible for the hospitals to provide free medical services to 25% of indoor patients. In the cases of Veeranwali Hospital and Vimhans Hospital the complaint was that they are required to provide 70% of the beds to free patients, which would make the hospital financially unviable. According to them the treatment given to 30% paying patients cannot generate enough profits to cover the expenses to be incurred on 70% free bed patients. On this point there was discussion in the Committee meeting. The representative of L&DO, who had allotted land to the above, mentioned two hospitals, tried to justify such a patently unjust and oppressive condition. He said that these two hospitals have been given land almost free of charge, on extremely concessional rate of rent. When it was pointed out to him that huge concession given at the time of allotment cannot justify the condition of keeping 70% beds free for the poor and needy patients, because the initial payment of premium amount is a one time affair while the requirement of keeping 70% beds reserved for free patients is a recurring liability. Even the low annual ground rent cannot justify the condition of 70% as free beds. The L&DO representative had no answer on this point. Indeed there cannot be any answer whatsoever. The stipulation of 70% free beds would, on the

face of it make the hospital financially unviable. No private hospital can be run with 70% beds reserved for free treatment to the poor patients. It would be an inbuilt mechanism for the collapse of such hospitals. All members of the Committee were of the opinion that the stipulation of keeping 70% beds reserved for free patients is unfair, unjust and oppressive.

Apart from the special cases of these two hospitals, viz. Vimhans and Veeranwali other hospital managements also argued during visits that the requirement of 25% of total number of beds earmarked for the poor and needy patients is also excessive and adversely affects the financial viability of the hospitals. On this point Dr. Naresh Trehan (Escorts), Dr. Sama and Dr. K.C. Mahajan (Sir Ganga Ram Hospital), Sh. A.L. Batra (Batra Hospital), Dr. Miss S. Khanna (Dharamshila Cancer Hospital), Dr. Prathap C. Reddy (Apollo Hospital) and many others are of the view that 10% of the total number of beds to be kept free for the poor and needy patients would be ideal but at the most it can be raised upto 15%, but no more, so as to keep the hospitals financially viable. The argument advanced by these outstanding personalities in the medical profession is based on the ground that the cost of medicines and medical consumables is so high that it is very difficult for any hospital to provide totally free service to even this 10 % or 15% of the indoor patients. According to them the cost of medicines and medical consumables on the average comes to about 30% to 35% of the total cost of treatment of a patient. The Secretary (Health) Sh. R. Chandramohan, who is member of this Committee, clarified that in some cases the cost of medicines and medical consumables

can rise upto about 70% or more, as in Chemotherapy and similar other expensive treatments, which require very costly medicines. But according to him for most patients the cost of medicine and medical consumables is quite low. It may be around 10% to 15% of the total cost. This is an important point for consideration by this Committee. Therefore this Committee is of the view that the conditions imposed on the hospitals for free treatment to poor patients should not be unduly harsh, or oppressive in the interest of a larger purpose, i.e. to seek and obtain full compliance of the conditions by the hospital managements. The existing free treatment facilities extended by charitable and other hospitals, who have been allotted land on concessional terms/rates by the Govt., is extremely low. They have no relation to the market value of such lands. Infact most of the charitable hospitals are no more charitable. Originally the founders, who were philanthropists, had established hospitals which were in fact and indeed charitable. They provided fully free treatment to all patients, rich and poor. For some years their free medical services to the suffering humanity continued and did truly commendable service. It provided considerable relief to the poor, needy and deserving patients. But now very few of them are genuinely charitable or social service institutions, such as Sir Ganga Ram Hospital, Batra Hospital, etc. The successors to those noble souls have become selfish, greedy and exploitative. They have converted these charitable hospitals into moneymaking machines, by putting an outward show of speciality and super speciality hospitals with modern and ultra modern expensive equipments, with a view to charge exorbitant amounts from the hapless and helpless patients, out of proportion to the intrinsic value of the service provided. Another device

employed by most of the so-called charitable and other hospitals is the system of bringing in the consultants who charge fabulous amounts from patients and share the booty with unscrupulous hospital managements. This kind of exploitation of the patients and making unjustifiably high profits out of the pain and miseries of the suffering humanity needs to be addressed urgently. The ruthless exploitation of patients, especially those with limited means has gone on unchecked for too long. Now the time has come to take some drastic and determined action by the Government agencies to stem the rot and restore the health of the people. Any constructive and meaningful action taken in this regard would be acclaimed by the people as a part of good governance and may also pay rich political dividend.

The Committee had decided in its meeting that from among the witnesses who have some important material pertaining to this enquiry and who wish to give their statements may be called and their statements may be recorded by the Chairman. It was also decided that while recording the statements of the witnesses the presence of other members of the Committee is not necessary. It was left to the discretion of the Chairman to select those persons whom he considered necessary and proper may be called. Accordingly the Chairman called some of the witnesses from among the members of the public and some from among the trustees and those who were directly concerned with working of the hospitals were called as witnesses and their statements were recorded. The statements of twenty witnesses have been recorded. Their names, witness Number and dates are as follows:-

Witness No.	Date of Witness	Names of Witnesses	Witness No.
1.	24.11.2000	1. Sh. A. Srinivas (Joint Statement)	Witness-1
		2. Sh. Rajesh Gupta	
		3. Sh. Nagraj	
2.	27.11.2000	Dr. R. K. Pundir	Witness-2
3.		Sh. Madho Parshad	Witness-3
4.		Mrs. Merry Kutty Thomas	Witness-4
5.		Mrs. Laxmi Kutty	Witness-5
6.		Mrs. Ponnammam Vishwanathan	Witness-6
7.		Mrs. Joginder Kaur	Witness-7
8.		Sh. Vinod Kumar	Witness-8
9.		Smt. Vidya	Witness-9
10.		Sh. Daya Nand	Witness-10
11.		Smt. Shanti	Witness-11
12.		Sh. Darshan Lal	Witness-12
13.		Sh. Jagat Ram	Witness-13
14.	12.2.1001	Sh. Roop Chand Bhatia	Witness-14
15.		Dr. Y. P. Munjal	Witness-15
16.	19.3.2001 & 28.3.2001	Sh. Thakur Dass Bhatia	Witness-16
17.	22.3.2001	Sh. Manohar Bhatia	Witness-17
18.	4.4.2001 & 10.4.2001	Sh. Sunil Kumar Saggar	Witness-18
19.	11.4.2001	Dr. Naresh Trehan	Witness-19
20.	11.4.2001	Dr. Prathap C. Reddy	Witness-20

Witnesses no. 1 to 13 had come before this Committee to give their statement in response to the public notice. Witnesses no. 14 to 17 came voluntarily. Witnesses No. 18 to 20 were invited, as they were considered important witnesses, who could give information which would be useful for the enquiry.

From among the charitable hospitals who have been allotted land on concessional rates there are some who have to be dealt with individually, because of their special circumstances. They are as follows: -

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| 1. | Indraprastha Apollo Hospital | (P. 14 to 19) |
| 2. | Mool Chand Khairati Ram Hospital | (P. 19 to 49) |
| 3. | R.B.Jessa Ram Hospital. | (P. 49 to 59) |
| 4. | B.L. Kapoor Hospital. | (P. 59 to 63) |

The above mentioned four hospitals have been dealt with individually, because they pose special problems. The material on record shows that they have violated the original purpose for which the land was allotted to them. Originally, these hospitals were genuinely charitable rendering free service to the patients irrespective of their race, religion, caste, gender or financial status. Indeed, they performed commendable service to the people, especially the poor, needy and deserving ones. After the death of the founders in respect of three out of above mentioned four hospitals the management fell into the hands of greedy, selfish and unscrupulous persons who have been financially exploiting these charitable hospitals for their personal gain. The latest development in respect of the aforementioned three hospitals is that they are virtually on sale to big investors who want to convert these charitable hospitals into super speciality hospitals in the name of upgrading services. The real purpose of the investors and their collaborators among the present managements seem to be to share the plunder of patients in these five-star, super-speciality, super-luxury hospitals and earn enormous amounts. It would have double benefit for the big investors. First they

will be able to invest quite a lot of unaccounted money, together with the accounted money, and second earn fabulous amounts from these investments. There is no legal, social or moral justification for allowing such money making commercial concerns to come up on the Govt. land which was allotted to charitable hospitals to do charitable service, which is now totally replaced by the exploiting commercial hospitals. Now very few who continue to be genuinely charitable. There has been persistent violation of the expressed and implied terms for which the land was allotted. These violations would justify the cancellation of the allotment of these hospitals. After the cancellation of allotment the land may be re-allotted to a new management in which the government should have at least three persons to be nominated by the Lt. Governor of Delhi from among the persons who have wide experience and deep understanding of rendering free service to the poor and deserving patients. These persons may be selected from those charitable hospitals who have a long record of remarkably good service, such as Sir Ganga Ram hospital, Batra Hospital, etc. The land may be re-allotted to these hospitals after re-constituting their management on the revised commercial rate of annual ground rent. The renewed lease should be a long term lease for thirty years, renewable after every thirty years on the mutually agreed terms and conditions. The rate of annual ground rent may be revised every thirty years. The Government should include these conditions in the new lease and that the charitable hospitals will be managed for the purpose for which they were established and run by their founders, and also that there will be no attempt to sell or transfer, directly or indirectly to any person, association or organisation. In the case of these three hospitals, the Government will have to act promptly to prevent the impending sale or transfer

and avoid further legal complications. Some members had expressed the view that the upward revision of annual ground rent should apply to other allottees of land, e.g. institutional, industrial, etc. and not only to hospitals. This is a good suggestion which the Central Government and the Govt. of Delhi will have to consider. Any discrimination in this regard would be improper and possibly violate Article 14 of the Constitution of India.

INDRAPRASTHA APOLLO HOSPITAL:

The Apollo hospital is a very special and distinct case, which needs to be dealt with in some details. There are many legal complications. A public interest writ petition being C.W.P. No.5410 of 1997 is pending disposal in the Hon'ble High Court of Delhi. It is a petition (PIL) filed by All India Lawyers' Union (Delhi Unit) alleging inter-alia that the respondent no. 2 Apollo Hospital is not giving free treatment to the poor and indigent patients as per the terms of agreement and the lease deed. There are quite a number of affidavits, counter-affidavits and rejoinders on the record of the case with which this Enquiry Committee is not directly concerned. The issues arising in the petition would be dealt with by the Hon'ble High Court. However, this Committee would look into certain aspects only to the extent it is covered under the terms of reference of this Enquiry Committee regarding the existing free treatment facilities extended by the charitable hospitals who have been allotted land on concessional terms/ rates by the Govt. The Apollo hospital was allotted 15 acres of prime land in South Delhi by the Delhi Govt. under the agreement-dated 11.3.1988 and the lease deed dated 21.4.1988 for a token rent of Re.1/- per annum. The hospital was commissioned in 1996.

It was stipulated in the aforesaid two documents that one third of the total number of beds will be reserved for giving free treatment to the poor and deserving patients. It was agreed that 200 beds out of the projected total number of 600 beds would be available for free treatment. This stipulation of providing free treatment to the patients for whom the free beds were earmarked has never been fulfilled. The answer given in the questionnaire shows that 150 beds are set apart for the free patients. Later on, it was said that 140 beds (i.e. 127 in wards and 13 beds in ICU) are kept as free beds and 510 are paying beds. Thus making the total number of beds 650. The one-third of a total of 650 would be about 217. Therefore, 140 beds reserved for free treatment is considerably less than one-third stipulated. Out of these 140 beds meant for free treatment only a very small number are used by the so-called free patients. The average is said to be around 20 beds at any given time. The main reason for this large non-use of the free beds is the fact that the hospital insists that the free bed patients must pay for medicines and medical consumables. The cost of medicines and medical consumables may run into thousands of rupees and in some cases such as Chemotherapy etc., into lacs or more, which a poor or indigent patient cannot afford to pay. Therefore the stipulation of free treatment has been violated right from the beginning till this date. The Delhi Govt. is grappling with this question in the High Court without a clue as to how to find a solution.

The government has four nominees on the Board of Directors of the public limited company (I.M.C.L.) including its Chief Secretary and three other high officials. They are rendered ineffective and are not able to get even the legally valid and constructive proposals approved by the Board on the question of free treatment to the poor. They are out-voted by other Directors who have made a

common cause to defeat any attempt to provide a truly free treatment to genuinely poor patients. The dominant profit motive of the company has made other Directors totally indifferent and callous regarding free treatment to the poor in flagrant violation of the terms and conditions of the aforesaid agreement and the lease deed. The public limited company, has described itself as "purely commercial" enterprise. Therefore, profit motive is inherent in its activities, which is quite understandable. But the profit motive should not be in defiant violation of the firm commitment in respect of free treatment to the poor patients.

The incorporation of the IMCL and the establishment of the Indraprastha Apollo Hospital has so far been a bad bargain as an investment for the Delhi Government. The only perceivable achievement is the setting up of State-of-the-Art Super Specialty Hospital in Delhi for those who can afford to pay for its services, which is beyond most citizens of Delhi. The Delhi Government is holding 26% of the equity shares amounting to about Rs.23 crores. It has given 15 acres of prime land in South Delhi purchased from the DDA at an approximate cost of Rs.4 crores and has been leased out to the Company for 30 years at an annual token rent of Re.1/-. Over and above this, the Delhi Government has investment nearly Rs.15 crores for the construction of the building. The position of Delhi government is that of a person who has invested large amounts in cash and kind to buy an expensive cow, of which it is holding the horns while others are milking it and the Government is watching it helplessly. The Government has to find a solution to this intolerable situation and salvage its honour, investment and commitment to the poor, needy and deserving patients.

To find a permanent and workable solution, the government will have to look into the legal validity and enforceability of the agreement dated 11.3.1988 and the Lease Deed dated 21.4.1988. At the time of entering into the said agreement, the government and the promoters of the company had differing ideas in their respective minds regarding the meaning of the word 'free'. The government understood it to mean totally free in all respects including the cost of medicines and consumables, which is the normal meaning. But, the promoters were quite clear in their minds that the word 'free' means 'partly free', excluding the price of medicines and medical consumables. Again, the two contracting parties had different things in mind regarding persons who are entitled to free treatment on one-third number of total beds, reserved for the poor, needy and deserving ones. The government understood poor to mean those patients who have no money or means at all to pay for anything including medicines and consumables. The promoters understood poor, needy and deserving patients eligible for free treatment to mean those patients who are able and willing to pay the cost of medicines and consumables, which may cost them several thousand rupees and in some cases, more than a lac of rupees. Therefore, on these two crucial points, the high contracting parties were not 'ad-idem', i.e. they did not understand the two words having the same meaning and the same sense. In other words, there was no "meeting of minds" of the parties. Therefore, in law, the contract is void 'ab-initio', i.e. from the very inception. The attempted contract was aborted before it became a reality. The contract being void ab-initio the amount of money invested by the government in taking up 26% equity shares of the company and other amounts invested totalling about Rs. 40 crores would be considered in law to be the amount

"had and received" by the company on behalf of the government. It is liable to be refunded with interest from the date of payment by the government to the company upto the date of repayment by the company to the Delhi Government. This amount, when recovered, may be transferred to Arogya Nidhi to give assistance to poor patients who are in excess of 10% free patients in the hospitals in IPD and also the poor patients in OPD who are not able to pay for expensive tests such as M.R.I., CAT Scan, etc.

Even if there was a valid and binding contract between the parties, it would be voidable for non fulfilment of the terms and conditions in the lease deed regarding giving free treatment to one-third of the total number of beds for indoor patients. The contravention of the term is on two points. Firstly, out of a total of 610 beds only 140 are admitted to be 'free' beds, which is much less than one-third number of beds stipulated. Secondly, the patients who have been given partly free treatment do not come in the category of poor, patients. They are patients who have been made to pay large sums for medicines and medical consumables and therefore, they are not poor, needy and deserving ones. So the contract is voidable on the ground of non-fulfilment of basic conditions for the grant of lease. The lease, therefore, deserve to be immediately cancelled and replaced by a new lease in which the Apollo Hospital, a public limited company, should pay the commercial rate of the new and revised annual ground rent from the very inception when the land was allotted and possession taken by the company. The commercial rate of ground rent collected from all hospitals may also be transferred to Arogya Nidhi. The government will do well to negotiate the proposed new deal with the company in a careful, tactful and friendly way. It is, not doubt, a delicate and sensitive matter.

But it has a fair chance of success because, Dr. Pratap Reddy is a kind-hearted man with strong charitable disposition, as indicated by his spontaneous offer, in the Board meeting, to contribute rupees one crore to the proposed Poor Patients' Relief Fund to meet the cost of medicines and consumables of the poor patients admitted to the Apollo Hospital. With his considerable persuasive powers, he may be able to bring other equity holders in the company to agree to the permanent solution of this problem in the manner set out above. The Apollo Hospital also will have quite a lot to gain from the suggested amicable solution. It will save Apollo Hospital's reputation from being further tarnished. It will also get immense financial benefit when one-third number of beds, reserved for the poor, will be released and the beds lying vacant would be utilised by the paying patients augmenting the hospital's revenue considerably. Dr. Pratap Reddy had mentioned that Indraprastha Apollo Hospital gets patients from different parts of India and abroad including the Gulf countries. This super-speciality, super-luxury hospital is really meant for that kind of patients mainly. As a commercial enterprise, it can augment its income as much as it can. The suggested solution will indirectly benefit the poor patients also by using the funds repaid under the deal for their treatment elsewhere. Besides, it will create cordial relations between the government and the company. In short, such a deal will benefit all and will harm no one. Thereafter, the Indraprastha Apollo Hospital will stand on par with other hospitals in Delhi who have been given government land in respect of free treatment to the poor patients, with only 10% of the total beds as free beds.

MOOL CHAND KHAIRATI RAM HOSPITAL:

Mool Chand Khairati Ram Hospital is the second problem hospital, which

has to be dealt with separately. It was established by its founder Lala Khairati Ram at Lahore under a registered Will dated 23.12.1927 and the Codicil dated 8.1.1928. The hospital was truly charitable. It gave free treatment to the patients. It was an Ayurvedic hospital and had a nurses' training school as a part of its hospital activities. The hospital functioned at Lahore till the partition of India in 1947. The family of Lala Khairati Ram migrated to India. To establish a similar institution in Delhi Lala Khairati Ram and other trustees applied to the Govt. of India for the allotment of land for the purpose. The Govt. of India through L&DO granted 9 acres of prime land situated on the Ring Road at Lajpat Nagar in South Delhi. The land was allotted on 17.4.1951. A hospital was constructed on this land with the same name as in Lahore viz. Mool Chand Khairati Ram Hospital and Ayurvedic Research Institute, together with a Nurses' Training School attached to the hospital. The hospital continued to serve as a free Ayurvedic hospital for patients in OPD and IPD sections. It also carried on Research in the Ayurvedic medicines. It manufactured Ayurvedic medicines and published Ayurvedic research literature for many years. Later on its trustees decided to introduce allopathic treatment also. Gradually the hospital was converted from primarily an Ayurvedic hospital into a primarily an allopathic hospital. The Allopathic section was expanded from time to time with a corresponding gradual reduction in the Ayurvedic section. The Allopathic section has been upgraded with air-conditioned deluxe and super deluxe rooms, which are called "wards". The present position is that the Allopathic section covers about 90% of the hospital activities and the Ayurvedic section is reduced to about 10%. There is only a nominal Ayurvedic treatment of patients in OPD and the IPD, which had originally four wards. Now it is reduced to only one ward, in

which there are very few patients. During the visit of the Chairman, there were only four or five Ayurvedic patients in the ward on 21.3.2001. It was said that some were brought there in view of the visit. The manufacturing of Ayurvedic medicines is also considerably reduced. The explanation given by the Management was that the hospital manufactures the Ayurvedic medicines only for the use of its own OPD and IPD patients and does not sell it to out side patients nor are they marketed openly. The truth is that hardly any Ayurvedic medicines are manufactured there now. Even the OPD and IPD patients in the hospital have to buy the Ayurvedic medicines manufactured outside. In fact there is an Ayurvedic medicines counter in the hospital, which sells mostly the medicines manufactured outside. During the visit on 21.3.2001 it was found that the machinery for preparation of Ayurvedic medicines is rusted due to non-use. The Ayurvedic section appears to be on the way out to make room for more allopathic super-speciality wards.

In the recent past Mool Chand Khairati Ram Hospital had many problems with its employees. The management blames the employees for being indisciplined and violent. The workers say that the present management has entered into a secret deal with big investors, who want to make this hospital a totally Allopathic hospital by closing the Ayurvedic section altogether and to dismiss or remove all the permanent employees and replace them with new employees on contract basis so that they can be hired and fired at will and who would have no legal remedy against arbitrary dismissals. The employees have also stated that the management wants to dismiss or illegally compel them to sign the resignation letters, which are presented to them. They have also stated that they have been threatened by the hired musclemen hired by the management to sign the resignation letters or face

Ram Hospital, B.L. Kapoor Hospital etc. The booklet contains quite a lot of information regarding many hospitals. They had expressed their desire to appear and give their joint statement before this Committee. Accordingly they were called and their joint statement was recorded (W-1). They have pointed out that in Mool Chand Khairati Ram Hospital the management has deliberately brought down the services in the Ayurvedic section and made it primarily an allopathic hospital with the ulterior purpose and that they want to replace the permanent staff with the contract labour. According to them they have set out facts and figures with regards to the leading hospitals in this booklet. It is an important document. Hence it is annexed here as Annexure-F. The witnesses have also said that the prevailing conditions in Mool Chand Khairati Ram Hospital are much worse than what they are in other hospitals.

The Ayurvedic physician Dr. R.K. Pundhir (Witness-2) had done his postgraduate course (M.D.) in Ayurveda in 1984. He had been working in Mool Chand Khairati Ram Hospital as Ayurvedic Surgeon from December-1989 to March 1995. He has also stated that Mool Chand Khairati Ram Hospital, which was primarily an Ayurvedic hospital and research institute. It has been converted into an Allopathic hospital. According to him the Ayurvedic Physicians and Surgeons were discriminated against in comparison to Allopathic doctors and Surgeons in respect of salary and other benefits. He has stated that Allopathic doctors were paid the salary of Rs. 6000/- to 6500/=-, but the Ayurvedic Physicians were paid only Rs. 2000/- to 2500/- per month. Therefore, many good Ayurvedic Physicians such as Vaidya Tara Chand and others had to leave Mool Chand Khairati Ram Hospital. He has also stated that the hospital management has transferred the

medical treatment to the contracted doctors for the mutual benefit of both, the doctors and trustees. Thus according to him the medical practice in the hospital has passed into the hands of private doctors. The management simply takes its share out of exorbitant fees of the doctors. Moreover he also says that the beds, which were earmarked for the poor and needy patients were in fact allotted to the relatives and friends of the trustees and others by falsely showing them as poor patients from the public. He has also said that the residential premises for the resident's doctors and other medical staff were in fact allotted to other administrative staffs who are favoured but are not entitled to accommodation. He has further stated that only one quarter is allotted to Ayurvedic Physician and all other quarters are given to unauthorized persons. He goes on to say that the Ayurvedic pharmacy, which at one time provided excellent ayurvedic medicines is now nearly extinct and the pharmacy itself is almost closed down. In his further statement Dr. R.K. Pundhir says that a Committee was appointed in 1991 or 1992 to evaluate the work of Ayurvedic system in Mool Chand Khairati Ram Hospital under Sh. Vidya Sagar, Dr. K.L. Chopra and Dr. S.C. Dhyani who prepared a comprehensive report and submitted to the Secretary of the hospital Sh. Suresh Talwar. According to him that report is very important but it is kept confidential and has not been published or given to anybody. He has also said that Vaidya S.V. Tripathy who has been in Mool Chand Khairati Ram Hospital for many years is there because he is found useful by the authorities. The facts stated by this witness were found mostly correct during the visit.

Sh. Madho Prasad S/o Sh. Radhey Ram (Witness-3) was in service in Mool Chand Khairati Ram Hospital for more than 30 years. He started as a ward boy and

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Sh. Madho Prasad S/o Sh. Radhey Ram (Witness-3) was in service in Mool Chand Khairati Ram Hospital for more than 30 years. He started as a ward boy and

was promoted from time to time to be Telephone Operator cum Receptionist. Lower Division Clerk and Store Keeper. Ultimately he was appointed the Cashier, which post he had for more than fifteen years. The management considered him as a reliable worker and entrusted him with responsible jobs. According to him Sh. Suresh Talwar started calling him from time to time and wanted him to do many illegal things, which he declined to do. Therefore, Suresh Talwar became hostile to him and warned him and humiliated him in front of others. In 1995 he was suspended without any reason. In February 1995 the management had ordered a lock out against all the 700 workers of Mool Chand Khairati Ram Hospital. The workers filed a complaint before the Labour Commissioner, who ordered the lifting of lockout and reinstating all the employees on their respective jobs. According to him the management did not obey the Labour Commissioner's order instead they filed a Civil Writ Petition in the Hon'ble High Court of Delhi against that order. The High Court had passed an order in 1996 directing the hospital management to reinstate the employees. The management reinstated only 500 out of a total of 700 employees. The witness was taken back as per the Court's order and worked as Cashier upto August 1998. The hospital management again closed down the hospital in 1998 and removed all the employees. Once again all the worker including this witness went to the Labour Commissioner who ordered reinstatement of the employees. Once again the management failed to carry out the Court's order and went to the High Court. The High Court was willing to pass an order of reinstatement but the management said that they will themselves reopen the hospital and reinstate all the workers, except about 95 or so, whose services were terminated in the meantime. This witness was one of those 95 employees whose service allegedly

illegally terminated. The management made a show of reinstating about 400 workers. Out of those 400 a number of them were removed from service by forcibly obtaining their resignations under threat and illegal detention. The case of witness against illegal dismissal is pending before the Labour Court, Delhi. The management has also filed a cross case for the approval of the dismissal orders. According to him the management has unlawfully prevented him from earning his livelihood, which has resulted in starvation for his family. He is unable to continue the studies of his three children i.e. two daughters and one son. He has also stated that since 1996 Sh. Suresh Talwar had called him three or four times and told him to resign. He pleaded that he was diligent and loyal worker all along and was given award in 1993 in appreciation of his services. He further urged that after working for three decades in this hospital now it is difficult for him to get a job elsewhere and to make fresh start in life. Shri S.K. Saggar, Finance Manager and a close confident of Sh. Suresh Talwar, persuaded him to resign and threatened to throw him out forcibly if he did not resign. According to him the trustees of hospital are bent upon removing all permanent staff and replace them with contract workers so that the permanent staff will not have to be paid pension and other benefits, which they are entitled to under the law. He has also said that the Ayurvedic section is reduced to a negligible level and the hospital it is converted into a super speciality allopathic hospital. He says that the management does not give free or subsidised service to the poor and needy patients.

Mrs. Merry Kutty, (WITNESS-4), Mrs. Luxmi Kutty (WITNESS-5) and Ponnamma Vishwanathan (WITNESS-6) are the three qualified staff nurses who

have served in this hospital for many years. After the lockout they were reinstated under the Courts order, but according to them they pressured to sign the resignation letters given to them. On 12.5.2000 all the three of them were called by Sh. Shravan Talwar S/o Sh. Suresh Talwar in his room. They were all asked to sign resignation letters kept ready. They refused to sign it. They were sent out and called in one after the other in the room. Shri Shravan Talwar called his bodyguard Sh. Jaibir Pawar, who had a pistol in his hand. Other musclemen were also called in. Each one of the three nurses were separately called in and were pressurised to sign the resignation letter failing which each one was threatened that if she did not sign she and her family members would be harmed by pistol holding Jaibir Pawar and other musclemen. In spite of severe intimidation each one of the three nurses refused to sign the resignation letter.

The next witness Smt. Joginder Kaur W/o Sh. Ranjit Singh Raina (WITNESS No. 7) was serving as ward-aya in Mool Chand Khairati Ram Hospital since 1976 as a permanent employee. In 1992 Dr. Sheela Mehra, a Sr. Gynaecologist operated upon her for a Gynae problem. The operation was faulty and her condition became worse. She was also treated by another Dr. Ranjana Tyagi a consultant but there was no improvement. She went to Nainital for Ayurvedic treatment and was there for about two years. During that period she came several times to join the service in Mool Chand Khairati Ram Hospital but the management refused to take her back to duty and rejected her sick leave application as well as the one for rejoining service. She filed a case in 1998 before the Labour Court in Delhi. Under the order of the Labour authorities she was reinstated in service on 18.8.1999 but was not paid the back wages. Hence she filed another case in Labour Court to recover

back wages. The case is pending. In May 2000 one day she was called in the room of Shri Shravan Talwar she refused to go there because she was afraid of Sh. Jaibir Pawar, who was holding a pistol in his hand and there were other musclemen of Sh. Shravan Talwar. Instead she went to the Police Station to file an FIR for threatening her with fire weapon. The Police refused to record her FIR and told her to give a written complaint, which she did. The same is taken on record and marked M-1 of her statement. According to her she has been subjected to great harassment and mental torture. She is removed from her job of ward-aya to the laundry dept. where she had to do hard work of washing clothes etc. She cannot do that work on account of her gynaec problem.

The next witness is Sh. Vinod Kumar S/o Sh. Sumer Lal (WITNESS-8) who worked as Safai Karamchhari (Sweeper) in the Mool Chand Khairati Ram Hospital since 1995. His story is the same as that of other witnesses who have complained about each one of them having been called in Shravan Talwar's room where Jaibir Pawar with pistol and other musclemen were present. He also says that he was detained in a room from 9.00 a.m. to 4.00 p.m. and was mentally tortured to sign the resignation letters myself and obtained the signature of my wife Smt. Vidya (WITNESS-9) on her resignation letter also. He has also said that Shri Shravan Talwar told him that they want to build a new hospital similar to the one, which is going to be built on the site of B.L. Kapoor hospital. He was further told that if he did not sign the resignation letter he would be handed over to the Police and a false case of cheating will be made out against him. The witness says he was weeping due to extreme pressure and utter helplessness. He signed the resignation letter under duress. The Manager Personnel told the witness that his signatures has

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been obtained on the resignation letter, therefore whatever amount is found due to him will be credited in his bank account. They Manager tried to console him by saying that he has done good service and therefore he will be taken back on contract basis some time later. According to the witness some amount was deposited in his bank account but not the entire amount, which is due to him.

Smt. Vidya (WITNESS-9) had joined service in Mool Chand Khairati Ram Hospital in November-1984. According to her the things went on very well till 1995. But the things changed when Sh. Suresh Talwar took over the management in 1995 in his hands. She says that Sh. Shravan Talwar S/o Suresh Talwar dabbled in the management and after her reinstatement at the end of the lock out she was asked to sign the resignation letter. She like other employees was subjected to constant pressure she was given false and baseless memos and charge sheet and a domestic enquiry was instituted against her. On 15.4.2000 when she was on sick leave. Therefore she sought an adjournment of the enquiry hearing to 20.4.2000. On 15.4.2000 one Narendra a ward boy was sent to her house. He told her that her application for adjournment of the case to 20.4.2000 would be granted if she put her thumb mark on what she was told to be the adjournment application. Since Narendra was her co-worker and she being illiterate could not read what was written she put her thumb mark on the paper given to her. It has turned out to be her resignation letter. Thus according to her the signature was obtained by deceit and false statement. She further alleges that the management had played a fraud on her through the ward boy Narendra. She also says that when she went to hospital to resume her work the next day she was told that she was no more in service as she had resigned. She pleaded that she has not resigned. She was treated roughly and

was told that she could do nothing. She further says that she filed a complaint before Mahila Ayog, Delhi, who directed her to the Govt. advocate Miss Babita Panigrahi. Under her advise a civil case was filed before the Regional Conciliation Officer, Kalkaji, New Delhi, which is pending.

The next witness Sh. Dayanand S/O Sh. Ram Pal (WITNESS-10) was working as a sweeper in Mool Chand Khairati Ram Hospital since 1993. He was taken in place of his father who served in this hospital as a sweeper for about 18 years. He was also taken back in service after lock out was lifted under the Courts order. He was also pressured to sign the resignation letter under the threat of harm by Jaibir Pawar. According to him he was beaten up. He was given slaps on the face. Jaibir Pawar and two other musclemen hit him with a thick stick. His right hand was fractured above the elbow. He further says that at that time one other person, a ward boy, was also beaten up very seriously. He was inflicted bleeding head injury. Subsequently they were taken to the room of Medical Superintendent at about 2.30 p.m. and were beaten up again. In spite of severe beating they continued to refuse signing the resignation letter. They were detained in that room from 2.30 p.m. 6.00 p.m.. They were allowed to go after 6.00 p.m. When they came out their colleagues seeing them bleeding took them to the Police station in that condition and requested the Police to record their FIR. According to them the Police refused to record their FIRs. The Police also did not take any step to get medical treatment for them. Hence their co-workers took them to AIIMS where the fractured arm of witness was put in the plaster and allowed to go home. He has produced the copy of the medical report of AIIMS, which is taken on record and marked M-1 as a part of statement. He has further stated that the ward boy Rajender Kumar had very

severe head injury; therefore, he was referred to Safdarjung Hospital for admission. He was admitted there. After two or three days this witness (Daya Nand) came back to Mool Chand Khairati Ram Hospital to resume his duties. He was not permitted to resume and was told that he was suspended from service. A list of suspended employees was put up. The witness found his name also listed among the suspended employees. The witness says that the Police had persistently refused to register their FIRs, though they were actually injured with fracture and bleeding head injury. On the contrary the Police registered FIRs against him and other employees at the instance of the management for allegedly causing breach of peace in the hospital, which had actually not happened. The workers had not caused breach of peace. The management had unleashed a reign of terror on the workers.

The next witness in this series is Smt. Shanti w/o Bhule Ram who joined Mool Chand Khairati Ram Hospital as a sweeper in May 1973. According to her the things were normal till the first lockout in February 1995. Thereafter her story of being pressured to resign and given threats in presence of musclemen and being insulted in presence of others is similar to that of other employees. She says that in April-1995 she was called in a room and told to resign. She refused to do so. Hence Sh. Mumal gave her vulgar abuses and pushed her. She fell down on the floor and became unconscious. While she was lying unconscious on the ground, she was given several blows on her body. She had severe pain in the chest and on the sides due to beating. She was in a serious condition so she was taken to AIIMS. When she regains consciousness the Police brought her from AIIMS to Lajpat Nagar Police Station. She requested Police to record her FIR. The police refused to do so. On the contrary the police registered the FIR of the management falsely alleging that

she and other workers had resorted to violence and created breach of peace. The witness says that her clothes were torn. She showed them to the Police to prove that actually she was a victim of the violence caused by hired toughies of the management. The Police took away her torn clothes. They are not returned to her so far. Subsequently due to the insistence of her co-workers the police reluctantly recorded her FIR, which is taken on record here and marked M-1 with her statement. The Police did not take any action on her FIR. On the contrary on the false complaint of the management she is being produced in Court as an accused in Patiala House Courts on every date of hearing. But the complainant does not remain present in Court and therefore the case against her and other employees is adjourned from time to time. When she was severely beaten up and her clothes were torn the press photographers took her photographs and published them in the newspapers. She has produced a copy of the newspaper cutting, which is taken on record and marked M-2 with her statement.

Witness Sh. Darshan Lal S/o Sh. Atma Ram Maingain (WITNESS-12) is a qualified Vaidya. He graduated from All India Ayurveda Vidyapeeth, Punjabi Bagh, Delhi. He joined service in Mool Chand Khairati Ram Hospital as a House Vaidya i.e. Ayurvedic Physician in the year 1973. In 1984 he was promoted as Ayurveda Pharmacy Incharge. He was the Head of the Dept., which manufactured Ayurvedic medicines till 1995. According to him in February 1995 his services were terminated illegally and unjustifiably. He filed a Civil Writ Petition in the High Court of Delhi. The High Court summarily dismissed his petition on the ground that the respondent was a private hospital and therefore, the Writ Petition did not lie. He challenged the dismissal order in the Supreme Court of India in Civil Appeal No. 683/97. The

Supreme Court set aside the dismissal order of High Court and remanded the matter back to the High Court for proper consideration. A copy of the Supreme Court order was produced and taken on record and marked M-2 with his statement. The writ petition is still pending in the High Court. The Witness was allotted residential quarter when he joined the service in 1973 he was asked to vacate the said premises which he refused. He filed civil suit no. 1018/95 and obtained a stay against eviction. According to him the hospital management has been harassing him a lot. His water and electric supply was disconnected and his latrine was demolished. He filed FIRs against each of these illegal actions. Under the Court's order his electricity and water supply were restored, but he is unable to repair and reconstruct his latrine due to Police intervention at the instance of the management. According to him the management has decided to do away with Ayurvedic treatment, Research work and publication of Ayurvedic literature with a view to convert this hospital into a super specialty Allopathic hospital. With that aim in view, the witness and other Ayurvedic physicians, surgeons, research officers including the director have been compelled to resign and go.

The last witness in this series is Sh. Jagat Ram S/o Sh. Dholu Ram. He joined Mool Chand Khairati Ram Hospital in November 1967 as Operation Theatre (O.T.) Asstt. He holds a diploma of the Assistant in the Operation Room and C.S.S.D. from Safdarjung Hospital. At that time the O.T. was used only for the Ayurvedic patients. Later on it was being used for Allopathic operations also. According to him the method and instruments used in the Ayurvedic surgery are different from those of allopathic surgery. According to him there were a total of 120 beds. All were used for Ayurvedic patients and none for allopathic patients. Later the

management converted two out of four wards into Allopathic ones. Subsequently the Ayurvedic wards were reduced and Allopathic ones were increased. Now only half a ward is used for Ayurvedic patients. In or about the year 1979 the hospital building was extended by constructing new building which houses OT, ICU, ICCU, Nursing Home and other deluxe and super deluxe rooms called wards with only one or two beds. The management has intentionally converted this purely Ayurvedic hospital into an Allopathic hospital with only nominal portion kept for Ayurvedic treatment. He further says that Ayurvedic research is abandoned and the production of Ayurvedic medicines is reduced to the minimum. According to him the hospital authorities are charging exorbitant amounts as consultation fees and have been revising upwards the charges for deluxe and super deluxe rooms, which have five star facilities and cost thousands of rupees per day.

According to this witness he knew Smt. Lalita Devi the widow of the founder of the hospital Lala Khairati Ram as she residing on the upper storey of the dispensary of doctor Kapoor with whom this witness was serving as an assistant at 25 Rohtak Road, Delhi. He knew her and had occasioned to talk to Lalita Devi regarding the Mool Chand Khairati Ram Hospital. He further says that she use to complaint that after the death of her husband Lala Khairati Ram the hospital management was taken over by Sardari Lal Talwar who was the sister's son of Lala Khairati Ram. The name of Sardari Lal appears in the above mentioned Will as a minor who was to be a trustee on attaining majority. The witness says that Lalita Devi was very unhappy with Sardari Lal's handling of the management of the hospital, because not only he ignored her requests but behave as if the trust was his private property. She complained that original Will and Codicil which was

written in Urdu language at Lahore in 1927 was with Sardari Lal and he refused to part with it or show it to her. She suspected that Sardari Lal may have made some changes in the original Will; therefore, she wanted to look at its contents to see that the directions regarding the hospital were properly carried out. Sardari Lal Talwar persistently refused to give her the original Will till her death in 1967. The witness says that Sardari Lal deliberately delayed executing the lease deed during her life time. He got the lease deed executed in 1968 after Lalita Devi's death in 1967. Although the land was allotted as far back as 1952 and the hospital was constructed soon thereafter. According to this witness Sardari Lal Talwar had tampered with the contents of the Will and made changes in some portions to suit his requirements. He further says that the original text of the Will is changed because neither the original text in Urdu language or its English translation contains a signature of the testator or witnesses, nor does it have any official stamp mark of the Registrar nor the signature of the person or authority who translated it into English. According to him the Urdu text and its English translation as put out by Sardari Lal are forged and not authentic. The witness has said that Sardari Lal and his family including his son Suresh Talwar, son's wife and grandsons Shrawan Talwar and Vibhu Talwar have been controlling the hospital completely and behaving arbitrarily. They are victimising the permanent staff members and forcing them to sign resignation letters with a view to avoid paying retirement benefits to them and replacing them with contract labour whom they can hire and fire as they wish. They have arbitrarily declared locked out twice in 1995 and 1998. Under the Courts order they had to lift the lockout on both these occasions but have disobeyed the Court's orders of reinstating all employees. Their pretext is that many of the

have been suspended or dismissed before lifting the lockout and that their cases are pending in different Courts. The witness goes on to say that the Talwar family is bent upon converting this charitable hospital into a non-charitable, super speciality, allopathic hospital and remove the Ayurvedic section in contravention of the intention of the founder. According to him the illegal and aggressive behaviour of the Talwar family has deprived the beneficiaries of the free Ayurvedic treatment envisaged by the founder in the Will. According to him the hospital should be restored to its original position of a leading Ayurvedic hospital as desired by the founder Lala Khairati Ram.

The attitude of the management of Mool Chand Khairati Ram Hospital has been negative with this Enquiry Committee from the beginning. On receiving the questionnaire sent out by the Committee, their immediate response was that they have not been allotted any land by the Govt. free or on concessional rate and therefore they are not liable to respond to the questionnaire. Their stand was that they were the owners of the land because they had paid the premium and also because they were entitled to sell the land to any party they wished. Their only liability, on selling this 9 acres of land allotted for the hospital, was to pay half the amount of profit under the terms of the Perpetual Lease Deed. They sent a letter to this effect. The office of this Committee wrote back to say that they should comply with the requirement of answering the questionnaire, because the information sought in the questionnaire was required as data base for preparing the report irrespective of whether the land was allotted or not. The questionnaire was sent out to all registered hospitals and nursing homes and all of them are

expected to send their reply. The management persisted in their negative stand. Hence they were informed on telephone that the Chairman, High Level Committee would visit to the hospital on a particular day. They said on phone that there was no need for such a visit. However even in the face of such hostile attitude the Chairman paid a visit on 16.1.2001 and explained to them that it was in their own interest that they should cooperate with this Enquiry Committee, because there were many serious allegations against the management for which the Committee wanted to give them an opportunity to give their version to arrive at a fair and balanced conclusion on the allegations. They were given a list of documents and information, which were required by the Committee over and above the reply to the questionnaire. The non-cooperation persisted even after this visit. The Committee felt that it may have reluctantly to come to conclusion that the hospital management has no answer to the allegations made regarding reign of terror and atrocities on workers, which may be accepted as not denied. The Committee's efforts still continued to seek and obtain cooperation and have the opposite side version of the management. The Committee did not proceed exparte against the management. Fortunately towards the end of the Enquiry, the management saw reason and began to cooperate and give the reply to the questionnaire and furnished the documents and information as required. Sh.S.K. Saggar, the Financial Manager of the hospital came to the office of the Committee and disclosed that he has been advised to cooperate because there was some misunderstanding regarding the allotment of land, which was removed. He apologized profusely for persistent non-cooperation and blamed it on the management's misunderstanding. He submitted some of the documents and

promised to produce the remaining ones as and when they were available to him. He also suggested that the Chairman, High Level Committee may make a second visit to the hospital. It was accepted. Therefore the Chairman accompanied by the Medical Superintendent, D.H.S. visited the hospital second time on 21.3.2001. The Chairman was taken round to all parts of the hospital. It was noticed that in the Ayurvedic section there were very few patients. Dr. S.V. Tripathy an Ayurvedic physician, informed that about 50 patients visit the hospital daily in the Ayurvedic OPD. He informed that every patient has to pay Rs.30/- as registration fee. According to him the hospital manufactures some Ayurvedic medicines in its pharmacy section. Other Ayurvedic medicines have to be purchased from the market, but are available in the chemist shop in the hospital. In the Ayurvedic medicines manufacturing unit some old and rusted machinery was found indicating that is rarely used. In the Ayurvedic ward only 5 or 6 beds were occupied by the IPD patients. On inquiry some of those patients informed that the medicines found with them were purchased from outside. The remaining beds in the ward were vacant and appeared to be not properly attended to. During the visit to the Ayurvedic section it became very clear that it was totally neglected and that in the overall working of the hospital this section was reduced to a negligible one. Dr. S.V Tripathy, in-charge of Ayurvedic Section, appears to be the favourite of the management. He has given exaggerated account of the working of Ayurvedic section, which is contrary to the actual fact.

The Allopathic section of the hospital has many ultra-modern facilities in deluxe and super deluxe rooms. They are very heavily charged for amounting to thousands

of rupees per day. The hospital claims to be a super-speciality hospital for allopathic treatment run through the consultants who charge exorbitant amounts from the patients. In fact running the hospital through consultants is a device to fleece the rich and not so rich patients for the benefit of the consultants and the management. Mool Chand Khairati Ram Hospital has acquired a reputation of being one of the most expensive hospitals in Delhi. In the name of upgrading the services and installing expensive equipments it gives free hand to charge excessive amounts and make unconscionable financial gain out of pain, suffering and miseries of patients.

During the second visit it was noticed that considerable attention is being paid to maintain high standard of cleanliness and maintenance in the Allopathic section. There is an incinerator, which was found functioning at the time of the visit. The school for training staff nurses was also working. The Principal informed that the school is affiliated to Punjab Nursing Council. It has a three years course with 25 student nurses admitted every year making a total of 75 students. It was stated that the nurses trained here were absorbed in this hospital only and that they were not permitted to take a job elsewhere till they have served in this hospital for certain number of years. The founder Lala Khairati Ram was extremely keen on training good Ayurvedic nurses and had established nurses training school right from the beginning in Lahore. It has now been reduced to an unimportant appendage. It trains nurses for allopathic section only and that to only for this hospital itself. It could have been expanded to become an important Nurse Training School with freedom to seek job in any other hospital also. This is not done.

Witness Sunil Kumar Saggar (WITNESS-18) in his statement-dated 4.4.2001 says that Mool Chand Khairati Ram Hospital was established in Lahore under the Will & Codicil of Lala Khairati Ram in 1927. He says that the original Will & Codicil which were written in Urdu language was brought to India when the family of founder came to India after partition. He says that he had seen the Urdu version of the Will in one of the files when he joined the Mool Chand Khairati Ram Hospital about 7 years ago. He could not read it because he does not know Urdu language. He further says that he does not remember whether the document, purporting to be a copy of original, was authenticated by any authority in Lahore or in India. He also says that he cannot recollect whether there was any rubber stamp mark of registration or authentication. He turns around and says that he vaguely remembers that there were some rubber stamp mark or seal of the registering authority on that copy. He does not know who translated the original Urdu text of the Will into English language or when was it translated. He said that he would give detailed information regarding Will & Codicil after taking it out from the files. The witness was pointed out that the copy of the lease deed, which he had provided to this Committee had only first six pages and the remaining four pages were missing. He took out another copy from his file and gave it, which had all the 10 pages. It may be noticed that the last four pages are very important as regards the terms and conditions, which were found missing in the copy supplied by him. He had pointed out that there are various categories in respect of hospital charges including an economy class to suit different categories of patients according to their paying capacity. He says that there are many cases filed by the workers against the hospital management, but he does not orally remember the exact number. The hospital has

also filed several applications for confirmation of dismissal and suspension orders. None of these cases have been decided so far. He says that there was no lockout as such it was only a suspension of work. According to him the dismissals and suspension of workers was due to violence caused by workers prior to 31.8.1998. He also says that workers had beaten up some persons in the management and also the consultants. He further goes on to say that the workers had virtually taken over the hospital by pushing out the management personnel as well as the consultants. Therefore according to him the consultants passed a resolution that they are unable to work because of the violence by the workers. He also says that the management filed complaint to the Police for the violent acts of the workers and the Police have registered FIRs and criminal cases are filed against them. He believes that the police must have filed cases pursuant to those FIRs. He says that he understands that the workers had filed Writ Petition in the High Court complaining that the Police are not registering workers' FIRs and not taking any action against the management because the police favour the management against the workers. He further says that the management had filed suit No. 1797/98 in the High Court of Delhi and obtained injunction against the workers restraining them from holding demonstrations, blockade, dharna, picketing etc.

The witness says that he does not know the reason why the lease deed was executed in 1968 when the land was allotted in 1951. He says that he not ascertained the reason this long delay of 17 years in executing the lease deed. He categorically states that the management has not sublet any part of the hospital premises to the consultants or any body else or that large amounts of money are being collected as a share of the management from the consultation fees as rent or compensation or

subletting. He also denies that some consultants have filed cases in the Court claiming to be sub tenants. He agrees that the hospital does not have any ambulance vehicle of its own and that when necessary, the ambulances are taken on hire from outside agencies. He admits that the hospital had a fleet of ambulances till about 1994. But according to him they were disposed off because they were misappropriated and misused by the drivers. Those drivers were retrenched with the permission of the Court.

He denies that Shri Shravan Talwar called the three staff nurses, Mrs. Merry Kutty, Mrs. Luxmi Kutty and Mrs. Ponnamma Vishwanathan, in his room first together and later one by one and in the presence of his musclemen including Jaibir with a pistol and threatened them with dire consequences if they did not sign the resignation letters given to each one of them. He denies that Sweeper Daya Nand of village Khekra, Distt. Bagpat was beaten up by the musclemen and his arm was fractured because he refuses to sign the resignation letter. He also denies that the sweepers Sh. Vinod Kumar & Smt Vidya were force to sign the resignation letters by Sh. Shravan Talwar and his musclemen. He also denies that Smt. Vidya was duped to affix her thumb mark on the resignation letter by fraudulent misrepresentation that the paper was her application for leave. He also denies that since 1998 the policy of the management is to remove all permanent employees and replace them with the employees on contractual basis to avoid payment of retirement benefits to them. He also does not admit that the Ayurvedic Section of the hospital is deliberately run down with ulterior motives of personal benefits to those who run the hospital, i.e., the Talwar family. The witness agrees that the hospital was primarily an Ayurvedic one. But the Allopathic and Unani systems

were not prohibited. Regarding the original Will written in Urdu language he says that he was unable to trace it from the files.

The witness had been hedging about quite a lot in giving his version and getting it changed from time to time to his satisfaction. He appeared to be somewhat over cautious and remained non-committal in his statement. Moreover he insisted in going through his recorded statement closely and carefully, which he was allowed to do. His statement that the original Will and Codicil were brought to India after partition shows that the document must be in the possession of Sardari Lal Talwar after the death of Lala Khairati Ram. This fact gives credence to the statement of Sh. Jagat Ram (WITNESS-13) that Sardari Lal Talwar did not show the original document to Lalita Devi, the widow of Lala Khairati Ram, because he had made changes in the original text to suit his personal interest, and to claim the trust property as the property of Talwar family. Another important factor in this connection is the fact that although the land was allotted in 1951. The lease deed was not executed by Sardari Lal for 17 long years. It was executed in 1968, one year after the death of Lalita Devi in 1967. Moreover the highhanded action by the Talwar family in trying to remove the permanent employees from service by forcing them to sign the resignation letters by threats and terror unleashed through the armed musclemen and to replace them by the contract labour, who could be hired and fired at the will of Talwar family; the concealment of the original Will and replacing it with unauthorised changed version of the Will; the false claim of ownership of the leased govt. land, the refusal to provide documents and facts to this Committee till nearly the end of enquiry, police not recording F.I.R.s of workers, and similar other facts and circumstances, seen objectively and impartially,

go to show that the Talwar family has grabbed this hospital and tightened their grip fully and effectively. There is lot of substance in the allegation that they are determined to throw out permanent employees and replace them with contract labour. They have unleashed a reign of terror on workers through hired musclemen and physically harmed them. The ultimate objective seems to be the sale of the hospital to land sharks for enormous sums of money, in the name of upgradation of medical services and modernisation of equipment. Any upgradation and change of user can be done on the privately purchased land. That cannot be allowed on the govt. land given to a charitable hospital. The investors can look for land in the open market and not eye on the land allotted for charitable Ayurvedic Hospital Research Centre and Ayurvedic Nurses School.

The categorical statement of Sh. Sagar that no part of the hospital has been sublet to consultants or anybody else and that there is no unauthorized construction made in the hospital is belied by the Inspection Report dated 17.4.2001, which sets out in detail 18 instances of misuse and 45 instances of unauthorised construction in Moolchand Hospital. The said Inspection Report goes to show to what extent the hospital management is prepared to go in making false statements. The report is annexed hereto as **Annexure G**. The doctors who have been sublet portions of hospital premises also have filed cases in court claiming sub-tenancy rights.

The hospital management has been firmly denying that they have taken a policy decision to remove the permanent staff of the hospital numbering about 800 employees and replaced them with contract labour to avoid paying the retirement

benefits to the permanent staff and replacing them with the employees who could be hired and fired as it desired. The bare denial does not inspire confidence, because the facts are quite contrary to it. Quite a large number of witnesses have come and have given statements regarding two successive lock outs in 1995 and 1998, lasting for more than three months each which were lifted only under the Court's orders. Even the Court's orders of reinstatement were not fully carried out. Quite a large number of employees were either suspended or dismissed during the lock out period. Their cases are also pending in the courts. Many witnesses have stated that they were forced to sign the resignation letters in presence of musclemen hired for threatening and intimidating the workers. Some of them were mercilessly beaten up and caused fractures and bleeding injuries. Their clothes were torn and they were threatened of dire consequences to themselves and their families. Even the Police of the area was won over to register the FIRs of the management and refuse to register the FIRs of the workers. The allegations regarding unleashing the reign of terror and intimidation through hired musclemen against the workers does not appear to be false or concocted stories. Indeed it is unbelievable that the employees would resort to violence and indulge in destructive activities, which would endanger their jobs and deprive them of their livelihood. The management blames that the employees were acting under the instigation of some union leaders is not wholly true. In any dispute both the parties are partly responsible for the violence. Very seldom only one party is to be blamed while the other is entirely innocent. In this case it appears that the hospital management has acted in a high handed manner, with its employees with ulterior motives and that the workers have been the victims of their machinations to do away with their services and legal rights through force.

terror and influence. They have created a false impression that workers' union leaders are causing mischief, and are instigating them to resort to violence. The truth is that employees are not aggressors. They are the victims of the violence caused by the hired musclemen of the management, with the connivance of the local police. Moreover, the hospital management has deliberately run down and depleted the Ayurvedic section, Research Centre and Ayurvedic Nurses' Training School, to its minimum level quite contrary to the wishes of the founder Lala Khairati Ram. The Talwar family which has complete control over the management of this hospital have wilfully converted it into a super specialty Allopathic hospital because by doing so they can rake in enormous sums of money, through consultants and eventually sell it to the big investors.

The Mool Chand Khairati Ram Hospital has not only acted contrary to the wishes of its founder, but also violated the terms and conditions regarding free treatment to the poor, openly both in letter and spirit. In fact, the hospital management does not consider it to be a charitable hospital at all. By changing the text of the Will they have shown it to be secular but not charitable. They say that in the Will this hospital is not described as a charitable hospital. This is so, perhaps due to alterations made in the Will. There must have been a reference in the original Will that the hospital was to be charitable. The land would not have been allotted if it was not charitable. In its present mood, the management is not prepared to admit that it is legally or morally bound to give any free treatment to any patient. Moreover, they say that the word 'poor' is not defined in the lease deed or anywhere else, and therefore, it is difficult to say who would be entitled to free treatment, if

any. They have not produced the original Will. They are relying on the doctored version of the Will. It contains in Para 8 (a)(2) the following sentence "in order to gain object No. 2, it is not prohibited to take help from the English or Unani or any other system of medicine". This sentence appears to be an interpolation in the original Will. Lala Khairati Ram, at the time of making this Will in 1927, would not have an idea that in establishing an Ayurvedic hospital, there would be a need to take any help from English or Unani system. He was very clear in his mind that he was going to establish an Ayurvedic hospital. At that time, there must have been several allopathic and Unani hospitals in Lahore. His idea seems to be to give special boost to the Ayurvedic system, which was then a neglected one. Therefore, he must have contemplated only an Ayurvedic hospital and not a mixed one. This interpretation of Para 8(a)(2) is supported by the circumstantial evidence viz. the original Will in Urdu language has not been produced. It was not shown to Lalita Devi, the Widow of Khairati Ram, in spite of her repeated requests in her life time perhaps because it was altered, that the lease deed was executed in 1968, one year after her death and also the fact that there is a systematic reduction of Ayurvedic treatment of patients, carrying on the Ayurvedic Research, publication of Ayurvedic literature and removal of Ayurvedic physicians and surgeons, reducing the number of Ayurvedic wards from original four to the present only one, or in fact half. These objective facts when taken into consideration go to show that there is a deliberate and systematic effort by the Talwar family to change this Ayurvedic charitable hospital into a non-charitable, profit making, allopathic hospital. The allegation, that the hospital with its vast lands of 9 acres is in the process of being given away in a secret deal to big investors as a private property

of Talwar family for colossal amount of money, does not appear to be entirely baseless. The facts and circumstances in respect of this hospital show that it might well be true. It also amounts to breach of faith with the original founder Lala Khairati Ram and a clear contravention of his desire to have an Ayurvedic Hospital, Ayurvedic Research Centre for Ayurveda and a School for the training of Ayurvedic Nurses. It also amounts to doing irreparable loss and damage to the patients who want Ayurvedic treatment in this age of predominantly allopathic treatment which has innumerable side effects besides being extremely costly.

It is an imperative need to save this great institution from the clutches of narrow-minded, selfish and extremely materialistic persons, who have grabbed it and appear to be bent upon throwing it to the wolves. The lease needs to be terminated forthwith and the possession of the land needs to be taken. It may be allotted to an institution or a body of persons who would run this hospital in accordance with the desire and objectives set by the original founder Lala Khairati Ram. Although the original Will is not made available, but the intention of the original founder is absolutely clear that an Ayurvedic Hospital giving totally free treatment to all patients was his dominant intention and that he had never thought of converting it into an allopathic hospital. Probably because allopathic hospitals were many then and they are far too many now. Indeed, his original intention must have been to upgrade this hospital into an Ayurvedic College through the Ayurvedic Research Institute and Ayurvedic Nurses' School, which he established as far back as in 1927 and continued in his lifetime. Perhaps his widow Kaushalya Devi was distressed by such conversion of Ayurvedic Hospital into allopathic for monetary gain by Sardarilal Talwar that she kept clamouring for looking at the original Will which

was not shown to her in her lifetime so that interpolation may not come to light. This conclusion is supported by circumstantial evidence also. This hospital has the potential not only to develop into an Ayurvedic College but also it can be further developed into the nucleus of an Ayurvedic University in Delhi. It has the vast area of 9 acres of prime land in the most expensive South Delhi, which would be sufficient for Ayurvedic College. If this hospital is not saved now, it may be too late because it appears to be in the process of being sold out.

To run this hospital an appropriate managing committee may have to be nominated which would bring this hospital back to its original position and thus continue to fulfil the wish and desire of the original founder Lala Khairati Ram. The new lease deed must clearly spell out that the land is given for the specific purposes set out in the original Will of running Ayurvedic hospital, Ayurvedic Research Institute and Ayurvedic Nurses' Training Centre. The ground rent should be at commercial rate as would be the case with all hospitals who have been given the govt. land. The new managing committee to be nominated by the govt. should consist mostly of the persons who have experience in managing a charitable hospital.

R.B. SETH JESSA RAM HOSPITAL

R. B. Seth Jessa Ram Hospital was originally established at Dera Ismail Khan (N.W.F.P.) now in Pakistan, under a Trust Deed. After Partition of India, R. B. Seth Jessa Ram and his family migrated to India. Apparently, a new trust deed dated 25.4.1952 was executed at Delhi, captioned as 'Declaration of Trust'. Under clause 21 of the said trust deed, rules were framed for running the charitable hospital. The said declaration of trust and the Rules made there-under were

produced and taken on record along with the statement of the Chairman of the Board of Trustees Sh. Roop Chand Bhatia(Witness-14). In view of the importance the said trust deed and the Rules are annexed hereto as **Annexure H** (Collectively). The hospital is named as R. B. Jessa Ram and Brothers Charitable Hospital Trust. Seth Jessa Ram and his family members were the trustees. In the said trust deed there is a provision that the objects of the trust shall be to establish, run and maintain a charitable hospital at Delhi. The founders of the trust are to continue as trustees during their lifetime. Clause 5 of the Trust Deed provides that the founder trustees shall have the power to co-opt any other person or persons not exceeding three as co-trustees with them, if and when they consider it expedient to do so for the purposes of carrying out the obligations under the trust. The said co-option shall be exercised by a unanimous decision of the founder trustees. Clause 6 provides that the hospital thus founded shall provide medical relief to all persons without any distinction of caste, colour or creed. Clause 7 provides that in no case shall the trustees be entitled to draw upon and spend the principal amount except for construction of hospital building, acquiring suitable site for the same, and for purchasing the hospital equipment. Clause 9 provides that in case of vacancy being caused out of founder trustees, the same shall be filled by the remaining trustees by means of election from among the male lineal descendents of the founder trustees or of their brothers including the retiring founder trustees. The Rules framed under Clause 21 of the Trust Deed for running the hospital refer to the names of the Medical Superintendent, Dr. Y. P. Munjal and Surgeon in Charge Dr. N. K. Grover. They are authorised to look after the day to day functioning of the hospital. They are also to be permanent invitees in the Trust meetings.

The hospital was well managed and run efficiently under the direct supervision and control of Seth Jessa Ram in his lifetime. After his death also the hospital continued to run efficiently for some years and provided good service to the patients. It had 150 beds and good infrastructure. After some time, the trustees, who are sons and grand sons and close relatives of Seth Jessa Ram, lost interest in the hospital. Only the Chairman of the Board of Trustees, Sh. Roop Chand Bhatia continued to take interest in the day-to-day working of the hospital. In recent years, the relations between the Chairman Sh. Roop Chand Bhatia and other trustees became strained because according to Sh. Roop Chand, the other trustees were trying deliberately to reduce the services of the hospital and also because they were interested in showing that the hospital was financially unviable and that it should be given over to some party who is prepared to invest large sums of money to revive the hospital. Sh. Roop Chand Bhatia came to know that his co-trustees had struck a secret deal with some land sharks to give away the hospital as a sick unit, together with its very valuable prime land. This subject became talked about openly in public that R.B. Seth Jessa Ram Hospital was about to be sold by its trustees, who would get huge sums of money amounting to crores of rupees in such a deal. There were articles and write ups published in the daily newspapers to this effect. The chairman Sh. Roop Chand was strongly opposed to any such deal and he wanted the hospital to be run as per the wishes of the original founder Seth Jessa Ram. He insisted that he will not take any money and will not allow other trustees also to take money. According to him the other trustees could not get the deal through, because he did not agree to such a deal and that under the provisions in the trust deed the decision had to be unanimous of all trustees. He

further says that other trustees kept on mounting pressure on him to agree to the deal and take his share also. But he did not agree and insisted that neither he, nor any other trustee should derive any illegal financial benefit. With a view to see that the hospital remains a charitable hospital and that it continues to serve the people as it has done for several decades, he approached the trustees of Sir Ganga Ram Hospital to become the co-opted trustees under the aforesaid clause 5 of the Trust Deed. According to Sh. Roop Chand, the Chairman of Sir Ganga Ram Hospital Trust, Dr. Sama, agreed to help him out and restore the hospital to its normal functioning. He says that Dr. Sama also agreed to invest about two Crores of rupees for the purpose, out of the reserve funds of Sir Ganga Ram Hospital. He also says that Dr. Sama put only one condition, that Sir Ganga Ram Hospital Trust will not pay any money to any trustee of Jessa Ram Hospital. Sh. Roop Chand agreed to this condition because he did not want to take any money himself nor did he want any of his co-trustees to take money illegally.

When the other trustees came to know about Sh. Roop Chand talking to the trustees of Sir Ganga Ram Hospital. They got disturbed and themselves approached the trustees of Ganga Ram Hospital. Sh. Manohar Bhatia (Witness-17) states that he and his other co-trustee went up to see Dr. Sama at Ganga Ram Hospital. According to him Dr. Sama put the condition that he would like to replace all the employees and consultants of Jessa Ram hospital to make a fresh start to bring back the hospital to its health. According to him this condition was not acceptable to other trustees. The matter rested there regarding participation of the trustees of Ganga Ram hospital and their willingness to be co-opted as trustees of Jessa Ram Hospital and to invest two crores of rupees to revive Jessa Ram Hospital.

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The Chairman Sh. Roop Chand Bhatia was so distressed by the constant pressure of his co-trustees that he wrote letters to the Hon'ble Chief Minister and other dignitaries of the Delhi Govt. and to this Enquiry Committee, seeking help to save the hospital from being sold out. He approached this Committee and appraised it of the designs of his co-trustees. Other trustees also came before this Committee and gave their formal statements which were recorded. Sh. Thakur Dass (witness-16), who is the son of Late R.B. Jassa Ram, admitted that up till now they (i.e. trustees other than Sh. Roop Chand) were sleeping therefore the hospital activity has dwindled. But he claimed that now they have woken up and in future they will take interest in the working of the hospital. He alleged that Dr. Y.P. Munjal (Witness-15) and Dr. N.K. Grover have been running the hospital as they like and for their personal benefit and that they have excluded the trustees from the management. Sh. Thakur Das also said that these two doctors have been making huge sums of money, amounting to about one lac of rupees per month each, out of the income they get from the hospital. The witness has also stated that when the hospital was working normally there was a daily collection of rupees one lac through consultants. He further stated that Dr. Munjal has facilitated his wife to work as Sr. Gynaecologist. She has her own large income from this hospital. The daughter of Dr. N.K. Grover is running her private dental surgery as a tenant in the hospital. According to him she has taken a portion of the hospital premises on rent and paid a fixed amount to the hospital as rent. Sh. Thakur Das denies that the trustees are trying to co-opt three outside investors as trustees under clause 5 of the trust deed in a secret deal for their personal gain. According to him the hospital is in financial difficulties and needs huge investment to bring it back to its normal functioning. Therefore according to him the trustees are looking for three new trustees who

he co-opted under clause 5 of the Trust Deed to provide required finances. He denies that the hospital is being given over to big investors for huge financial gain for each of the trustees. According to him this is totally baseless allegation. This witness came back again after about 10 days with five employees of the hospital and gave additional statement. He bitterly complained against the unreasonable behaviour of Dr. Y.P.Munjal, who had refused to pay Rs. 2500/- in cash, which were needed for cash payment to the acceptors of family planning, as incentive under the scheme. Instead Dr. Munjal issued a cheque of Rs.2500/- although according to Sh. Thakur Das he had plenty of cash with him. He also said the employees of hospital gheraoed him when he went there. They demanded that proper financial arrangements should be made to pay their salaries and other dues, every month, including the GPF contributions. He had brought with him five representatives of the employees of the hospital who were keen to put forward their grievances before this Committee. Their grievances are many and appear to be genuine. They were assured that this Enquiry Committee would make appropriate recommendations to put an end to their woes as far as possible. They appeared to be satisfied and expressed their gratitude.

The running battle between the Chairman Sh. Roop chand Bhatia on one side and other trustees on the other side is rising to a high pitch almost every day. Both sides are sending letters to the Govt. again and again, making allegations and counter allegations against each other. The other trustees seem to be bent upon removing the Chairman Sh. Roop Chand and take over the hospital under their control with the help of the aforesaid two doctors with whom they seem to have patched for a common cause of making illegal money and share the booty.

On receiving the complaints against Jassa Ram Hospital and the allegations that the hospital was about to be sold and given away by its trustees, this Committee decided to pay a surprise visit to Jassa Ram Hospital. Accordingly the Chairman, High Level Committee accompanied by the Member Secretary and the Medical Superintendent, DHS, visited the hospital on 13.2.2001. At first there was no responsible official available to give required information to the visiting delegation. Dr. Y.P. Munjal, the Medical Superintendent was called. The Chairman of the Board of trustees Sh. Roop Chand Bhatia also came in. Dr. Munjal said that the hospital has been run down because of the negative attitude of trustees. He blamed the trustees entirely and held them responsible for the sad state of affairs in the hospital which had reached a dead end. Dr. Munjal said that he had arranged for a loan from Punjab & Sind Bank, who are bankers of the hospital. But according to him the persistent negative approach of the trustees had paralysed the hospital and nullified his efforts to revive the hospital. The Director of Health Services, Dr. R.N. Baishya (Member Secretary of this Committee) questioned Dr. Munjal regarding non-compliance by the hospital management in respect of certain requirements. The Jassa Ram Hospital has so far not replied to the questionnaire sent to it. He blamed all this to the non-co-operation of the trustees. During the visit the delegation found that the special rooms on the second floor were locked and the name plates of some trustees were put up indicating that they were using them as their offices. The key of the rooms were called for and on opening them it was found that the rooms have been unused for some years. The costly equipment was covered with thick layers of dust. There were pigeon droppings almost on every inch on the beds and other articles in the rooms. The window panes were broken and the rooms presented a gloomy sight. The costly hospital beds and

other equipment were allowed to get rusted due to non-use. The delegation asked for opening the third floor where ICU and ICCU are situated with equipment worth lacs of rupees installed therein. The entrance door was locked and was made inaccessible. On the insistence of the Chairman, the keys were called for but they were not available. Hence the third floor where ICU and ICCU are situated, could not be inspected. They seemed to be deliberately made inaccessible. Other floors above also were inaccessible. The visiting delegation was informed that more than Rs. 85.00 lacs have been spent on restructuring, renovation and additions, which are lying unused and unproductive. The Chairman Sh. Roop Chand Bhatia informed that the total assets of the hospital are worth more than rupees twenty five Crores and the liabilities are only about rupees two Crores. Thus, according to him, the hospital is not only viable but also capable of expansion to render very good service to the people and thus achieve the objectives set out by the founder Late R. B. Jessa Ram.

Taking an overall picture of the hospital in the light of allegations and counter allegations one thing becomes very clear that the trustees (excluding Sh. Roop Chand Bhatia, the chairman) are not in a position to run this charitable hospital as it was done before. It is also clear that they are contemplating inducting three trustees under clause 5 of trust deed as co-opted trustees who will finance the money required for the revival and rejuvenation of the hospital. Seeing that now this matter has become a public issue and that their own integrity is in doubt the trustees, other than Sh. Roop Chand, are desperately looking for a solution where in they would retain the control of the hospital and get financial benefit under a secret deal. They have put forward some proposals recently for reviving the hospital

in. The latest one carries a proposal that they want to revive the hospital with help and assistance of Dr. Munjal and Dr. Grover. This is a sudden and strange volte-face on their part. Only a few days ago they had bitterly complained against the two doctors. Now suddenly they have changed their strategy perhaps under a new understanding with these doctors. Their aim seems to be to exclude the Chairman on the one hand and on other to prevent honest persons being co-opted as trustees. If honest persons come in, they would not get what they want. They are bitterly opposed to Sh. Roop Chand Bhatia as he has spoiled their entire game and prevented them from getting the lucre they were about to get. They also seem to have patched up with the two doctors who have been controlling this hospital for decades and getting enormous financial and other benefits for themselves and their families. The trustees other than Sh. Roop Chand Bhatia may have been thinking that it would be almost impossible to oust these two doctors and therefore according to them it would be better to team up with them and make a combined effort to squeeze out Sh. Roop Chand Bhatia from the management, so that they may get what they desire. Be that as it may, the situation is quite serious and needs a drastic solution. It is indeed very sad to see that the sons and grand sons of the great philanthropist Seth Jessa Ram seem to be out to damage this great institution of lust for money. With all their protestations of innocence, it seems very clear that they want to benefit themselves irrespective of the fate of this charitable hospital and loss to poor patients. The machinery and equipment worth crores of rupees should not be allowed to get rusted and the hospital must be saved. There is considerable force in the allegations made by the Chairman Sh. Roop Chand Bhatia that this has been deliberately done to make the hospital look sick and unviable. The sudden volte-face of these trustees from bitter hostility towards

two doctors to sudden co-operation, cordiality and making a common cause with them is clearly indicative of evil intentions of the trustees other than the Chairman. If their intentions were clear, there was no reason to oppose the induction of three trustees of Sir Ganga Ram Hospital, who have clean record in running a charitable hospital and built up finances to cure a sick hospital like R.B. Jessa Ram. The Delhi Govt. may have to act promptly and decisively to save this charitable hospital from being given away to selfish, vested interests.

The hospital management has grossly violated the terms and conditions on which the land was granted for constructing a charitable hospital. Now it is neither charitable, nor even a hospital. It is almost like a ghost institution. Therefore, it is a fit case in which the allotment of land should be cancelled, with immediate effect to save it from falling into wrong hands and to create a number of legal complications. After the cancellation of allotment of land, it may be re-allotted to a new management committee which could be constituted through the government's nominees. The new management committee should have persons who are men of integrity and have experience in running charitable hospitals. The Chairman Sh. Roop Chand Bhatia's suggestion that the three trustees of Sir Ganga Ram Hospital should be co-opted under Clause 5 of the trust deed is very constructive and deserves to be considered seriously. The other trustees may remain for the time being, but the day-to-day management of R. B. Jessa Ram Hospital should be divested from Dr. Munjal and Dr. Grover, who seem to have developed deep personal interests in the management. With the presence of these three co-opted trustees neither the other trustees nor the two doctors would be able to have their way and harm the interest of the trust and that of the public who benefit from this hospital. It is

hoped that Delhi Government will not fight shy of taking over the management of such grossly mis-managed charitable hospitals like R. B. Jassa Ram Hospital. It is a legal, social and moral responsibility of the government to see that the charitable hospitals should remain charitable and serve the people as desired by their founders, especially when the govt. has given away very valuable land for this noble purpose. The situation seems to have reached a flashing point and therefore prompt action is called for, before the damage becomes irreversible. The trustees, other than S. Roop Chand, seem to be acting fast to pre-empt any action the Delhi Govt. may take in this regard.

B. L. KAPOOR HOSPITAL

B.L. Kapoor Hospital was established in Lahore as a charitable hospital and managed as a trust before Partition of India by Dr. B.L. Kapoor, who was himself an eminent doctor. The hospital functioned effectively and served the cause of providing free treatment to the poor under the direct supervision and control of Dr. B.L. Kapoor. After partition the trustees migrated to India and got the Lahore hospital society registered under Societies Registration Act, 1860. The society applied for land to build the charitable hospital in Delhi. The Delhi Improvement Trust allotted about 5 acres of land situated at Pusa Road, Delhi, in the year 1957 on the initial payment of Rs.25000/-. The hospital was constructed and commissioned in 1959. It continued to serve general public of the area and had a good reputation. In recent years there have been serious allegations against the trustees and the management of the hospital. Articles and write-ups were published in daily newspapers alleging that the hospital is sold to big investors who want

demolished the existing hospital complex and build a new super specialty hospital on the site. In response to the public notice published in local dailies by this Enquiry Committee quite a number of representations were made wherein serious complaints were made against some of the leading hospitals of Delhi. B.L. Kapoor Hospital is one of them. There were persistent reports that the charitable hospital was not only close down completely but also being demolished under a secret deal between the trustees and the buyers under the pretext that an ultra modern super specialty hospital is to be built. This Committee therefore decided to visit the site and get the first hand information about the correct situation. The hospital authorities persistently refused to answer the questionnaire or to give any information in this regard. Therefore also it became necessary for the visit to the site. The Chairman and Medical Superintendent in D.H.S. together with a representative from DDA visited the hospital at 3.00 p.m. on 15.12.2000. It was found that almost all buildings of the complex were demolished. Only one wing in a corner was being demolished. Almost the entire land was vacant with some debris here and there. Two trustees and some employees were present with whom there was detailed discussion. The two trustees tried to emphasise that the trust were the owner of the land because they had paid as premium Rs.50, 000/- in 1957, which was a big amount equal to the market price of the land then. On questioning the trustees were totally non-committal on giving free treatment to the poor and needy patients in the proposed new super specialty hospital to be constructed on the site. Apparently they did not want to give any free treatment at all. The trustees continued to emphasise that the new hospital would be a landmark in specialised medical and surgical services. A model was put up in the temporary structure from where the demolition and

reconstruction was being controlled. It was claimed that the new hospital would have Trauma Treatment Centre, which would be unique. It was also emphasized that the director of the hospital will be an eminent Indian doctor at present running a medical establishment in New York. The trustees were at pains to point out that the total outlay for a new super specialty hospital will be over rupees hundred crores.

A few days later the said two trustees accompanied by Dr. Parvez Ahmed and one Mrs. Rita Chaudhary came to the office of the Chairman, High Level Committee at Maulana Azad Medical College. Mrs. Rita Chaudhary emphasized that the equipment to be installed in the new hospital will be ultra modern and that accident trauma treatment will be a distinct contribution of the proposed super specialty hospital. Dr. Parvez Ahmed spoke at length on how the new hospital will be run. The trustees informed the Chairman, High Level Committee that they have received a communication whereby further work on the hospital site has been ordered to be stopped at present. Since then there is no information in this regard from the trustees.

B.I. Kapoor Hospital is another instance of a hospital, which was allotted land to construct a charitable hospital, is about to be sold away to new investors who are prepared to invest many crores of rupees for constructing a super specialty hospital, which is now a big business. On the one hand it facilitates investment of a huge amounts of unaccounted money and on the other hand these so called super specialty hospitals are means to rake in enormous sums of money from the super rich and even from not so rich for the so-called super specialty treatment. There is no element of charity or free treatment to poor and needy patients. In principle

there can be no objection to upgrading medical services to satisfy the ego of those who can afford it. Even over-charging of patients to some extent under various pretexts, may be permissible. But such super specialty hospitals with five star luxury rooms should be established on privately purchased and privately owned land and not on the govt. lands which are meant for free charitable hospitals.

The super-specialty hospitals are essentially commercial ventures. They should be permitted to be run only on commercial lines. They are not entitled to get special concessions meant for charitable hospitals. The charitable hospitals means free treatment hospitals primarily meant for poor patients. Some rich and not so rich persons also may get free or subsidised treatment in private charitable and govt. owned hospitals. But they are essentially for those who cannot afford the exorbitant charges of upgraded speciality or super-speciality hospitals. Therefore, commercially run hospitals should be built on commercially purchased and privately owned land. The govt. owned land should be allotted only to those hospitals which are genuinely charitable, i.e. primarily for the poor patients and giving free or highly subsidised medical treatment. These four hospitals are not charitable. They are big commercial enterprises. Therefore, their allotments on the basis of being charitable needs to be cancelled immediately. The new allotment of the sites of these, and in fact, all hospitals has to be at the revised, updated commercial rates of ground rent. The new management committees in the case of Mool Chand Hospital, Jessa Ram Hospital and B. L. Kapoor hospital have to bear in mind the objectives set out in their trust deeds or Will and in the manner they were run by their respective founders. They were truly charitable men and great philanthropists. Their expressed wishes should be carried out for the benefit of their souls and for

the benefit of poor patients for whom those hospitals were established.

The above four hospitals have been dealt with singly because they are special cases. They appear to be on the verge of being sold out or transferred for ulterior purposes. Prompt and effective action is necessary to save them as charitable hospitals. In their cases the reconstitution of Managing Committee is the appropriate remedy. The other hospitals who have been allotted land on concessional basis also have many deficiencies but all of them fall into a different category wherein there is contravention of the terms of lease of providing free treatment to the poor is uniformly violated and therefore the cancellation of their leases would be appropriate action. But their functioning under the existing managements does not call for immediate action. Only the proper monitoring and strict compliance is called for. In their cases also after cancellation of the existing leases the new leases may be created with new terms and conditions and the commercial rate of ground rent must be levied.

TERMS OF REFERENCE

A. As regards the first term of reference of this Committee, it must be noted at the outset that both Central Govt. and Delhi Govt. have so far not formulated a clear and uniform policy, nor given any guidelines regarding the conditions of free treatment to the poor and needy patients in the charitable hospitals who have been given large tracts of prime land at a throw-away rate of annual rent. This absence of clear policy or guidelines has created chaotic situation in those hospitals regarding free treatment to the poor. The situation is made worse by use of the words "Perpetual Lease" and the provision in the letters of allotment that when the

allottee sells demised land to a third party, with the permission from the allotting agency, the lessee will pay half the amount of the selling price to the lessor. This provision has created a wrong impression in the minds of the lessees that they are the owners of the land and that they can sell the demised land to a third party as and when they like and to any one they choose. The requirement of the permission of allotting agency and payment of half the amount of selling price are considered by them to be minor irritants not affecting their ownership rights. These are strange conditions which are legally untenable, because firstly the lessee cannot transfer his personal right to occupy and use the demised land to a third party. The sub-letting of govt. land is not permissible in law. The lessor can create a new lease in favour of a third party if it so desires. But the lessee cannot create a sub-lease by his action. This thoughtless provision has resulted in the charitable hospital trustees and managements considering themselves to be the owners of the land and now some have put up those hospitals for sale. Many such charitable hospitals are now in the process of being sold and transferred to land sharks, who get valuable prime land by paying a few crores of rupees to the greedy, selfish and unscrupulous trustees and those who manage these charitable hospitals. The trustees are using devices such as appointing the purchasers as trustees in the vacancies created to facilitate the induction of the purchasers as new trustees. The time has come for Central Govt. and Delhi Govt. to act decisively and to save these hospitals to achieve the objectives of the original donors and also the purpose for which these valuable lands were allotted, viz. to provide free treatment to the poor, needy and deserving patients. It must intervene immediately without further delay to stop the machinations of the trustees and other vested interests to give away these charitable

hospitals through surreptitious and murky deals. To achieve this objective, the government may have to appoint its nominees in the managements of those hospitals and even take over complete managements of some of them to run them as charitable ones in accordance with the wishes of the founders of the trusts. The L & DO representative cited instances of similar action taken in respect of some such allottees who grossly violated the terms and conditions of the allotment. He pointed out the action taken in case of Dhirendra Brahmchari Ashram, Sapru House and some others. It is highly imperative to act promptly and effectively in this direction.

Secondly, the government will have to examine the procedure of allotting land to charitable hospitals. It should make necessary changes in the terms and conditions in the lease deeds. It would be more appropriate to call all such leases "Long Term Lease" instead of "Perpetual Lease". Perpetual is understood to mean till eternity. Even if the allotment is for 99 years, it is not perpetual. It should be termed as long lease. Initially, it should be for a period of thirty years, renewable after every thirty years on mutually agreed terms and conditions, including the amount of annual ground rent. Thirty years, i.e. one generation, is a reasonably long period for revision of terms and conditions, which may be mutually agreed to, keeping in view the changes in the circumstances during the period. Thirty years lease does not mean the land is to be vacated after 30 years. It is to be renewed every thirty years. Only the terms and conditions will have to be modified as required. The terms of lease must clearly set out that it is not transferable, and that any contravention or attempt to transfer the land to a third party, open or secret, would lead to automatic termination of the lease, and that the lessor would be entitled to take possession of the demised land immediately, irrespective of the

construction standing thereon. Such a provision would effectively deter the lessee and his intended transferee. The govt. would do well to lay down clear and effective guidelines regarding the cancellation of lease and resumption of the demised land. The guidelines may be framed also regarding taking over the management of the concerned hospitals, appointing new management committees, nomination of persons who have experience in running charitable hospitals and are honest, sincere and committed to the cause of giving genuinely free medical treatment to the genuinely poor, needy and deserving patients.

Thirdly, the policy of allotting vast areas of land for charitable hospitals for illusory (as for example, One rupee annual rent) or very low rent as at present, is not justifiable. These hospitals can afford to pay commercial rate as annual ground rent. Giving free treatment to poor is a separate legal, social and moral responsibility of every hospital and nursing home, irrespective of whether government land is allotted to it or not. The allotment of government land at a reduced rate of ground rent should not be mixed up with the liability to give free treatment to poor patients. These two things must be kept apart and dealt with separately. There should be one uniform policy regarding the rate of ground rent. All charitable and other hospitals must pay commercial rate of ground rent. The rates of rent at present levied are hopelessly under-rated and unrealistic in view of the enormous increase in the market value of the land. Perhaps, that is the reason why the land sharks are trying to grab these lands given to charitable hospitals at a throw away rates of ground rent. Each one of these valuable chunks of land is worth many crores of rupees. The trustees of charitable hospitals are too greedy and selfish. Therefore, they become easy prey for the land sharks especially when

they are offered crores of rupees for their personal gain. The government should also set up machinery to review, revise and update periodically the allotment policy and the rates of ground rent.

As stated above, most of the charitable hospitals are no more genuinely charitable. They have contravened the stipulation regarding free treatment to poor, needy and deserving patients in varying degrees. Some of them have further and contravened other terms also such as sub-letting, unauthorized construction, misuse of land, etc. as in the case of Mool Chand hospital. To justify their contraventions regarding free treatment to poor patients, they say that there is no commonly accepted definition of poor and the extent of free treatment is not precisely defined. Moreover, they say that there is no stipulation regarding free medical service in the lease deeds or allotment letters. These arguments are untenable because these hospitals are registered as charitable ones under the Registration of Societies Act 1860. The lands were granted by L&DO and the Government on the basis that it was to be used for building charitable hospitals. Apart from the express terms in the lease deeds there is an implied condition that charitable hospitals are allotted vast lands with a specific purpose to provide free treatment to the poor patients. This was a necessarily implied condition of the allotment of land. It was understood and agreed to by the original allottees. The meaning of poor is also quite clear and commonly understood to mean those patients who have no money or means to pay for the medical treatment. The extent of free treatment is also not in doubt because 'free' means 'totally free' where the patients have to pay nothing, including medicines and consumables. By applying common sense and the test, it is easy to see that the patient is poor and deserves free treatment.

impostor, who falsely claims to be poor can easily be distinguished from a genuinely poor, needy and deserving patient. The exclusion of the cost of medicines and medical consumables from free treatment would itself exclude all genuinely poor, needy and deserving patients, because they have no money to pay for medicines and consumables. Those who are given free treatment are generally not poor, because they have been compelled to pay and may have actually paid thousands of rupees, in some cases a lac or more for medicines and consumables. Such patients cannot be considered genuinely poor or needy patients. All charitable hospitals have in the past committed gross breach of the conditions regarding free treatment and have made other contraventions also. Therefore allotments of lands to charitable hospitals are liable to be cancelled. Those allotments after cancellation can be re-allotted to them under the new terms and conditions of lease for a period of thirty years on the revised commercial rate of ground rent. The condition regarding free treatment to the poor should also be precisely set out in the allotment letter as well as the new lease deeds.

B. The second term of reference requires this High Level Committee to suggest suitable policy guidelines for free treatment facility for needy and deserving patients, uniformly in the beneficiary institutions. So far there are no policy guidelines for free treatment facilities. Therefore, there is no uniformity in this respect. All hospitals, charitable and non charitable, have been following their own individual policies as it suits them. Some charitable hospitals provide good free treatment facilities for needy and deserving patients, such as Sir Ganga Ram Hospital, Batra Hospital etc. But most of the charitable hospitals have very little free treatment facilities for the poor. This has created a chaotic condition in respect

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of free treatment to poor patients. As stated above the charitable hospitals are more charitable. Most of them are run on commercial lines and some of them have been converted into large money making institutions in the name of speciality and super speciality treatment hospitals. Many hospitals have complained that they would become financially unviable if they are forced to give free treatment facilities to even 25% of the total number of I.P.D. patients. To make the matter worse the & DO has imposed condition requiring some charitable hospitals to reserve 70% of the total number of beds for free treatment. In such a situation it is of utmost importance that there should be uniform policy guidelines for free treatment facilities for needy and deserving patients. The predominant view of leading persons in big hospitals and other experts is that the reasonable number would be 10% of the total beds should be reserved for free treatment to poor patients. Some of them have said that this can be raised to 15% of the total beds, without affecting the financial viability of the hospitals. While considering this aspect of the matter it is essential to keep in view the social and moral obligations of the hospitals to poor, indigent, needy and deserving patients in a country like India, where about 40% of the population are living below the poverty line. Many of these poor people have no means to pay for medical treatment. Some of these unfortunate people die of premature deaths due to small ailments. Millions suffer from diseases related to malnutrition. This tragic situation can be avoided, if there is a sensible policy to extend free medical treatment to such people. While formulating a new policy guideline, the two competing claims have to be kept in mind, viz. the financial viability of the hospitals who should not be over burdened or crippled with excessive liability to provide free treatment and on the other hand the poor and needy patients.