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**(2001) 07 AP CK 0143**

**In the Andhra Pradesh High Court**

**Case No : Writ Petition No. 23340 of 2000**

News Paper Clippings

APPELLANT

Vs

State of A.P.

RESPONDENT

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**Date of Decision :** 25-07-2001

**Acts Referred:**

**Citation :** (2001) 07 AP CK 0143

**Hon'ble Judges :** S.B. Sinha, C.J.;V.V.S. Rao, J

**Bench :** Division Bench

**Final Decision :** Dismissed

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## **Judgement**

S.B. Sinha, C.J.—On the basis of a news item published on 18-11-2000 under the caption "State Hospitals short of beds; patients from districts are worst affected" in the "Deccan Chronicle", English Daily Newspaper in relation to the existing conditions of the Osmania General Hospital, Hyderabad and General Hospital, Secunderabad, a writ petition was entertained by this Court. In the said Article it was pointed out that there has been shortage of beds for treatment of the patients belonging to the weaker sections of the society.

2. When the matter was listed before a Division Bench of this Court consisting of Shri N.Y. Hanumanthappa, J. (as his Lordship then was) and Sri Vaman Rao. J, by order dated 27-12-2000, the learned Bench observed:

After satisfying with the contents and the complaints mentioned therein, we find that it is a fit case where an enquiry could be caused as to the existing conditions in the said hospitals.

3. Government Pleader for Medical and Health took notice in this writ petition.

4. Before sending a team of Commissioners to know the conditions prevailing in the aforesaid hospitals, we feel it proper to first get the following information from the respective Hospitals:

Staff

1. Cadre strength of Doctors in each speciality:

- 1) Professors
- 2) Assistant Professors
- 3) P G Students

POSTS FILLED UP AND VACANCIES

2. Cadre strength of Nursing staff:

1. Head Nurse
2. Nurse
3. ANMS
4. Trainee Sisters

VACANCIES IF ANY NOT FILLED UP

3. Other staff strength i.e., Class IV, Ward Boys and other categories of vacancies not filled up:

BUDGET

Total amount for the last five years sanctioned, released and used.

Distribution for various items.

1. Basis or criteria for allotment of budget for the last five years including purchase of medicines.
2. Surgical consumables;
3. Surgical instruments;
4. Food for patients;
5. Chemicals like phenyl etc., for cleaning and other details.

BED STRENGTH

Daily admission of patients

Bed strength, category-wise.

Average stay of patient in hospital, occupancy of beds.

Whether beds sufficient, shortage, if any, how it is managed (information to be furnished for 1999-2000 in quarter wise.)

Expenditure on medicines for inpatients and for out patients

Budget for development and addition of latest equipment - for the last five years.

List of modern medical equipment for diagnostic and therapeutic use available.

The period for which each of these remained inoperative for repairs-Alternate arrangements during such periods.

Any equipment remaining idle and unused?

Super Speciality facilities available like Nephrology, Urology, Gastroenterology, Cardiotherapeutic, Surgery, Neurology and Neurosurgery, Micro- surgery, Plastic surgery and other super specialities and number of specialists in each branch of super specialty.

Average intake of inpatients in each field for the last two years, quarter wise i.e., ending with March 31st, June 30th, September 30th and December 31st.

Number of surgeries in each super specialty for the above period.

Number of deaths in each case.

Any special allocation of funds made for super specialty branches.

What are the drawbacks and problems in managing super specialty patients, financial, logistic and administrative?

1. Number of major and minor surgeries otherwise than super specialty.
2. Emergency trauma and emergency branch facilities.
3. What are the arrangements for receiving emergency patients?
4. What is the average time it takes from the moment of reporting emergency patient and his being taken to ward or operation theatre?
5. What is the average time taken to conduct surgery in emergency cases where surgery is required from the time the patient brought to the hospital?
6. What are the emergency cases generally reported and treated?
7. Number of Doctors allotted for emergency duties.
8. What are the emergency facilities available all the 24 hours including the of surgeons and specialists on duty?
9. What are the postoperative complications in super specialty surgeries and what are the arrangements for managing the postoperative complications?
10. What are the administrative powers of the Superintendent-Financial and Administrative?
11. What are the powers of Heads of the Departments?
12. What are the functions and powers of RMO?
13. What are the powers of each of these in respect of disciplinary actions on the members of the staff including nursing staff and Class-IV staff, and on administrative staff?

14. Number of disciplinary actions instituted against the members Administrative staff, Nursing staff and class IV staff in the last five years.

15. How many such cases resulted in inflicting of punishment?

16. Is there any interference of difficulty in exercising the administrative powers, particularly the disciplinary powers?

17. Do the rules provide for transfer of nursing and class-IV employees to another hospital within the city or outside teaching hospitals?

The Superintendent of Osmania General Hospital, Hyderabad and the Superintendent of Gandhi General Hospital, Secunderabad are further directed to furnish other relevant information in the form of additional affidavits.

5. The learned Government Pleader for Medical and Health submits that the respondents have furnished the entire information as called for by this Court.

6. On 30-3-2001, when the matter was listed before us, we have appointed Shri C.P. Sarathy, learned senior Advocate as a Commissioner to enquire into the matter and submit a report to this Court and pursuant where to Shri Sarathy upon visiting the Hospitals and making necessary investigation suggested as regards Gandhi hospital.

It is high time that Gandhi Hospital is shifted to a better locality. Till such time it is shifted the required infrastructure should be provided after filling up the sanctioned posts of doctors and appointment of more nurses and class IV employees and making plenty of water available to keep the Hospital in clean condition and complete the repairs to the extent possible.

7. As regards Osmania Hospital, the Learned Counsel suggested:

1. The Writ Petition No. 24199 of 1999 may be taken up suo motu for early disposal to enable Osmania Hospital authorities to recruit Class-IV employees through private agencies.

2. All categories of medicines can be supplied to the patients instead of asking them to buy as the patients who come to both these Government Hospitals are from poor sections of the society who cannot afford to buy the medicines.

3. The vacancies of doctors have to be filled up without delay, as very few specialists are coming forth to work in these hospitals with the present salary, environment and inadequate staff.

4. A Bio-medical Engineer should be appointed for repairing the equipments without any delay.

5. Medico social workers, through voluntary organisations should be requested to assist the Hospital management to educate the patients for keeping the beds and other equipment, the bathrooms, water taps etc., in clean and hygienic condition. The warnings given by the Class-IV employees and nurses to the patients to

keep the hospital in tidy condition do not appear to have any impact on the patients. The Medico social workers will be able to Counsel the patients and their attendants to keep the Hospital in clean condition and use the facilities properly to enable the Hospital to render service to more number of patients in a better manner.

6. C.T. Scan equipment should be provided in the Hospital.

8. The learned Government Pleader for Medical and Health further submits that the State Government has accepted the aforementioned suggestions and a requisite Governmental Order has also been issued in that regard.

9. Keeping in view the fact that the suggestions of the Learned Counsel having been accepted by the State Government, in our opinion, it would be futile to keep the matter pending. However, we are of the opinion that the writ petition No. 24199 of 1999 may be taken up for hearing and disposed of separately as the same has nothing to do with the subject matter of the present writ petition.

With the aforementioned observations, the writ petition is closed.