



CIVIL

When Procedure Fails, The Constitution Steps In: Bombay High Court Grants Full Reimbursement For Heart Surgery

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Introduction

In a remarkable judgment in *Anirudh Prataprai Nansi v. Union of India*¹, a Division Bench of the Bombay High Court comprising Justices G.S. Kulkarni and Advait M. Sethna highlighted the primacy of the right to life under Article 21 of the Constitution. The Court directed the Central Government to provide full reimbursement of ₹22,08,440 to Mr. Nansi, a retired Assistant Commissioner of Central Excise and Customs, who was compelled to undergo a heart transplant at a private hospital in Mumbai due to the unavailability of such services at [Central Government Health Scheme](#) (CGHS) – empanelled hospital in Mumbai that was authorized or equipped to perform heart transplants at the relevant time.

Case Background

Mr. Nansi, a pensioner and a senior citizen, had been suffering from cardiomyopathy since 2009. In October 2019, his heart function deteriorated sharply, with a left ventricular ejection fraction of merely 12–15%, prompting cardiologists to recommend a heart transplant.

Due to the absence of licensed CGHS-approved hospitals capable of performing the procedure in Mumbai, and with the urgency posed by the availability of a compatible donor heart, he underwent a heart transplant at Sir H.N. Reliance Foundation Hospital on 8 December 2020. He incurred a total expense of ₹29,96,020.35 and claimed reimbursement of ₹22,08,440 after accounting for part recoveries.

CGHS's Denial and the Petitioner's Legal Challenge

Despite the medical emergency and non-availability of CGHS services, CGHS authorities restricted reimbursement to ₹1,60,805 based on an outdated CGHS-Mumbai rate of ₹69,000 for heart transplants. Mr. Nansi's plea for full reimbursement was rejected by the High-Power Committee (HPC) on the grounds that:

- The surgery was “planned” and not an “emergency”.
- The treatment was taken at a non-empanelled hospital.
- He had accepted the CGHS rate conditions at the time of treatment.

Mr. Nansi challenged this rejection through Writ Petition No. 7546 of 2022.

Observations Made by the Bombay High Court

The Court strongly criticized the High-Power Committee for applying a narrow, overly technical approach in a case involving an urgent, life-saving procedure. It emphasized that rigid procedural

compliance must give way to compassion and constitutional values in such circumstances. The key legal and ethical observations are:

1. Heart Transplants Are Inherently Urgent: The Court rejected the Committee's view that the transplant was merely “planned.” It was observed that heart transplants depend on the immediate availability of a compatible donor, making delay medically unsound and potentially life-threatening.

2. Right to Health Is Integral to Article 21: The denial of full reimbursement, despite the government's inability to provide the required treatment, was held to violate the petitioner's fundamental right to life and health under Article 21 of the Constitution.

3. Lack of Compassionate Decision-Making: The Court noted that the petitioner was not granted a hearing before the Committee, despite a prior direction from the Court. This, it said, reflected a mechanical and insensitive application of procedure in a serious health crisis.

Further, the Court observed that the High-Power Committee failed to grant a personal hearing to the petitioner despite a clear direction issued by the Court in an earlier writ petition, demonstrating an insensitively mechanical approach in a matter involving life-saving treatment.

4. The Government Has the Power to Relax Guidelines: Referring to the 2014 Office Memorandum, the Court emphasized that the government can make exceptions in medical emergencies. Even without such memoranda, Article 73 of the Constitution gives the executive enough authority to act in the public interest. The Court affirmed that the government has both the discretion

and responsibility to relax rules in emergency or exceptional cases.

5. Empanelment Cannot Be an Excuse to Deny Help: Since no CGHS-approved hospital in Mumbai was equipped or licensed to perform a heart transplant at the time, the petitioner’s decision to seek private treatment was entirely justified. The Court held it was unfair to penalize him for circumstances beyond his control.

6. Outdated and Discriminatory Rates: The Court questioned why heart transplants in Mumbai were reimbursed at only ₹69,000 while the same procedure in other cities like Delhi was reimbursed at ₹3,17,400. Such disparities were found to be irrational and discriminatory.

Final Verdict

The Court allowed the petition in full, directing the Union of India and CGHS to:

- Reimburse ₹22,08,440 to Mr. Nansi within four weeks.
- Set aside the HPC’s decision dated 13 April 2022 as arbitrary and unjust.
- Recognize the petitioner’s right to seek redress through writ jurisdiction despite the availability of the Central Administrative Tribunal.

The respondents’ objection that the petitioner ought to have approached the Central Administrative Tribunal was dismissed, with the Court affirming its writ jurisdiction due to the violation of fundamental rights under Article 21.”

The Court stated that:

“Not granting full reimbursement, in these circumstances... strikes at the very root, purpose, and essence of these basic human rights as guaranteed by the Constitution.”

Implications of the Judgment

This judgment holds considerable importance in the context of administrative and constitutional law. It affirms that pensioners and retired government employees cannot be denied access to essential, life-saving medical treatment simply because they were forced to seek care outside CGHS-empanelled hospitals. By prioritizing the urgency of the petitioner’s medical condition over procedural technicalities, the Court has made it clear that policy frameworks must remain responsive to real-life emergencies.

The decision also highlights the need for reform in CGHS reimbursement policies, particularly those based on outdated rates and inflexible guidelines. It sends a strong message that healthcare governance must evolve to reflect administrative convenience, and the values of compassion, equity, and constitutional accountability.

Author’s Perspective: Choosing Life Over Procedure

This judgment goes beyond administrative fairness. It reflects a much-needed human touch in our legal system. It reminded us that the law must serve people, especially in moments of medical urgency, not bind them in red tape.

The Court rightly emphasized that Article 21 cannot be reduced to a formality. When life is at stake, policies must yield to compassion. This ruling highlights a vital principle: when forced to choose between rules and life, justice must always choose life.

Conclusion

The Bombay High Court’s ruling in Anirudh Prataprai Nansi reiterates that public health policies must serve people, not process. When life hangs in the balance, bureaucratic red tape cannot trump constitutional guarantees. In holding the State to its duty, the Court made it clear that the right to life is not a privilege; it is a right, protected fiercely by the judiciary.

For legal professionals and policy analysts, this judgment is a clarion call for systemic reform in public healthcare reimbursement and demonstrates that courts will not hesitate to intervene where administrative rigidity threatens human dignity and survival. For more details, write to us at: contact@indialaw.in

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