SC refers electoral bonds case to 5-judge Constitution Bench

Top court cites 'importance of issue' for the decision; says it received plea seeking the shift; the case, as scheduled earlier, will be listed on Oct. 31

Krishnadas Rajagopal
NEW DELHI

In a quick turn of events, Chief Justice of India D.Y. Chandrachud on Monday referred the challenge to the validity of the electoral bonds scheme, which facilitates anonymous donations to political parties, to a Constitution Bench of five judges.

During the oral mentioning hour, the Chief Justice said the court had received a plea to refer the case from the three-judge Bench to a larger Bench.

He said the case would now go before a five-judge Bench owing to the "importance of the issue". The case, as scheduled in an earlier hearing on October 10, will be listed on October 31.

By refusing to delay the hearing for the formation of a five-judge Bench, the court has sent a clear message to the government that it does not intend to delay the hearing any more. The case has been pending in the Supreme Court for over eight years now. "We are here to decide the case," Chief Justice Chandrachud observed in the October 10 hearing.

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Contentious scheme

The anonymity that electoral bonds allow in political donations has caused concern ever since its introduction in 2018

- CPI(M), Association for Democratic Reforms and Common Cause move the Supreme Court claiming the scheme legalises anonymous and unlimited political donations
- The Finance Act, 2017 exempts electoral bonds from disclosure under the Representation of the People Act, 1951
- Petitioners say 95% of the electoral bonds sold have been in favour of one political party

Poll bonds case referred to Constitution Bench

Advocate Prashant Bhushan, for petitioner Association for Democratic Reforms, had pressed the court to hear and decide the electoral bonds issue before the Lok Sabha election in 2024.

The court has agreed to the petitioners' urging to focus primarily the legalisation of anonymous donations to political parties and the violation of citizens' right to information about the funding of political parties, promoting corruption. The two issues concern violation of Articles 19, 14, and 21 of the Constitution.

The five-judge Bench may not wade into the legal question concerning the passage of the electoral bonds scheme as a Money Bill. It may, instead, wait for a seven-judge Bench to deliver an authoritative pronouncement on "when a Bill could be designated a Money Bill".

The electoral bonds scheme was passed as a Money Bill, circumventing the Rajya Sabha.

'Anonymised political donations'

Advocate Shadan Farasat, for a petitioner, said the scheme had completely "anonymised" and "sanitised" political donations, giving scant information to the public.

He said even amendments were introduced in the Companies Act by which a company could throw a cloak of anonymity to its donations to political parties via purchase of electoral bonds.

Mr. Bhushan had argued that amendments made via Finance Acts of 2016 and 2017, both passed as Money Bills, had through the electoral bonds scheme "opened the floodgates to unlimited political donations".

No dengue epicentre so far in 2023; cases spread across India

Chhattisgarh recorded a disproportionately high death rate though it formed the lowest share of dengue cases in recent years

DATA POINT

Rebecca Rose Varghese
& Vignesh Radhakrishnan

This year, close to 95,000 dengue cases have been recorded in India until September 17, leading to over 90 deaths. The fact that the case burden is spread out across many regions is unusual. In general, dengue follows a pattern in India where one region bears a disproportionately high case burden one year, followed by another region the next year. This year, Kerala and Karnataka in the south have recorded the highest number of cases (over 9,000 each) followed by Maharashtra in the west (8,496 cases), Odisha in the east (6,563), Uttar Pradesh in the north (5,742), and Assam in the north-east (5,604).

Case burden

Table 1A shows the dengue case burden each year, that is, a State's share in India's cases between 2008 and 2023. For instance, in 2008, close to 55% of India's cases were recorded in the northern States of Punjab, Delhi, and Haryana. In 2009, close to 50% of the cases were recorded in the western and central States of Rajasthan, Maharashtra, Gujarat, and Madhya Pradesh. In 2015, the northern States were again more disproportionately impacted. In 2017, over 60% of the cases were recorded in the south. In 2022, the eastern State of West Bengal was impacted the most with 29% of the cases. Till September 17 this year, no such region-specific pattern has emerged.

Table 1B shows the State-wise dengue case burden in the 15-year period between 2008 and 2022. West Bengal recorded the highest share of cases – 11% of India's total – followed by Punjab (8.9%) and Uttar Pradesh (7.1%). Tables 1A and 1B do not list the States which contributed to a smaller share of India's case burden. For instance, Goa's share in total cases never crossed the 2% mark during any year. Table 1B lists the total number of dengue-related deaths in the period. Maharashtra recorded the most deaths in the period (460) followed by Punjab (286) and Kerala (273).

Table 1B also lists the deaths recorded per one lakh dengue cases during this period. This metric adjusts the fatality figures to allow for a fair comparison across the States. As can be observed from the table, Chhattisgarh recorded a disproportionately high death rate for a State which formed the lowest share of dengue cases. While the State's share in dengue cases was just 0.7% between 2008 and 2022, dengue deaths per one lakh cases peaked at 557, the highest among all the States. This data points to the poor management of the disease in the State.

A similar analysis of all the States shows that along with Chhattisgarh, Haryana and Madhya Pradesh also recorded a disproportionately high death rate though their share in case burden was relatively low. Both the case burden and death rate were higher than the average in Punjab and Maharashtra. West Bengal, Karnataka, and Gujarat managed the disease better with lower death rates though their case burden is high. In the rest of the States, both the case burden and the death rates were relatively low.

Note of caution

The above analysis should be read with a note of caution as only about 22% of the registered deaths in India were medically certified. There were also wide inter-State variations in this metric. For instance, in Tamil Nadu, 43% of the deaths were medically certified in 2020, while in Uttar Pradesh only 12.6% deaths were certified and in Bihar only 3.4% deaths. So, Tamil Nadu's dengue death figures are more accurate than the figures in Bihar and Uttar Pradesh.

Dengue hotspots

The data for the tables were sourced from the National Center for Vector Borne Diseases Control. In 2023, the case burden is spread out across many regions

Table 2 | The table shows the State-wise dengue case burden, dengue-related absolute deaths and deaths recorded per one lakh dengue cases between 2008 and 2022

	Case %	Deaths	Death rate		Case %	Deaths	Death rate
Delhi	6.3	141	176.0	Rajasthan	6.4	226	276.8
U.P.	7.1	198	219.2	Maharashtra	6.9	460	522.8
Utt.	1.5	26	133.4	Gujarat	6.3	108	134.6
H.P.	0.7	13	139.2	M.P.	3.1	78	196.5
Punjab	8.9	286	252.5	Chhattisgarh	0.7	50	557.1
Haryana	3.4	87	199.9	Telangana	3.5	16	36.0
Bihar	2.4	44	140.9	T.N.	5.8	165	221.7
Odisha	4.3	86	156.8	Andhra	3.0	34	88.9
W.B.	10.7	138	101.1	Karnataka	6.7	113	132.7
				Kerala	5.6	273	380.2

Utt.= Uttarakhand

Table 1 | The table shows the dengue case burden each year, that is, a State's share in India's cases between 2008 and 2023. All figures in the table are in %

Affected States	2008	'09	'10	'11	'12	'13	'14	'15	'16	'17	'18	'19	'20	'21	'22	'23
North																
Delhi	10.4	7.4	22.1	6.0	4.2	7.4	2.5	15.9	3.4	5.8	7.1	3.2	2.8	6.8	4.4	5.5
U.P.	0.4	1.1	3.4	0.8	0.7	1.9	0.5	2.9	11.6	1.9	3.8	6.7	8.3	15.4	8.5	6.1
Uttarakhand	0.2	0.0	0.6	2.4	0.2	0.1	0.3	1.7	1.7	0.4	0.7	6.8	0.2	0.4	1.0	1.7
H.P.	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.2	0.1	4.6	0.2	0.0	0.2	1.4	0.6
Punjab	34.6	1.6	14.2	20.8	1.5	5.4	1.2	14.1	8.1	3.4	14.8	6.5	18.9	12.1	4.7	4.5
Haryana	9.1	0.8	3.1	1.4	1.5	2.4	0.5	9.9	1.9	0.8	1.9	0.8	3.1	6.1	3.9	3.1
East																
Bihar	0.0	0.0	1.8	0.1	1.7	1.6	0.7	1.8	1.5	0.8	2.1	4.3	1.1	0.3	6.0	2.7
Odisha	0.0	0.0	0.1	9.6	4.5	9.4	15.9	2.5	6.5	2.9	5.1	2.4	1.1	3.9	3.0	7.0
W.B.	8.3	2.6	2.8	2.7	12.9	7.8	9.7	8.5	17.7	6.8	NA	NA	11.6	4.3	28.8	NA
West & Central																
Rajasthan	5.4	8.9	6.4	5.7	2.6	5.8	3.1	4.0	4.1	1.0	9.5	8.7	4.5	10.7	5.8	5.4
Maharashtra	5.9	14.5	5.3	6.0	5.8	7.4	21.1	4.9	5.3	3.7	10.9	9.5	7.5	6.6	3.7	9.0
Gujarat	8.5	15.8	9.1	9.0	6.1	8.3	5.7	5.6	6.2	2.7	7.5	11.6	3.5	5.7	2.9	3.5
M.P.	0.0	9.4	0.6	0.3	0.5	1.7	5.3	2.1	2.4	0.9	4.5	2.7	1.8	8.1	1.4	1.6
Chhattisgarh	0.0	0.2	0.0	1.7	0.1	0.1	1.1	0.4	0.3	0.1	2.6	0.5	0.1	0.6	1.1	0.8
South																
Telangana	NA	NA	NA	NA	NA	NA	1.7	1.8	3.1	2.1	4.5	8.5	4.9	3.7	3.8	5.5
Tamil Nadu	4.2	6.9	7.2	13.3	25.5	8.1	6.9	4.5	2.0	14.7	4.4	5.4	5.4	3.1	2.8	4.4
Andhra	2.5	7.7	2.7	6.4	4.6	1.2	3.1	3.2	2.6	3.0	4.0	3.4	2.1	2.5	2.7	4.2
Karnataka	2.7	11.4	8.1	2.1	7.8	8.5	8.3	5.1	4.7	16.5	4.4	10.8	8.6	3.8	4.2	9.8
Kerala	5.8	9.2	9.2	6.9	8.3	10.5	6.3	4.1	5.8	23.8	4.0	3.0	9.9	1.7	1.9	10.4

vignesh.r@thehindu.co.in; rebecca.varghese@thehindu.co.in

Gaganyaan's test flight to commence at 7 a.m. on Oct. 21

The Hindu Bureau
BENGALURU

The Gaganyaan mission's Flight Test Vehicle Abort Mission-1 (TV-D1) will take place between 7 a.m. and 9 a.m. on October 21 from the Satish Dhawan Space Centre in Sriharikota.

"Mission Gaganyaan: The TV-D1 test flight is scheduled for October 21, 2023, between 7 a.m. and 9 a.m. from SDSC-SHAR," the Indian Space Research Organisation (ISRO) said in a post on X (formerly Twitter). TV-D1 will demonstrate the performance of the Crew Escape System.

The ISRO said the Crew Module (CM) is where the astronauts are contained in a pressurised earth-like atmospheric condition during the mission.

"The CM for the Gaganyaan mission is in different stages of development. For the TV-D1, the CM is an unpressurised version that has completed its integration and testing and is ready to be shipped to the launch complex. This unpressurised CM version has to have an overall size and mass of actual Gaganyaan CM. It houses all the systems for the deceleration and recovery. With its complete set of parachutes, recovery aids, actuation systems and pyros. The avionics systems in CM are in a dual redundant mode configuration for navigation, sequencing, telemetry, instrumentation and power. The CM in this mission is extensively instrumented to capture the flight data for evaluation of the performance of various systems. The CM will be recovered after touchdown in the Bay of Bengal, using a dedicated vessel and diving team from the Indian Navy," the ISRO said.

The Gaganyaan vehicle

GETTY IMAGES

Palliative care, a way to reduce financial distress for people with life limiting diseases

It is the moral obligation of the health system to take care of people, especially when they are suffering from life-long and life-limiting illnesses. Early initiation of palliative care in patients with advanced disease has shown to reduce health expenditure by up to 25%

Parth Sharma
Deepak Sudhakaran

"I couldn't go for my six-monthly check-ups at the government district hospital as I didn't have the money for the autorickshaw. The travel alone costs around ₹1,200. My monthly income is only ₹1,600 through my disability pension. How can you expect me to go to the hospital? Where will the money for my routine expenditure come from?" asked Shankar (name changed), a 55-year-old man from Kerala who had been homebound for the past two years due to a stroke.

Like Shankar, many Indians are either a hospital bill away from poverty or too poor to access healthcare. It is estimated that nearly 5.5 crore people fall below the poverty line every year due to out-of-pocket healthcare expenditure. Out of these, 3.8 crore people become poor only because of the expenditure on medicines. "India is becoming the epicentre for non-communicable diseases and several of the patients with these diseases, like cancer, cardiac disease, renal failure or stroke, will eventually reach an incurable stage," says Padma Shri and 2023 Magsaysay Award recipient Dr. Ravi Kannan.

The rising cost of health

Non-communicable diseases will push more and more people into poverty as they require lifelong treatment and periodic health check-ups. However, the financial implications for a family associated with the continuous treatment of these diseases often go unnoticed in our health system. This often leads to 'financial toxicity' wherein there is a risk of bankruptcy, decreased treatment satisfaction, foregoing or delays in seeking further medical care, poor quality of life, and poor survival.

With only 1.35% of the gross domestic product (GDP) being spent on government health services, patients bear most of the health expenses. Even in government hospitals where treatment is supposed to be free, the cost of travel, purchasing medicines that many a time are out of stock in government pharmacies, and loss of wages due to the absence from work contribute to the financial toxicity.

A recent study by Dr. Prinja and his colleagues from India reported that an average of ₹8,035 is spent by a cancer patient per outpatient visit and ₹39,085 per hospitalisation in a tertiary care hospital in India. Similarly, the cost per outpatient clinic visit in a tertiary care hospital is ₹4,381 for a patient with diabetes and ₹1,427 for a patient with hypertension. Towards the end of life, attempts to continue treatment with the aim of prolonging life leads to even more financial burdens. Often caregivers have to sell assets and stop the education of children in the family to cope with the financial burden. The same study also reported that in patients with last-stage cancer, more than 65% faced impoverishment due to healthcare expenditure.

The importance of palliative care

Palliative care is a branch of medicine that looks at improving the quality of life of those having life-limiting illnesses like cancers, end-stage kidney disease, debilitating brain disorders, complications of diabetes, and heart disease among others. It is different from other medical specialities as it focuses on alleviating uncontrolled symptoms of the incurable illnesses mentioned above, and preventing non-beneficial investigations, and treatments. It takes into consideration not just the physical dimension of health but also actively looks at the social and economic realities of the patient and the family.

Early initiation of palliative care in patients with advanced disease has shown to reduce health expenditure by up to 25%. Palliative care is provided through outpatient visits, inpatient visits, and home-based care. Home-based care further reduces the cost of seeking care as home-bound patients no longer have to travel to seek healthcare. Vocational rehabilitation and social reintegration are crucial elements of palliative care which further help the affected family and the patient by providing them with the opportunities to earn a living and live independently with dignity. "Depending on their ability to work, we provide rehabilitation support to patients. We either teach them basic skills like stitching or introduce them to small-scale animal husbandry so they can have a source of income," told John, a social officer at Pallium India.

Lack of investment in palliative care

Despite existing for nearly four decades, awareness regarding palliative care in India, both among healthcare workers and the general public is low. Also, currently, palliative care is not covered under most insurance schemes in India. These two factors have resulted in poor demand and poor access to palliative care in the country. Unplanned and abysmal funding has also been a barrier to public health centres providing palliative care services.

The provision of such care from primary and secondary health centres is still a distant reality despite its inclusion in the ambitious Ayushman Bharat program. Furthermore, as palliative care is not a wealth-generating speciality but an expense-saving one, the increasingly privatised Indian health system has by and large chosen to neglect the speciality barring a few exceptions. The unavailability of such care services in the public and private setup has thus resulted in palliative care needs of the country being predominantly met by private non-profit organisations.

Incorporating palliative care into the Indian healthcare system

The funding mechanism of the National Program for Palliative Care needs to be reorganised, according to Padma Shri Dr. M.R. Rajagopal. "Instead of its current mode of occasional annual budgeting, the program must be consistently funded. Under the current mode, the state government is not sure whether the money will continue to be available in the subsequent year. This prevents long-term planning," said Dr. Rajagopal.

Considering that palliative care is known to save money for both patients and the provider, its provision in public health centres would help the government not only in saving money but also in protecting people from avoidable health expenditures. "Investing in palliative care is extremely wise as the returns in terms of human health and well-being are enormous," said Dr. Kannan who feels that it is the mark of a civilised society to make sure that patients with end-stage diseases are supported till the end of their lives.

According to both Dr. Kannan and Dr. Rajagopal, palliative care provisions will help in generating goodwill for corporate hospitals. "The family of the patient who has been taken care of at the end of their life will remain eternally grateful to the caregivers. They will bring back many more patients to be cared for at that health centre," said Dr. Kannan. The inclusion of palliative care will also improve the utilisation of beds in the hospital. "As opposed to the bed being occupied for a long duration by a patient with poor disease outcomes, the bed could be used to save the lives of people with better disease outcomes. This would increase the turnover rate of admissions in ICUs and thus ultimately help corporate hospitals in generating wealth. This is a win-win situation where the patient has a better quality of life, families face lesser financial toxicity and the ICU bed generates more wealth by being utilised by more people who truly need it," said Dr. Rajagopal.

It is the moral obligation of the health system to take care of people, especially when they are suffering from life-long and life-limiting illnesses. It's high time public and private healthcare providers realised the high returns of investing in palliative care and prioritised it.

Parth Sharma is a public health physician and the founder of Nivarana.org. Deepak Sudhakaran is Head of the Social Works Division at Pallium India.