NATIONAL PUBLIC SERVICE TRUST
(Public Welfare • Justice • Development)
(A Social Institution Established under Central Act No. 2 of 1882)
Establishment No. – 212/IV/2026
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Ref. No. NPST/124/2026 Dated - 02.10.2026

1- The Secretary,
Medical Health & Family Welfare Department,
Government of Uttarakhand, Dehradun
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2- The Director General,
Dehradun Medical Health & Family Welfare
Dehradun (Uttarakhand)
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Subject: Regarding grave public-health concern arising from 52,942 referrals during 2025–26 due to non-availability of medical facilities—urgent State-wide intervention for permanent strengthening of Government hospitals.

Sir,

National Public Service Trust is a public-interest organisation working towards constitutional values, administrative accountability, good governance, public health and protection of citizens' rights. A matter having direct bearing upon life, health and timely access to medical treatment is hereby placed before you for immediate intervention.

The Secretary of the Trust, through an application under the RTI Act, 2005, sought district-wise information regarding patients referred to higher centres during 2025–26 due to lack of medical facilities. The official information furnished by the Directorate reveals that 52,942 patients were referred in a single year, including 22,399 from Dehradun, 4,407 from Udham Singh Nagar, 4,395 from Nainital, 4,271 from Chamoli, 3,109 from Pauri and 3,018 from Haridwar, besides referrals from other districts.

The magnitude of 52,942 referrals cannot be treated merely as a routine administrative statistic. It raises a serious question as to whether Government healthcare institutions are sufficiently equipped with specialist doctors, diagnostic facilities, essential equipment, emergency and trauma care, ICU/HDU facilities, surgical infrastructure, blood facilities and other essential services required to provide treatment at the level at which such hospitals are established.

The situation becomes far more alarming in the hill and remote areas of Uttarakhand. The Trust is seriously concerned that, depending upon the location and the higher centre to which a patient is referred, patients may be required to travel very substantial distances, stated in some cases to be 100–200 kilometres or even more. This aspect requires immediate verification by the State. For a critically ill, injured, elderly or emergency patient, referral is not merely a transfer from one institution to another; prolonged transportation through difficult terrain may consume the very period within which effective medical intervention is required.

There is an equally serious socio-economic dimension. Every person approaching a government hospital cannot be presumed to possess the financial means to travel long distances or obtain treatment at a distant higher or private centre. Government healthcare is often the principal practical recourse available to economically weaker and geographically isolated citizens. Where essential facilities that ought reasonably to be available within the public healthcare network remain unavailable, the consequences of referral may include delayed treatment, discontinuation of treatment or deterioration of the patient's condition. In a medical emergency, such delay may potentially become life-threatening. The State must therefore examine whether any deaths or serious adverse outcomes have occurred during or following facility-related referrals and whether they were preventable through timely availability of appropriate facilities nearer to the patient.

A public healthcare system cannot be considered effectively accessible merely because a patient can be referred elsewhere. Referral may be medically necessary in appropriate cases; however, repeated referrals attributable to persistent and remediable deficiencies in manpower, infrastructure or essential medical facilities require urgent governmental correction. The State has a constitutional obligation under Article 21 of the Constitution of India to safeguard life, of which timely access to public healthcare is an integral concern.

Accordingly, National Public Service Trust calls upon the State Government to immediately conduct a State-wide, hospital-wise and district-wise audit of the 52,942 referrals, identifying the exact reason for referral, distance to the referred centre, deficiency of specialists, manpower, equipment, facilities, and outcome of emergency referrals; prepare a time-bound deficiency-removal and permanent healthcare strengthening plan, with special priority to hill and remote districts; provide the necessary specialists, diagnostics, equipment, ICU/HDU, emergency, trauma, surgical and blood-related facilities according to patient load and geographical requirements; and establish a State-level referral audit and monitoring mechanism so that patients are not compelled to undertake avoidable long-distance referrals merely because of remediable deficiencies in Government hospitals.

Considering the potential consequences for human life, the matter warrants intervention at the highest administrative level. The Trust therefore requests that the State initiate the exercise forthwith and communicate within 30 days a detailed Action Taken Report, hospital-wise deficiency assessment and time-bound remedial plan, failing which the Trust shall be constrained to consider appropriate remedies available in law for securing systemic corrective measures in the larger public interest.

Regards,
Krishnakant
(Chairman)

Enclosed (copy of): RTI response dated 26.09.2026