

**IN THE HIGH COURT OF GUJARAT AT AHMEDABAD**

**CIVIL APPLICATION (FOR CLARIFICATION) NO. 14 of 2020**

**In**

**R/WRIT PETITION (PIL) NO. 42 of 2020**

=====

STATE OF GUJARAT

Versus

SUO MOTU

=====

Appearance:

MR KAMAL TRIVEDI ADVOCATE GENERAL WITH MS MANISHA LAVKUMAR SHAH GOVERNMENT PLEADER for the PETITIONER(s) No. SUO MOTU for the RESPONDENT(s) No.

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CORAM: **HONOURABLE MR.JUSTICE J.B.PARDIWALA**  
and  
**HONOURABLE MR. JUSTICE ILESH J. VORA**

**Date : 25/05/2020**

**IA ORDER**

**(PER : HONOURABLE MR.JUSTICE J.B.PARDIWALA)**

1 Today, in the morning, the following note was circulated by the Government Pleader, High Court of Gujarat:

*“Date : 25/05/2020*

*To D.A. Joshi*

*The Registrar (Judicial),*

*High Court of Gujarat, Sola, Ahmedabad*

*Re: Writ Petition (PIL) No.42 of 2020 in the matter between Suo Motu vs. the State of Gujarat Mr. Joshi.*

*1. This Hon’ble High Court, in the above captioned matter, vide order dated 22.05.2020, (Coram; Hon’ble Mr. Justice J.B. Pardiwala and Hon’ble Mr. Justice Ilesh Vora), was pleased to make certain observations and pass an order issuing various directions as contained therein. The*

present application seeks urgent orders in respect of the observations made in paras. 48 and 49, in particular, of the said order, in view of the facts stated in the application.

2. The foundation of the order passed by the Hon'ble Court rests on anonymous letter of the Resident Doctor, Civil Hospital, Ahmedabad and anonymous report by some Medical Officer in the Civil Hospital, Ahmedabad. This anonymous letter and report has been doing the rounds in the social media since the 1st week of May, 2020 and does not depict the true and correct picture as is prevalent in the Civil Hospital even at the said point of time. The directions as contained in para. 60 have already been complied with.

3. It is relevant to mention that 82% of the total patients being hospitalized in the city of Ahmedabad are admitted in Government hospitals where treatment is free of charge. 62%, of the to total number of Covid-19 patients admitted in the city of Ahmedabad, are admitted in Civil hospital at Asarva. The observations of this Hon'ble Court founded on an anonymous letter and report of some person claiming to be a medical Officer and resident doctor, apart from seriously demoralizing the Covid -19 task force, has given rise to a lot of fear and anxiety in the patients, who are declining to get admitted in the Civil hospital. The State Government is desirous of placing on record authentic contemporaneous material to establish the factually incorrect information contained in the anonymous letter and the report. There also exists a report of experts from Delhi to substantiate the stand of the State Government. Unfortunately, Media reports have tarnished the image of the Civil Hospital and the administration. Castigating the State Government for all its efforts in combating COVID-19.

4. This has created a sense of panic in the public and with every passing minute, the credibility of the State and its efforts is under cloud, which is required to be clarified at the earliest available opportunity, necessitating urgent and immediate orders from this Hon'ble Court and hence, the present request for urgent circulation.

From the very outset, this Hon'ble Court has clarified and the State has stood by the cause as a joint battle and not an adversarial litigation` to fight, defeat and win the war against the pandemic. In the interest of justice as well as in the larger public interest, it is requested that this application, be urgently permitted circulation today, i.e. 25.05.2020.

*Thanking you,*

*Pleader*

*Office of the Government*

*sd/-  
Manisha Lavkumar,  
Government Pleader  
High Court of Gujarat.”*

2 Thus, it appears on plain reading of the urgent note filed by the learned Government Pleader that the Government is very much concerned about the observations made by this Court in its order dated 22<sup>nd</sup> May 2029 as regards the conditions prevailing in the Civil Hospital at Ahmedabad. According to the State Government, the observations made by this Court has shaken the confidence of a common man in the Civil Hospital, and in such circumstances, he would be very reluctant to come to the Civil Hospital for treatment if he is tested COVID-19 positive. According to the State Government, the COVID-19 patients, as on date, taking treatment at the Civil Hospital, are panicky and the same may have a psychological effect on their mind. In such circumstances, the note had to be circulated seeking certain clarification.

3 The endorsement put by the Registrar (Judicial), beneath the note, reads thus:

*“Registrar (Judicial)*

*Perused the urgent note. Discussed with the Hon'ble Members of the concerned Bench about their availability and constitution of the Bench. Let the Bench be constituted at 4.00 pm today. Necessary steps may be taken.*

*Sd/-  
25/05/20*

11.25 am”

4 The endorsement put by Honourable the Chief Justice, beneath the note, reads thus:

“Honourable Chief Justice

*Received this note from ld. Government Pleader at 9:30 A.M. Also received a call from ld. G.P. Requesting for constitution of a bench today only. Placed before your Lordships for appropriate order.*

*Sd/-  
25/5/2020.”*

5 In such circumstances referred to above, this Civil Application filed at the instance of the State of Gujarat and others came up before us for hearing.

6 We took up the matter for hearing at 4:00 p.m. on video conferencing.

7 Initially, we were inclined to issue notice with a request to the learned Government Pleader to furnish one copy each of the Civil Application to the other learned counsel appearing in this Public Interest Litigation. The learned Advocate General and the learned Government Pleader both suggested that notice may be issued and one copy each of the Civil Application along with the accompanying annexures shall be furnished to the other learned counsel appearing in this litigation. However, taking into consideration the nature of the relief prayed for and also the fact that the issue of Civil Hospital has been raised by this Court on its own and as none of the learned counsel who are assisting this Court has raised this issue of Civil Hospital, we proceeded to look

into the Civil Application.

8 By this Civil Application, the State of Gujarat has prayed for the following reliefs:

*“(A) Your Lordships may be pleased to pass suitable order in the captioned proceedings and more particularly with reference to the contents of paras 48 and 49 of the said order 22.05.2020 (Annexure-A hereto), so as to do complete justice in the matter, while taking into consideration the present day realities existing in the Civil Hospital at Ahmedabad.*

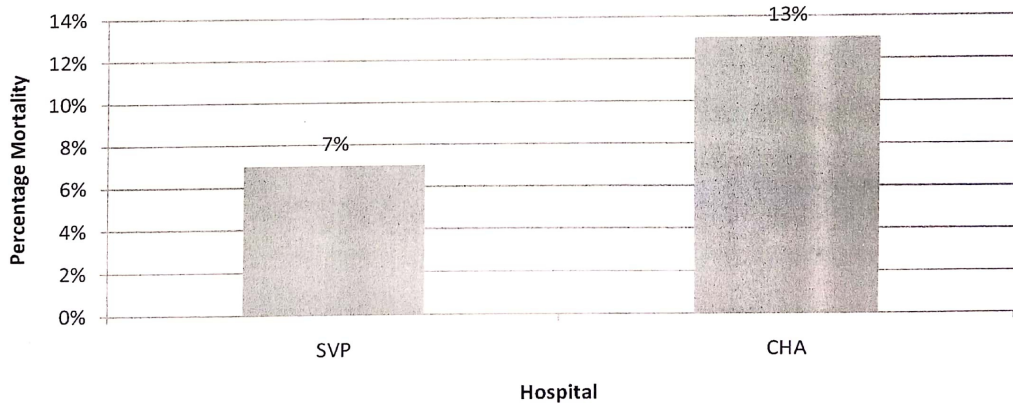
*“(B) Your Lordships may be pleased to pass such other and further relief/s as may be deem fit, just and proper, in the facts and circumstances of the case.”*

9 This Civil Application appears to be a fall out of our order dated 22<sup>nd</sup> May 2020 passed in the Writ Petition (PIL) No.42 of 2020. It appears that the State of Gujarat is seeking some clarification with regard to the observations made in paras 48 and 49 respectively of our order dated 22<sup>nd</sup> May 2020. Paras 48 and 49 of our order dated 22<sup>nd</sup> May 2020 reads thus:

“48 **CONDITIONS AT THE CIVIL HOSPITAL:**

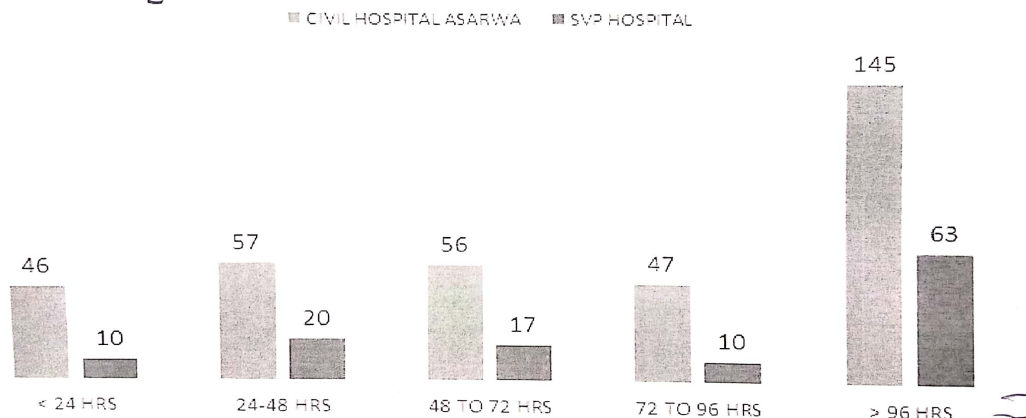
*It is very distressing and painful to note that the condition prevailing, as on date, in the Civil Hospital, is pathetic. The patients admitted for the COVID-19 treatment are dying. The figures on record would indicate that out of total 625 deaths in Gujarat, 570 deaths have been recorded in the Ahmedabad City till 20th May 2020. Out of total 570 deaths, 351 deaths have been recorded in Ahmedabad. The Civil Hospital contributes to 62% of the total deaths.*

**Percentage of Mortality as against Admission from 25/04/2020 to 18/05/2020**



We take notice of the fact that the Civil Hospital, Ahmedabad and the Sola Civil Hospital are run and managed by the Health Department, Government of Gujarat, whereas the SVP Hospital is run and managed by the Ahmedabad Municipal Corporation. We also take notice of the fact that the patients being brought to the Civil Hospital and the SVP Hospital are by and large from the same area, but, still, the mortality rate in the Civil Hospital is 13% as against 7% in the SVP Hospital. If we calculate weekly death, the Civil Hospital still contributes to highest death in most of the week during the last eight weeks.

**DEATHS ACCORDING TO DURATION OF HOSPITALIZATION**



It is very distressing to note that most of the patients in the Civil Hospital are dying after four days or more of the treatment. This indicates complete lack of critical care.

*In the course of the discussion, we noted the following reasons of high mortality in the Civil Hospital, Ahmedabad:*

- a) There is inadequate patient care in the Civil Hospital.*
- b) Senior doctors do not visit the wards and throw the entire burden on the Resident doctors. In such circumstances, the decisions regarding treatment of critical patients get delayed and neglected in the Civil Hospital.*
- c) The Senior doctors are unable to control the ward boys and the sanitation staff and therefore, the health and hygiene is not being maintained in the Civil Hospital.*
- d) There is no single command and control structure in the Civil hospital.*
- e) There are 1200 Resident doctors in the Civil hospital as against 425 in the S.V.P. Hospital, yet the critical care is insufficient.*
- f) The patients history record is maintained manually in the Civil hospital. Therefore, change in the shift of doctors leads to discontinuity in the patient care.*
- g) The situation has not yet improved in the Civil Hospital past last two months, despite senior IAS officers like Pankaj Kumar, Milind Torwane and Jayanti Ravi have been appointed for the management of the Civil Hospital, Ahmedabad.*

*Today, just after we concluded the hearing, we received one anonymous letter from a resident doctor serving at the Ahmedabad Civil Hospital. Ordinarily, we should not take cognizance of such anonymous letters. However, the situation is so grave that we should not ignore the contents of the letter. The letter is very disturbing. It reads thus:*

*“Respected sir,*

*I am a resident doctor, working in Civil hospital, Ahmedabad. I'm penning down this letter to inform you about some mismanagement happening here in 1200 bed hospital as well as in civil hospital Ahmedabad (Asia's biggest hospital called so far), treating almost **80% cases of COVID-19 positive patients of Gujarat**. I too was detected **CORONA +ve** on May 2<sup>nd</sup> post which I was isolated in Marriott hotel since last 5 days. My report turned to be negative after 5 days ie on 7th May without any treatment because of my innate immune system and strict isolation.*

Possibly, despite being corona +ve, I will be forcefully called to treat patients next week, along with other affected residents.

Following are the irregularities that have gone **unnoticed** by the higher administration.

**\*\*Here in 1200 bed hospital there are wards allotted amongst 60 patients. These patients are isolated from the world outside but not from each other. In case of COVID-19 it is possible that each and every patient might be having different viral load, so if no partition is made in between them, then these patients are never going to recover as they will encounter each other's viral load. In a ward of 60 patients only 3-4 patient are turned COVID -ve after 10-12 days isolation and treatment and rest still remain COVID +ve just because they increase their viral load because of patient having bed beside them.**

**-There is no enough space maintained between cots allotted to patients and on the top of that, table fans are also given at every 2nd consecutive cot, helping spread of the virus even more.**

**\*\* I got affected with COVID-19 working in non-COVID duty, as there was a time when LG hospital and almost 90% hospitals of Ahmedabad were shut, only CHA was treating the patients. Sir, we were having such a big patient load. Despite that, we were neither given PPE kit nor N 95 masks. Even proper gloves not available to conduct normal delivery. Excuses were given that all indent material is sent in 1200 bed hospital.**

**-8 residents from my department and 5 residents of my Unit were tested positive and we were criticized for getting our tests done.**

**-Since 5 days we almost more than 30 residents are here, isolated in hotel Marriott. No one from hospital management has bothered to at least call us for our condition.**

**-It is difficult to work in Non-COVID duty rather than to work in covid duty(where you have proper PPE kit).On 2nd may when these many residents came positive of same unit and department, the ideal way of approach would have been to test all remaining residents and trace their contacts.**



*Instead, they criticized us gave a strict warning that no residents will be tested even if they had contact history, residents will only be tested if they have temp > 103°f, along with breathlessness.*

*-The hospital management is just concerned that if residents will get tested and if they turn out to be positive then who will work? No senior professors are coming for rounds or emergency. All patients are managed by junior residents only. The management is not taking action for residents, instead they are calling us cowards and kamchor. Which is so not the case especially when we are the ones risking the lives and doing all we can despite all the odds.*

*-They are not understanding that being COVID +ve, if we work with patients in Non-COVID duty then patients will get affected by the virus, instead of getting cured. On the day I was tested positive I conducted 3 Normal deliveries and one C-section, and almost came in contact with 20 patient directly and their newborns. There has been no contact tracing done for the same. No authority has inquired about it.*

*-At the age of 25 nothing much will happen to me. I turned out to be negative within 5 days without any treatment but it is not same as for pregnant females and neonates. They are immune-compromised ie. if they will encounter the virus, they can be in big trouble.*

*-It is also happening that normal patients of our wards are tested COVID +ve after 2 days in Non-COVID ward. It has happened in surgery, ortho, uro department as far as I know, that patients are immediately shifted to COVID hospital but what about residents who treated them who were with patients since last 2 days???* **They are not even tested, let alone isolated.**

*-If the condition remains same in CHA , **doctors working here will be super spreaders of COVID-19.** It will not make sense for AMC to go for home to home survey when people will encounter the virus from hospital itself.*

*-Here almost **700 resident doctors** are working, **not even 10% of doctors are tested for covid**, and we all stay in a common hostel, work with each other day and night. We are assuming already that if residents get tested, half of*

*the residents will turn to be positive. Sir, imagine the mayhem that's going to get caused. This is an urgent situation which demands urgent action.*

*-Already different teams of 60 doctors are called from outside Ahmedabad to work in COVID hospital. But there are still resident doctors and other old staff which is working here who may have gotten infected by now.*

*Our sincere request to please test all residents working here, otherwise Ahmedabad will never come out from COVID-19 as doctors themselves are knowingly/unknowingly the super spreaders.*

*-We have tried to make you aware of the ground realities which no doctor will accept on face since they are afraid of their reputation and career. We have tried to voice out in front of our HoDs also, but of no use.*

*With high hopes that you'll take strictest possible actions against this and save Ahmedabad and its people from this grave danger.*

*Thanking you,*

*Resident Doctor, Ahmedabad Civil Hospital."*

*We are very sorry to state that the Civil Hospital, Ahmedabad, as on date, appears to be in an extremely bad shape. Ordinarily, the citizens hailing from a poor strata of society are being treated at the Civil Hospital. This does not mean that human life is not to be protected. Human life is extremely precious and it should not be allowed to be lost at a place like the Civil Hospital at Ahmedabad. **We wonder, how many times the Health Minister of the State has visited the Civil Hospital at Ahmedabad so as to keep a watch or take stock of what is going on at the Civil Hospital. Does the Health Minister of the State of Gujarat has any idea about the problems which the patients, doctors, nursing staff and other employees are facing as on date? How many times the Health Minister has interacted with the Medical Officers and other staff members in person so as to understand their difficulties and problems? We wonder whether the Chief Secretary of the Health Department has any idea as to what is going on in the Civil Hospital? We wonder how many times the Chief Secretary of the Health Department has paid visit to the Civil Hospital? Is the State Government aware of the hard fact that the patients at the Civil Hospital are dying because of lack of adequate number of ventilators?***

***How does the State Government propose to tackle this problem of ventilators?***

*As we said earlier that the Civil Hospital is meant to treat the patients. However, it appears that as on date, it is as good as a dungeon. May be even worse than a dungeon. Unfortunately, the poor and helpless patients have no option.*

*In such circumstances referred to above, we propose to issue the following directions. We are very serious on this particular issue. We expect the State Government also to take up this issue very seriously and revert to us on the next date of hearing with some positive feedback. If we are not convinced with the report of the State Government, then we shall be compelled to have a video conferencing with all the doctors at the Civil Hospital so as to ascertain from them as to what are the difficulties, problems, etc. We issue the following directions:*

*(i) The doctors, who are not performing in the Civil Hospital, should be immediately transferred to other districts. There are large number of senior and experienced Doctors who are ready and willing to render better services in the Civil Hospitals from the other districts.*

*(ii) The Class III & IV Union should be dealt with strictly.*

*(iii) The working conditions of the resident doctors should be improved.*

*(iv) The accountability of senior officers who have failed to improve the health care in the Civil Hospital leading to massive loss of human lives should be fixed at the earliest.*

*(v) Number of ventilators and oxygen beds should be increased.*

*(vi) Punitive action should be taken against the Ward Boys who just leave the patients unattended (One oxygen support patient recently died on a toilet seat and the same was noticed after an hour simply because no ward boy followed him up.)*

*It is brought to our notice that the problem of lack of adequate number of ventilators at the Civil Hospital can be taken care of by shifting the patients to : (1) Institute of Kidney Diseases (2) U.N. Mehta Institute of Cardiology. We are*

*informed that there are adequate number of ventilators with both these institutes. Adequate steps shall now be taken to admit the patients at these two institutes so that in case of emergency, the patients can be put on ventilator.*

49 We are in receipt of a report purported to have been prepared by a responsible medical officer, Civil Hospital, Ahmedabad. This report is with regard to the grievances voiced at the COVID-19 Hospitals, Ahmedabad. The report talks about the issues, the current practice and has also provided the solution to deal with the issue. The report reads thus:

| <b>Serial</b> | <b>Issue</b>  | <b>Current practice</b>   | <b>Solution</b>  |
|---------------|---|---|--|
| 1             | Leadership at the level of medicine department (H.O.D.)   | He has miserably failed to deliver in the interest of patients' management and departmental Work, Force Management. Multiple complaints by resident doctors regarding a variety of issues have fallen on deaf ear since last 1 month. | A competent and cooperative Leader is required at times of National emergency like Covid-19 specially when Ahmedabad is hotspot. |
| 2             | There is very much Shortage of Essential Medications like Insulin, Labetalol, Noradrenaline, Adrenaline, Anti-Hypertensives, Streptokinase, Urobags, Catheter, Ryle Tubes at 1200 bed hospital. All these are essential and lifesaving drugs. | Currently it takes 4-5 hours to get such medicines from main hospital building and by the time medicine arrives, we are losing the patient who actually needs it).  | They should be made immediately available in adequate supply so that patient care won't be compromised just due to logistics     |
| 3             | Most of the deaths occurring in hospitals are due to <b>Non-Covid Comorbidities</b>   | Mostly due to unavailability of medicines, supporting staff like dialysis technicians, ECG technicians etc.   | Immediate availabilities of these facilities and medications and equipment   |

|   |   |  |   |
|---|---|--|---|
| 4 | Unit system instead of TEAM Approach.   | Currently, medicine department has continued its UNIT system and not working as single dedicated team. This leads to discontinuity of patient management and unnecessary exposure. For E.g. Those who are working in non Covid areas are forced to go to COVID positive ward just to collect information. They are at high risk of infecting non covid patients. | Single team should be made instead of different unit. UNIT system should be abolished with immediate effect   |
| 5 | Disparity in management of patients due to lack of INSTITUTE SPECIFIC TREATMENT Protocol for COVID-19 | Currently, patients are treated as per individual faculties' clinical decision   | Concise treatment protocol of the institution is the need of the hour. Disparity can be avoided if SINGLE UNIT/TEAM approach is adopted. It will result in efficient management and improved out come and decreased mortality |
| 6 | Accountability for deaths and discharges  | Currently respective unit is accountable for deaths and discharges. It results in unnecessary exposure .   | Single team approach and accountability of death and discharge should be made on Faculty on call. It will result in better coordination and management  |

|    |   |  |   |
|----|---|--|---|
| 7  | <i>Handling of blood samples</i>  | <i>Samples taken at COVID-19 hospitals are transported to laboratory facilities available at routine hospital. This results in unnecessary delay in processing ,degradation of samples by the time they reach to laboratory</i>                        | <i>This basic machines(Which are available in multiple no. in hospital, like RTPCR, CBC, RFT, LFT) should be shifted to 1200 ward. It will result in quick reports,better patient management.</i> |
| 8  | <i>Lack of swab coordination and unnecessary clerical work by doctors</i> | <i>Currently it took so much time in this clerical work that actual patient management not happening (800 patients need to decide whose swab will go etc)</i>  | <i>Swab co-ordinator should be kept at least on every floor who will maintain a swab calender and liaison with the ENT and MICROBIOLOGY department for sending scheduled swabs</i>                |
| 9  | <i>Computer and printer</i>   | <i>Only 1 computer with printer available in whole Covid-19 hospital amongst 1200 patients to check reports</i>  | <i>One computer with printer in operational condition is required in each ward so that Logistic can be minimized and reports can be retrieve asap</i>   |
| 10 | <i>Blood banking</i>  | <i>There is no streamlined procedure for patients requiring emergency blood transfusion. It results in delay in transfusion and loss of lives. (Like patient with 4 Hb not getting timely transfusion due to complex mechanism,resulting in death)</i> | <i>Streamlined procedure for patients requiring emergency blood transfusion. It will result in saving lives</i>   |

|    |  |   |  |
|----|--|---|--|
| 11 | ICU management   | Currently nursing staff to patient ration is very less, it results in mismanagement of critically ill patient. Mortalities are maximum in ICU where these patient requires better monitoring. | Needs trained nursing and other class IV staff. As relatives are not allowed a 3:1 ratio of patients to nursing staff is required. Crittically ill patient require utmost nursing care, which may result in improved out come. |
| 12 | Files and medical records of expired patients of Covid-19  | Files of expired patients of covid-19 are being transferred to main hospital on instructions of faculty because they don't want to go there to see files. It acts as fomite.                  | Need immediate stoppage of this practice as it can infect others including non covid patients. Also single UNT/Team approach will itself will result in stoppage of this practice.   |
| 13 | Safety measures for General ward staff (In non Covid area) | General ward patient can turn out to be positive. There are no safety measures currently available for staff including doctors.   | N95 mask should be made available in general wards as well. (This is in practice at AIIMS)   |
| 14 | Unsanitised Doffing area                                   | It is seen that area which has highest risk of getting exposure are very badly sanitized and are in unhygienic condition.   | There is a need for absolute Sanitization of donning and doffing area.   |

|    |   |   |   |
|----|---|---|---|
| 15 | Transportation in between COVID-19 hospital(Internal transportation)  | There is absolutely no coordination while transferring patients inside 1200 bad ward. Many a times it has been noticed that designated WAITING area become housefull creating chaos | Centralized system is needed for the better management of transportation of patients  |
| 16 | Food and other logistics of patients  | Doctors are currently being held responsible for meals,water and other Logistic issues of patients.   | Doctors should only be responsible for medical management of patients and dietician and other worker should take care of other things like food and water                             |
| 17 | Training of medical staff   | Currently,those who are not of MEDICINE department being trained for things like ventilator etc.  | They should be trained for basics like PPE donning and Doffing, SPO2 monitoring BP,RBS etc.(Training can be provided by medicine residents who knows better what to be taken care of) |
| 18 | Disposition of deceased   | Due to lack of class IV staff dead bodies lying for hours in ICU, unnecessarily occupying cots.   | Deceased patient need to be transported immediately   |
| 19 | Regarding backstepping of experienced higher authorities in discharging their duties towards patients admitted at Covid Hospital. | Majorities of faculties in this institute <b>don't</b> perform the minimum expected duty of them i.e. Taking Rounds which ultimately lead to mortality of patients.                 | Ensure the accountability and increase the workforce (if Required) of on duty facilities at Covid Hospital which will REDUCE the mortality of patients.                               |



|    |   |  |   |
|----|---|--|---|
| 20 | Unforgivable inhuman attitude evident by indifference and carelessness shown by higher authorities towards resident who turn positive while treating Covid Patients.  | COVID positive resident doctors have been kept stranded for long hours in spite of high grade fever owing to the indecisiveness and lack of prior preparation of management regarding treatment of resident doctors. | Demarcation of dedicated wards and faculties and protocol based testing and treatment for resident doctors. |
| 21 | Indifference of higher authorities towards the issue of non availability of Food to resident doctors  | Almost all resident doctors being dependent on tiffin services and pg canteen for their food , suffer a lot in current days owing to lockdown and withdrawal of all of these service providers                       | Proper Hygienic food and water supply to be provided  |
| 22 | Medicine residents, the One who are suppose to be in the front line in the decision making in treatment of critical! patients, are being used for nothing but coordination of nursing staff and class 4 workers . |  |   |

10 For the sake of convenience, we may also quote para 50 of our order dated 22<sup>nd</sup> May 2020, which reads thus:

“50 At this stage, we may clarify that there is no authenticity of the above referred report. However, at the same time, we take notice of the

*fact that the report contains very important elements. In such circumstances, we direct the following three responsible medical officers to look into the various aspects referred to in the aforesaid report and revert to us:*

*[1] Dr. Ami Parikh, Head of the General Medicines, SVP Hospital, Ahmedabad.*

*[2] Dr. Advait Thakore, Head of the Emergency Medicines at the SVP Hospital, Ahmedabad.*

*[3] Dr. Bipin Amin, Professor (Medicines) at the Civil Hospital, Ahmedabad.”*

11 The endeavour on the part of the State Government is to demonstrate before us that the condition of the Civil Hospital is not as pathetic as what has been portrayed by this Court in paras 48 and 49 respectively. In other words, by this Civil Application, the State of Gujarat seeks to place on record the true and correct facts as regards the administration, functioning and the general condition prevailing as on date in the Civil Hospital at Ahmedabad. Since the averments made in the Civil Application are on oath, we quote the entire Civil Application as under:

“IN THE HIGH COURT OF GUJARAT AT AHMEDABAD  
Dist. Ahmedabad

CIVIL APPLICATION No. OF 2020  
IN  
WRIT PETITION (PIL) (SUO MOTU) No.42 OF 2020

1. State of Gujarat  
through Chief Secretary,  
Government of Gujarat,

Gandhinagar

2. Principal Secretary  
Department of Medical Health and Family Welfare,  
Government of Gujarat,  
Gandhinagar

3. Principal Secretary  
Legal Department,  
Government of Gujarat,  
Gandhinagar

... Applicants  
(Orig. Respondents)

Versus

Suo Motu  
Notice to be served through  
the Registrar General  
High Court of Gujarat,  
Sola, Ahmedabad

Opponent

...  
(Orig. Petitioner)

**Application seeking clarification / review / modification and further orders in respect of paras 48 and 49 of the order dated 22.05.2020**

To  
The Hon'ble Chief Justice and  
other Hon'ble Judges of the High  
Court of Gujarat at Ahmedabad

The humble application  
of the applicants  
abovenamed:

**MOST RESPECTFULLY SHEWETH THAT:**

1. The applicants abovenamed are the original respondents in the captioned proceedings taken up suo motu by this Hon'ble Court in the wake of the pandemic of COVID-19. This Hon'ble Court has passed various orders from time to time considering the exigencies of the situation and on every occasion, this Hon'ble Court, while showing a great degree of sensitivity and concern for combating the evil of Covid-19, has directed the adoption of various measures by the State Authorities, as well as, has appreciated the efforts put in by the State Government and its authorities in that behalf for which, the applicants remain ever grateful. One such order passed by this Hon'ble Court is order dated 22.05.2020, a copy

whereof is annexed hereto and marked as Annexure-A. As aforesaid, the present application seeks indulgence of this Hon'ble Court to pass a suitable order, more particularly, with reference to what is stated in paras 48 and 49 of the order, in view of what is stated hereinbelow. Pertinently, the direction issued by this Hon'ble Court in para 50 of the said order as regards the report to be submitted by a committee of three doctors is being complied with. That apart, each of the directions contained in para 60 of the said order also stands complied with fully as of today, as explained in detail hereinafter.

2. It is respectfully stated that the contents of paras 48 and 49 of the said order do not reflect the reality of the day. Both these paragraphs proceed on the basis of an anonymous letter from a Resident Doctor serving at Ahmedabad Civil Hospital coupled with a report of some Medical Officer, Civil Hospital, which have been doing the rounds on social media, seeking to depict very gloomy, pathetic and distressing picture of the conditions prevailing at the Civil Hospital. Significantly, the said anonymous letter of the Resident Doctor coupled with some report of the Medical Officer relates to the 1<sup>st</sup> week of May, 2020. The scenario since then has totally changed, multitude of steps have been taken administratively, clinically etc which are required to be taken into consideration. If the State authorities had been given opportunity to place on record the present day realities of the Civil Hospital, this Hon'ble Court would have had no occasion to observe as indicated in paras 48 and 49 of the said order.

3. In furtherance to the above, it is submitted that in para 50 of the said order, this Hon'ble Court has in fact observed that **'there is no authenticity of the above referred report'**, however, while doing so, this Hon'ble Court directed the constitution of a Committee of three responsible medical officers to look into various aspects referred to in the said report and revert back to this Hon'ble Court. For ready reference, para 50 of the said order is set out hereunder:

"50. At this stage, we may clarify that there is no authenticity of the above referred report. However, at the same time, we take notice of the fact that the report contains very important elements. In such circumstances, we direct the following three responsible medical officers to look into the various aspects referred to in the aforesaid report and revert to us:

- [1] Dr. Ami Parikh, Head of the General Medicines, SVP Hospital, Ahmedabad.
- [2] Dr. Advait Thakore, Head of the Emergency Medicines at the SVP Hospital, Ahmedabad.

[3] *Dr. Bipin Amin, Professor (Medicines) at the Civil Hospital, Ahmedabad.”*

*The aforesaid direction, as regards the report of the Committee as mandated by this Hon’ble Court, to the best of the information of the Applicants, is in the process of being complied with, in as much as, the said committee is in the process of finalizing and submitting its report to this Hon’ble Court. Hence, the Applicants herein crave leave of this Hon’ble Court to refer to and rely upon the said report, as and when submitted. The said report would also reflect the true scenario and enable this Hon’ble Court to access the factual assertions made in the present applications in juxtaposition with the contents of the said report.*

*This apart, each of the directions of this Hon’ble Court as contained in para 60 of the said order has already stood complied with, as indicated herein below.*

4. *In view of the facts stated herinbelow, the applicants have prayed that this Hon’ble Court be kind enough to clarify that the following observations of this Hon’ble Court at pages 95 and 96 of the said order, based upon the anonymous letter of the Resident Doctor and the anonymous report of the Medical Officer of the Civil Hospital, do not reflect the true picture of the ground realities:*

***“We are very sorry to state that the Civil Hospital, Ahmedabad, as on date, appears to be in an extremely bad shape. Ordinarily, the citizens hailing from a poor strata of society are being treated at the Civil Hospital. This does not mean that human life is not to be protected. Human life is extremely precious and it should not be allowed to be lost at a place like the Civil Hospital at Ahmedabad. We wonder, how many times the Health Minister of the State has visited the Civil Hospital at Ahmedabad so as to keep a watch or take stock of what is going on at the Civil Hospital. Does the Health Minister of the State of Gujarat has any idea about the problems which the patients, doctors, nursing staff and other employees are facing as on date? How many times the Health Minister has interacted with the Medical Officers and other staff members in person so as to understand their difficulties and problems? We wonder whether the Chief Secretary of the Health Department has any idea as to what is going on in the Civil Hospital? We wonder how many times the Chief Secretary of the Health Department has paid visit to the Civil Hospital? Is the State Government aware of the hard fact that the patients at the Civil Hospital are***

***dying because of lack of adequate number of ventilators? How does the State Government propose to tackle this problem of ventilators?***

*As we said earlier that the Civil Hospital is meant to treat the patients. However, it appears that as on date, it is as good as a dungeon. ...”*

5. *This Hon’ble Court, vide order dated 14.05.2020, had noted the submissions made by various applicants and sought response from the State Government with regard to the same particularly relating to the safe passage of migrant workers, involvement of private hospitals in treating patients, utilization of RERA funds, testing discharge policies and various other issues. In response to the same, a detailed report dated 22.05.2020 was furnished which has been taken note of by this Hon’ble Court.*

6. *Noticeably, at no stage had the issue with regard to the conditions alleged to prevail at the Civil Hospital, Ahmedabad as referred to in the anonymous letter of the Resident Doctor and the anonymous report of the Medical Officer of the Civil Hospital been brought to the notice of the State Government. Had an opportunity been offered to respond to the same, true and correct picture with authentic corroborative material could have been placed on record to amply satisfy this Hon’ble Court that the facts stated in the said report presently are not only non-existent but falsified in the present scenario.*

7. *It appears that this Hon’ble Court has prima facie assumed on the basis of the aforesaid two documents that there are various areas where the Civil Hospital, Ahmedabad lacks in providing required facilities, including timely medication, availability of doctors and adequate number of ventilators. Consequently, this Hon’ble Court has directed that steps shall now be taken to admit patients at the Institute of Kidney Disease and U.N. Mehta Institute of Cardiology.*

8. *The Civil Hospital, Ahmedabad being referred to in the order is not the old Civil Hospital as was popularly known, but is the hospital housed in new building inaugurated in the month of March 2019 as a super-specialty hospital, called ‘Obstetrics & Gynecology, Pediatrics, Pediatric Surgery, Gastroenterology, Endocrinology, Urology’. It is this brand new hospital, which came to be dedicated only for the purpose of COVID-19 with effect from 1<sup>st</sup> week of April, 2020. For facilitating in the treatment of the pandemic, as a dedicated COVID-19 hospital, the whole of the existing 1,200 bed super-specialty hospital, came to be re-located in the old building so as to see that all the 1,200 beds of new Civil Hospital are utilized only for the purpose of treating patients suffering from COVID-19.*

It is pertinent to note that during the course of the aforesaid process, **Hon'ble Deputy Chief Minister** who also looks after the portfolio of health, **has so far visited** the said Civil Hospital at Ahmedabad **5 times** between 21.03.2020 till 22.05.2020, for inspection of the facilities and review of the amenities offered to the patients as well as the clinical and medical treatment offered to the patients. Similarly, **Principal Secretary (Health), Dr.Jayanti Ravi has so far visited** the said Civil Hospital at Ahmedabad, as many as **20 times** for various purposes for better administration of the Civil Hospital as a whole.

Now, in order to show the present day realities of this Civil Hospital, Ahmedabad, the applicants propose to set out hereunder various details, which clearly show that the above referred anonymous letter and the anonymous report do not bear the testimony of present day realities:

**I. Re: Structural set up of the Hospital:**

Online details readily furnish the available picture of the present structural set up with certain essential articles.

|        |  |   |                              |
|--------|--|---|------------------------------|
| (i)    | Total number of beds   | : | 1,200                        |
| (ii)   | Total number of COVID wards                                      | : | 25                           |
| (iii)  | Distance between 2 beds in COVID-19 wards                        | : | 6 ft. as per ICMR guidelines |
| (iv)   | Total number of ICU beds   | : | 221                          |
| (v)    | Total number of availability of operational ventilators in usage | : | 180                          |
| (vi)   | Total number of standard PPE kits already supplied               | : | 1,10,625                     |
| (vii)  | Total number of N-95 mask already supplied                       | : | 1,40,810                     |
| (viii) | Total number of triple layer mask already supplied               | : | 6,28,800                     |
| (ix)   | Total number of general toilets                                  | : | 672                          |

**Note:**

- (a) Two photographs showing the outer façade and the main entrance of the Civil Hospital, Ahmedabad are annexed hereto and collectively marked as **Annexure-B (colly.)**.
- (b) 22 photographs of some wards and other facilities are produced hereto and collectively marked as **Annexure-C (colly.)**, showing the latest physical position thereof in the

*Civil Hospital.*

- (c) *The said Civil Hospital, Ahmedabad is completely isolated and hence, food is being served to the patients by catering from star hotel, viz. Silver Cloud Hotel, which is of good quality and quantity. The patients are provided required food supplements 8 times a day as advised by Qualified Dieticians engaged for meeting with special service needs of patients suffering from diabetes, blood pressure, etc. Herbal tea with traditional spice ingredients is provided to all willing patients, which consist of cinnamon, black pepper, raisin, powdered ginger, tulsi, mint, jiggery and lime. This traditional concoction is effective as an immunity booster.*
- (d) *A few photographs of the general toilets are annexed herewith and marked as Annexure-D (colly.).*

**II. Re: Manpower position on duty:**

- |        |   |   |   |
|--------|---|---|---|
| (i)    | Total number of Ward Boys                                 | : | 650   |
| (ii)   | Total number of Ward Boys per Ward                        | : | 16 per ICU ward per shift. 10 per normal ward per shift.              |
| (iii)  | Total number of Nurses                                    | : | 365   |
| (iv)   | Total number of Nurses per Ward                           | : | 1 nurse per 3 beds in ICU wards, 1 nurse per 15 beds in normal wards. |
| (v)    | Total number of ECG Technicians                           | : | 6   |
| (vi)   | Total number of Dialysis Technicians                      | : | 6   |
| (vii)  | Total number of Resident Doctors<br>(24x7)                | : | 194   |
| (viii) | Total number of Anesthetists (24x7)                       | : | 11 Professors and Assistant Professors and 52 Resident Anesthetists   |
| (ix)   | Total number of Pulmonologists in the hospital            | : | 5   |
| (x)    | Total number of Critical Care Specialists in the hospital | : | 11  |
| (xi)   | Total number of Senior Doctors in the hospital            | : | 62  |



- (xii) Number of rounds per day per ward by Pulmonologists : 2
- (xiii) Number of rounds per day per ward by Critical Care Specialists : 1
- (xiv) Number of rounds per day per ward by Senior Doctors : 3

**Note:**

- (a) A list indicating the names of Anesthetists on duty in the hospital is annexed hereto and marked as **Annexure-E**.
- (b) A list indicating the names of Pulmonologists / Critical Care Specialists / Senior Doctors on duty in the hospital is annexed hereto and marked as **Annexure-F**.

**III. Re: Introduction of the orientation given to ward boys and nurses:**

Class-III and Class-IV employees engaged in the Civil Hospital have been provided orientation by Senior Doctors to infuse the following elements in the environment of the said hospital:

- (i) The Additional Medical Superintendents, Dr.Rajanish Patel and Dr.Rakesh Joshi, conduct motivational briefing to the staff, who are manning the COVID hospital. Before starting commencing their daily tasks, motivational briefing are daily undertaken for a period of 10 to 15 minutes, to boost their morale. Teachings with regard to the general importance of personal hygiene and hand wash methods (duty with safety), guidance on how to take care of patients, benevolent behaviour and soft communication skills to deal with patients and patients relatives are a part of the daily routine briefings. Daily ritual of war-cry "**Harega Covid, Jitega Gujarat**" are also carried out.
- (ii) A team of psychiatrists under leadership of Dr. Minakshi Parikh, Professor and Head, conducts counselling sessions, for the Class IV staff and Nursing staff members which includes lectures on mental health and stress relaxation for about 250 staff members followed by relaxation exercise. Display of information videos for mental health awareness is also done. They assist them by tele-counselling and there is an ongoing hand holding and confidence building exercise. Mentoring is continuously provided to all cadres as per need and on individual basis, if required.

**IV. Re: Introduction of new arrangements:****(i) Call Centre:**

COVID-19 is very difficult situation. Infection control protocol of COVID-19 does not permit relatives to be with the patient. This puts lots of limitations in taking care of patients as well as communicating the same to the relatives of the patients. In order to give required information of the patient as per the Hospital Management Information System, to their relatives, a call center has been established in Gandhinagar. Patient's relatives are called from the call center and they are given updates on the patient's health. Feedback is obtained from the patient's relative and the same is acted upon at the Civil Hospital. Since the start of the call center from 23<sup>rd</sup> May 2020, number of calls made are 2432.

**(ii) Complaint Desk:**

Considering the limitation that relatives cannot accompany COVID patients, a separate dome with more than 200 bed capacity has been set up for the relatives of the patients. Bedding and food facility is given to more than 200 persons daily. Help desk has been established for information sharing and resolving queries. Video calling facility has been established so that relatives can interact with the patients.

**(iii) Arrangement to attend complaint immediately:**

All complaints received at the helpdesk and through the call center are registered in the Hospital Management Information System. These complaints are communicated through the command and control center, which has been established in the COVID-19 hospital. Complaint is followed up till it is closed satisfactorily.

**(iv) Installation of CC TV Camera:**

1,200 bedded hospital is equipped with Closed Circuit Camera Network in order to ensure effective management. COVID Hospital entrance, OPD, Patient receiving area, ward lobbies, ICU nursing stations, bio-medical waste area are covered.

**(v) Monitor Room in Gandhinagar:**

Command and control center has been established in Gandhinagar as a part of Hon'ble Chief Minister's Dash Board to facilitate the monitoring of all the activities, clinical as well as other services at

the Civil Hospital, Ahmedabad. It also manages feedback and complaints from the patients and their relatives. A few photographs showing the said Monitor Board, Gandhinagar, are annexed hereto and collectively marked as **Annexure-G (colly.)**.

(vi) **Arrangement for quick supply:**

Stock of at least 10 days is always maintained at the store of the Civil Hospital for all medicines, protective equipment and other consumables. Daily stock use of all consumables is maintained. Used stock is recouped every after 2-3 days and the balance of at least 10 days is constantly maintained.

(vii) **Treatment in new hospitals:**

(a) U.N. Mehta Cardiac Institute : 41 beds were already dedicated for COVID patient treatment. Considering the emergency U.N. Mehta Cardiac Institute has offered **228 more beds** (in addition to 41 COVID beds) for the treatment of COVID patients. This additional facility will be available from 25.05.2020.

(b) Institute of Kidney Diseases and Research Centre : IKRDC has offered **202 dedicated beds** for the treatment of COVID patients. This facility is in operation since 13.05.2020.

(c) Gujarat Cancer Research Institute : **262 beds** have been made available in GCRI Hospital. This facility has been made operational from 30.04.2020.

(viii) There is nothing like COVID disease hospital with good infrastructure and ample staff lying idle, as referred to in para 53 of the judgment.

(ix) So far as ESIC Hospital, situated at Bapunagar having facility of 56 beds is concerned, the State authorities have started utilising the same for treating COVID-19 patients. However, Nagari Eye Hospital and MNJ Eye Hospital at Civil Hospital Campus have not been similarly put to the use for treating COVID-19 patients, only with a view to keep the said two hospitals confined exclusively to eye treatment particularly for the aged. This is also because of, the present position with regard to the number of available COVID beds for treating COVID-19 patients, as indicated hereinbelow,:

- |     |            |   |                               |
|-----|------------|---|-------------------------------|
| (a) | 1,200 beds | : | Civil Hospital, Ahmedabad;    |
| (b) | 269 beds   | : | U.N. Mehta Cardiac Institute; |

- (c) 202 beds : Institute of Kidney Disease and Research Centre;
- (d) 262 beds : Gujarat Cancer Research Institute;
- (e) 450 beds : Sola Civil Hospital;
- (f) 850 beds : SVP Hospital, Paldi.

**V. Re: Number of Death and Mortality Rate:**

(i) Following comparative statement of deaths in Civil Hospital, Ahmedabad clearly suggests that number of deaths due to COVID and other disease in the year 2020, is less than the number of deaths having taken place in the year 2019, when there was no COVID:

| Month | Year |                                  |
|-------|------|----------------------------------|
|       | 2019 | 2020<br>(Including COVID Deaths) |
| March | 854  | 725                              |
| April | 767  | 573                              |
| May   | 787  | 459 (upto 20 <sup>th</sup> May)  |
| Total | 2408 | 1757                             |

(ii) While comparing the State of Gujarat with countries like Italy and France, the population of which is similar and where the available medical facilities are very much superior to that available in the State, yet the rise in number of COVID-19 cases has been substantially slow in the State as compared to the said countries. Similarly, the number of deaths has been substantially less in Gujarat as compared to Italy and France. A copy of graphs depicting the aforesaid trend in the matter of number of COVID-19 cases as well as number of deaths in the State on one hand and in the countries like Italy and France, on the other, is annexed hereto and collectively marked as **Annexure-H (colly.)**.

(iii) For commenting upon the aforesaid aspect Civil Hospital cannot be compared with the SVP Hospital, owing to the following reasons:

- (a) On an average in a week, 62% of critical patients are given admission and treated in the Civil Hospital, Ahmedabad, as against 6% being admitted in SVP Hospital, Paldi.
- (b) Patients to Civil Hospital mainly come from 11 containment zones, majority of which are within the walled city, where the viral load is very high as compared to the patients coming from middle income group residing in the eastern part of the City, i.e. in or around Paldi (outside the walled city).

*The aforesaid distinguishing features between Civil Hospital, Ahmedabad, on one hand and SVP Hospital, Paldi, are very clearly borne out from the statement titled “Cumulative Report-12 MN 16/05/20 to 12 MN of 2222/05/20”, which is annexed hereto and marked as **Annexure-I**.*

(c) *It is interesting to note that in SVP Hospital, there are only 153 critical beds, out of 850 COVID beds, whereas in Civil Hospital, Ahmedabad, there are as many as 496 critical beds, out of, in all, 1,200 COVID beds. This shows that the Civil Hospital, Ahmedabad admits proportionally more number of critical patients, out of total admitted patients, as compared to SVP Hospital, automatically further increasing the fatality.*

(iv) *With reference to prima facie observation of this Hon’ble Court at page 92 of the order to the effect that ‘the patients in Civil Hospital are dying after 4 days or more of the treatment’ as depicted in the graph in the bottom of the said page. A leading Infectious Diseases Expert of Ahmedabad, Dr. Atul Patel as under, explains this:*

*“The clinical spectrum of COVID-19 varies from asymptomatic or pauci symptomatic forms to clinical conditions characterized by respiratory failure that necessitates mechanical ventilation and support in an intensive care unit, to multiorgan and systemic manifestations in terms of sepsis, septic shock, and multiple organ dysfunction syndromes (MODS).*

*Acute respiratory distress syndrome (ARDS) is the major complication in patients with severe disease and can manifest shortly after the onset of dyspnea. Some patients with severe COVID-19 have laboratory evidence of an exuberant inflammatory response, similar to cytokine release syndrome, with persistent fevers, elevated inflammatory markers and elevated proinflammatory cytokines; these laboratory abnormalities have been associated with critical and fatal illness.*

*Among patients who developed severe disease, the medium time to dyspnea ranged from 5 to 8 days, the median time to acute respiratory distress syndrome (ARDS) ranged from 8 to 12 days, and the median time to ICU admission ranged from 10 to 12 days. These time periods are from the day of symptom to disease progression. Those cases who get admitted late may be already in the second week of their symptoms. Clinicians should be aware of the potential for*

*some patients to rapidly deteriorate one week after illness onset.”*

*Pertinently, an article from Washington Post and another article from healthline.com, copies whereof are annexed hereto and collectively marked as **Annexure-J (colly.)**, corroborate the factum of sudden worsening of COVID patient’s condition after 4 days or more of the treatment.*

9. *This Hon’ble Court in para 47 is pleased to note a list of 8 hospitals which have yet not been recognized by the Ahmedabad Municipal Corporation for COVID treatment. Out of these 8 hospitals, 5 have consented to treat COVID patients as and when it is required. The other 3 have been intimated to convey their consent viz. Zydu Hospital, K.D. Hospital and Asia Colombia Hospital. The rates of private hospitals for COVID treatment notified by AMC are being re-negotiated and soon shall be duly intimated.*

10. *It needs to be appreciated that even during the time when the above referred anonymous letter and the report came into circulation in the 1<sup>st</sup> week of May, 2020, in the social media, the same were not presenting true and correct facts. It is also required to be appreciated that even though all the above referred arrangements came into being whereby the entire Civil Hospital, Ahmedabad came to be revamped, the State Government requested the Government of India to depute top Specialist Doctors of the country viz. (i) Dr. Randeep Guleria, Director, AIIMS; (ii) Dr. Rajesh Chawla of Apollo, New Delhi; and (iii) Dr. Rohit Pandit, Pulmonologist of Mulund, Mumbai to visit the Civil Hospital in particular and other dedicated COVID-19 hospitals and to interact with patients treating doctors and medical teams working in all the dedicated hospitals. This was an honest and sincere endeavour on the part of the State Government to boost the efforts of administration, doctors, health workers, etc. and to gain valuable inputs to serve the patients with the best of care.*

11. *Apropos the aforesaid request of the State Government, two eminent doctors / experts of the country viz. (i) Dr. Randeep Guleria, Director, AIIMS, New Delhi; and (ii) Dr. Manish Soneja, Professor, AIIMS, New Delhi visited the Civil Hospital, Ahmedabad on 09.05.2020. Pertinently, both the doctors were fully satisfied about the existing infrastructure, facilities, treatment to the patients, etc. being available in the Civil Hospital, Ahmedabad, after having interacted with Faculty Members, Residents, Para-Medical Staff Members and Nursing Staff. This aspect of the matter is borne out from the utterances of Dr. Randeep Guleria, Director, AIIMS, New Delhi during the course of press conference held on 09.05.2020 itself to the following effect:*

**“... .. Creation of state-of-the-art COVID-19 hospital at Civil Hospital, Ahmedabad in a very short span of**

***time, deserves sincere commendations and that all the health workers in the said hospital are doing wonderful job as per international protocols, infection control and solidarity trials and assessments....”***

*The applicants herein crave leave to present the authentic transcript of the press conference for the kind perusal of this Hon’ble Court, if required.*

12. As regards the twenty directions given by this Hon’ble Court in para 60 of the order, it is stated that the same have already stood complied with as demonstrated hereinbelow while dealing with each of the said directions vis-a-vis compliance thereof in seriatim

12.1 Direction No.1 reads as under:

*“[1] One ambulance with all facilities should be parked/stationed permanently at the Hotel quarantine centre so that if there is an emergency in the quarantine centre, the patient can immediately be rushed to the nearest hospital.”*

*In this behalf it is stated that the State Government has made available two 108 ambulances which are exclusively reserved for attending to the patients in the quarantine centre/hotel to be able to rush any of the said patients therein to the nearest hospital, should there be an escalation in the severity of their medical condition. A copy of the Order issued by Additional Director, Medical Services dated 24<sup>th</sup> May 2020, is herein annexed and marked as **Annexure-K**.*

12.2 Direction No.2 reads as under:

*“[2] The expression of interest can be called from such local physicians area wise in the state, and accordingly, a list be prepared. Such physicians can serve in the wards and hospitals and also at the quarantine centres which are overcrowded and falling within the containment zones.”*

*In this behalf it is stated that as early as 9<sup>th</sup> April, 2020, a special video conference was held with office bearers of the Indian Medical Association at the State Level, as well as, leading doctors of the medical fraternity across all the Districts of the State, which was chaired by the Hon’ble Chief Minister. The same was attended by the Hon’ble Health Minister and Senior Officers of the Health Department of the State. Consequent to this, on a daily basis, there has been an audio call of about twenty minute duration being held with the Senior Members of the Medical fraternity, which includes (i) Dr. Chandresh Zardos, State President of IMA, Gujarat;*

(ii) Dr. Ketan Desai; (iii) Dr. Atul Patel (leading infectious disease expert); (iv) Dr. R.K. Patel (Director of U.N. Mehta Institute of Cardiology; (v) Dr. Atul Pandya (Former office bearer of National IMA); (vi) Dr. Anil Nayak (Vice-Chancellor of the North Gujarat University; (vii) Dr. Mona Desai (President of Ahmedabad Medical Association). It is with the efforts and inputs of the aforesaid individuals that the State Government has been able to enlist over twenty top pulmonologist, critical care specialists, intensivist and such specialist from leading private hospitals of the City to come to the dedicated COVID Hospital at the Civil Hospital campus on a daily basis since 5<sup>th</sup> May, 2020, and offer their consultation on an average of 2-3 hours taking rounds of the wards and attending to the critical care patients. It is stated that the aforesaid doctors and experts assisted the Hospital in the following manner:

- Setting Up protocol of rounds
- Liaison with Medicine department about treatment lines
- Setting up of Acute Hypoxia in COVID algorithm
- Taking fixed rounds daily with Anesthesia Department in Critical Zone
- All the three ICUs' O3, O4 and O5 managed by one Intensivist each
- Senior specialist from all major Hospitals gave active inputs from vast experience in managing Critical patients
- Assessing the demand and supply issues of all logistics in ICU
- Setting daily management on ventilatory care patients
- Ensuring ICU admission and Discharge protocols
- Ensuring feeding, fluids, analgesia and sugar control in sick patients
- Active management of all the comorbidities in COVID patient
- Setting up Triage, Nursing and patient care assistant needs
- 6 Teams set up to cover Critical Care for 3 weeks
- Did this work as Volunteer and denied any monetary help
- Daily huddle meeting in Control room with Dr J P Modi, Dr Rajesh Solanki and Dr Shailesh Shah Sir
- Proper Handover between shifts
- Guiding residents on regular basis
- Guiding Biomedical for regular supply of ancillary items
- Liaison with nursing heads for Critical Care needs.



A list of the said doctors, their short resume, as well as, their roster is annexed hereto and collectively marked as **Annexure-L (colly.)**.

12.3 Direction No.3 reads as under:

“[3] As per the press reports, in the State of Maharashtra, all general physicians have been asked to run their own clinics or serve in the Government COVID hospitals. The same policy should be adopted in the State of Gujarat.”

In this behalf it is stated that pursuant to the daily phone calls with the representatives of IMA and the senior representatives of the medical fraternity, the State Government has impressed upon the Medical Association and Private practitioners including general physicians to immediately start operating their own clinics/serve in the government hospitals as well. The State Government has vide its letter dated 28<sup>th</sup> April, 2020, addressed to the President, IMA, urging all private doctors start their OPD operations forthwith and also engage in medical services at the COVID hospital. In response to the said request, several hospitals and clinics have commenced OPD operations. It is stated that almost several physicians have volunteered to provide medical services across the State. Moreover, in the districts where there is shortage of doctors, the State Government is in the process of invoking the provisions of the Epidemic Diseases Act, 1897, to requisition services of doctors in the said districts. A copy of the letter dated 28<sup>th</sup> April, 2020, is annexed hereto and marked as **Annexure-M**. A copy of the statement indicating the number of hospitals/clinics that have commenced OPD operations, is annexed hereto and marked as **Annexure-N**.

It is stated that the State Government has also been acted with great alacrity and as early as on 16<sup>th</sup> April, 2020, issued a Government Resolution bearing No.FPW-102020-1021-B-1 enlisting as many as 28 private/grant-in-aid hospitals across various districts of the State. This was to facilitate free treatment for those patients who contract COVID infection across any of the said districts. A copy of the Government Resolution dated 16<sup>th</sup> April, 2020, is annexed hereto and marked as **Annexure-O**. A statement indicating the total number of dedicated COVID hospitals in the State is annexed hereto and marked as **Annexure-P**.

12.4 Direction No.4 reads as under:

“[4] The Private hospitals should not demand fees in advance from the patients and the patients be asked to only give details of their Aadhar card and PAN card and if later found from the PAN card details that the patient was

*capable of making payments then the amount can be accordingly recovered.”*

*It is stated that the hospitals listed herein have been directed to provide COVID treatment on a free of cost basis to the patients. The costs towards the treatment is covered by the State Government as provided in the aforesaid Government Resolution dated 16<sup>th</sup> April, 2020. Additionally, the Ahmedabad Municipal Corporation has requisitioned services of 42 Hospitals and has categorically directed that the said hospitals to charge fees within the ceiling provided by the Corporation in its Requisition Order dated 16<sup>th</sup> May, 2020, which is herein annexed and marked as **Annexure-Q**. Moreover, as many as 50% of the beds of these hospitals would be provided on free of cost basis to those patients who belong to the financially weaker sections.*

12.5 *Direction No.5 reads as under:*

*“[5] The State Government is directed to immediately procure maximum testing kits so as to enable even the private laboratories in the private hospitals to carry out the Coronavirus testing at the Government rates.”*

*In this behalf it is stated that the State Government laboratories have sufficient COVID testing apparatus/kits, wherein COVID testing is provided free of cost. Furthermore, as per the prevalent regulations, the private laboratory are at liberty to procure testing kits from the market, in as much as, the same are easily accessible by the laboratories and the State Government is not required to procure and provide the same to private laboratories.*

12.6 *Direction No.6 reads as under:*

*“[6] COVID Care Centre A (CCC A) – This is required to quarantine high risk suspects who cannot maintain social distancing at home. This facility may not be available in the hospital. Once result of the test is available they may be discharged or kept for repeat test if required.”*

12.7 *Direction No.7 reads as under:*

*“[7] COVID Care Centre B (CCC B) – Here asymptomatic positive cases and cases with mild symptoms should be admitted. Stable patients with history of fever, sore throat, loss of smell etc. fall into this category.”*

*In this behalf it is stated that there is no categorisation such as “CCC A” and “CCC B”, as provided by the Indian Council of Medical Research regulations and the Guidelines of Ministry of Health and Family Welfare, Government of India, the COVID Care Centre are being provided for those patients which are tested as COVID Positive but are asymptomatic. For the high risk suspects, quarantine facilities are provided by the district/municipal administration. A copy of the guidelines issued by the Ministry of Health & Family Welfare in respect of ‘Setting up the three-tier facility of managing COVID patients’, is annexed hereto and marked as **Annexure-R**. It is humbly stated that the symptoms such as sore throat and loss of smell are not medically recognized symptoms of COVID by the ICMR.*

*12.8 Direction No.8 reads as under:*

*“[8] Day and night, regular ambulances and ICU on wheels must be made available in adequate numbers for quick and safe transfer. Same will apply to the dead body vans.”*

*In this behalf it is stated that adequate fleet of ambulances, as well as, hearse vans are available across the State. A fleet of ambulances, i.e. total 632 is there in the State, out of which 82 ambulances are in Ahmedabad.*

*12.9 Direction No.9 reads as under:*

*“[9] The Government is directed to raise a computerised COVID Control Center at a place convenient to it. It must have complete real – time information of each facility. It should be accessible to everyone including the public. It should be connected to each facility on computers as well as phones. All ambulances too should be connected to it. The Control Centre must be erected on war footing. All complaints and grievances must be directed to the Control Centre.”*

*In this regard, it is stated that the Government has already established COVID Control Centre at Gandhinagar. It is integrated with hospital management information system. Controlled information is shared on real time basis. This centre receives feedback and complaints. A web application for public access is also under development, which will give status of the patients to their relatives on OTP base access.*

*12.10 Direction No.10 reads as under:*

*“[10] No patient should be made to run from one hospital to the other begging for admission. Unfortunately this has*

*happened in the past and still continues. He can contact the control center, and procure the necessary information he needs.”*

*In this regard, it is stated that position of occupied and vacant beds of government hospitals and agreed private hospitals is shared with the control centre. With this position, the control centre guides ambulances to particular hospital having vacant beds.*

*12.11 Direction No.11 reads as under:*

*“[11] A website Control Centre should be created for everyone to know about various actions that may be taken.”*

*In this behalf it is stated that the State Government already has a dedicated website for providing all COVID information to its citizens, which is available at [www.gujhealth.gujarat.gov.in](http://www.gujhealth.gujarat.gov.in). Additionally, a portal has been created being <https://gujccovid19.gujarat.gov.in> which provides real time information on various aspects relating to COVID pandemic in the State.*

*12.12 Direction No.12 reads as under:*

*“[12] CCC A and CCC B may be kept under treatment of required number of medical officers but supervised by a competent Physician. They should work under the guidance of specialists at the DCHC and DCH. Timely and healthy communication will save many lives.”*

*In this behalf it is stated that the said direction of this Hon’ble Court is already complied with, as stated hereinabove. Moreover, a team of 7 medical officers, 3 consultants and 9 paramedics are available to address any medical needs in the COVID Care Centre’s (CCC) on a round the clock basis.*

*12.13 Direction No.13 reads as under:*

*“[13] Critical Care Specialists, anesthetists, infectious disease specialists and pulmonologists are the backbone of every DCHC and DCH. Their dedication and efforts will make a difference between life and death.”*

*In this behalf it is stated as demonstrated hereinabove, the State Government has invited top experts and specialties of various fields, who have volunteered to provide their services to this humanitarian cause on a free of cost basis.*

12.14 Direction No. 14 reads as under:

*“[14] Treatment protocol, evolved by the local specialists based on the guidelines from the center and ICMR, local conditions and available resources and past experiences must be followed in all facilities. They should be oriented and sent to each unit.”*

*In this behalf it is stated that as early as last week of March, 2020, a team of local specialists such as (i) Dr. Atul Patel; (ii) Dr. R.K. Patel; (iii) Dr. Bipin Amin; (iv) Dr. Kamlesh Upadhayaya; and (v) Dr. Kadri under the convenorship of the Additional Director Medical Education Dr. R. Dikshit had prescribed the detailed treatment protocol for Covid-19. It is worth stating that the said protocol had been subsequently approved by All India Institute of Medical Sciences to be followed in the entire country. Furthermore, vide letter dated 6<sup>th</sup> May, 2020, addressed to the Hon'ble Union Home Minister, experts of national eminence were invited to visit the facilities in the State and to provide their inputs. It is stated that a team of experts comprising of Dr. Randeep Guleria (Director, AIIMS) and Dr. Manish Suneja (Covid-19 specialist, AIIMS) visited the Covid Civil Hospital on 9<sup>th</sup> May, 2020, and were completely satisfied with the treatment protocols and procedures followed by the Hospital. A copy of the letter dated 6<sup>th</sup> May, 2020, is annexed hereto and marked as **Annexure-S**.*

12.15 Direction No. 15 reads as under:

*“[15] A representative of Government must be available at each center for coordination. He should be in constant touch with the Control Center. Strict discharge policy must be created and followed to avoid unnecessary stay for wrong reasons.”*

*In this behalf, it is stated that the said direction of this Hon'ble Court is complied with since March, 2020.*

12.16 Direction No. 16 reads as under:

*“[16] All the Government hospitals with more than 50 beds and ICU need to be immediately converted into DCHC and DCH. The Government must implement this conversion immediately. They may keep 20% of their beds for emergency work. If any of the 80% beds remain unutilized for the COVID patients, they may use them for routine cases with the permission of the Control Center and the safety of non-COVID patients should not be compromised.”*

*In this behalf it is stated that adequate number of beds are being created for COVID patients and the State Government, as well as, the private sector has specifically created COVID hospitals. It is stated that for the purpose of attending to non-COVID emergencies such as deliveries, dialysis, heart procedures, etc. the regular hospitals beds and facilities need to be kept available and functioning. The same is apparent from the statements indicating the details of the OPD and IPD numbers of non-COVID patients, which are annexed hereto and collectively marked as **Annexure-T (colly.)**.*

12.17 Direction No.17 reads as under:

*“[17] The present Head of each of these Government hospitals will be responsible for his hospital turned into COVID facility. It will be his duty to ensure smooth functioning and liaison with the control centre.”*

*In this behalf it is stated that the said direction of this Hon’ble Court is already complied with.*

12.18 Direction No.18 reads as under:

*“[18] Excess staff from one hospital may be transferred to the other required by the Control Centre.”*

*In this behalf it is stated that the said direction of this Hon’ble Court is already complied with.*

12.19 Direction No.19 reads as under:

*“[19] The Government should provide high quality N95 mask, sanitizer, sterile and non sterile gloves, PPE kits, ventury and high flow oxygen mask, ventilator tubings, filters and similar items to all the COVID facilities at its own expense.”*

*In this behalf it is stated that aforesaid medical equipment is being procured by the State Government from Government e-Market (GeM) and as of date there are sufficient stock of the aforesaid medical equipment available with the State Government. Furthermore, the quality and benchmarks of the same is strictly adhered to.*

12.20 Direction No.20 reads as under:

*“[20] All the healthcare workers must be tested at regular intervals as deemed fit by the experts. The society is safe only if they are safe.”*

*In this behalf it is stated that the ICMR has issued guidelines for testing of health care workers and the same is being followed in letter and spirit. A copy of the said testing guidelines for healthcare workers is annexed hereto and marked as **Annexure-U**.*

13. *In furtherance to the exhaustive report filed by the State Government on 22<sup>nd</sup> May, 2020, elaborately enumerating with figures, details of the passage of migrant workers to their native States, it is respectfully submitted that as on date 11,59,571 migrant workers have been transported through trains; 2,48,402 migrant workers through buses and private vehicles. Thus, a total of 14,07,973 migrant workers have been safely reached their native hometowns. This figure is perhaps the highest in the country and this Hon'ble Court, during the course of hearing, had also complimented the efforts of the State administration in general and Mr. Haider, Managing Director, GSRTC, in particular.*

14. *At this stage, the State Government would like to place on record testing details per million which is 2706.4 as against the average for the country which is 2053.9 per million. In Kerala 1429.3 tests are conducted per million. In Maharashtra, the test per million is 2620.9 and in Uttar Pradesh, the test per million is 873.6. In West Bengal, the test per million is 1438.5. In Madhya Pradesh, the test per million is 1579.6. Thus, the testing in Gujarat is higher than most States and above the national average and in complete compliance with the ICMR guidelines.*

15. *The applicants state and submit that the applicants have not filed any other application of the subject-matter either before this Hon'ble Court or in the Hon'ble Supreme Court or any other Court.*

16. *The applicants crave leave to add, alter or amend any of the foregoing paragraphs as and when it is found necessary.*

17. *In view of the above, it is most respectfully prayed that –*

(A) *Your Lordships may be pleased to pass suitable order in the captioned proceedings and more particularly with reference to the contents of paras 48 and 49 of the said order dated 22.05.2020 (Annexure-A hereto), so as to do complete justice in the matter, while taking into consideration the present day realities existing in the Civil Hospital at Ahmedabad;*

(B) *Your Lordships may be pleased to pass such other and further relief/s as may be deem fit, just and proper, in the facts and circumstances of the case.*

**AND FOR THIS ACT OF KINDNESS AND JUSTICE, THE APPLICANTS SHALL AS IN DUTY BOUND FOR EVERY PRAY.**

Place: Ahmedabad

Date : 25.05.2020

OFFICE OF THE GOVERNMENT PLEADER

AFFIDAVIT

I, Dr. Raghav Dixit, working as Additional Director – Medical Education and Research, having office at Gandhinagar and In-charge of Teaching and Medical Hospitals including Civil Hospital, Ahmedabad, representing applicant No.1 herein, do hereby take oath and state on solemn affirmation that what is stated in Paras 1 to 14 are true and correct according to my knowledge, information and belief and I believe the same to be true; paras 15 and 16 contain the formal paragraphs and para 17 contains the prayer clauses.

I say and submit that I have suppressed nothing in the present application.

I say that the Annexures are the true copies of the original documents.

Solemnly affirmed at Gandhinagar on this 25<sup>th</sup> day of May, 2020.

sd/-  
DEPONENT

12 Well, if what has been highlighted above is true, then we appreciate the same. We are glad to take note of some positive steps taken by the State Government in the right direction in the interest of the people at large. The Civil Application is accompanied by documentary evidence. As the averments made in the Civil Application are on oath, we have reason to believe that they are true unless disapproved by some other materials. However, we would still like to delve deep into the materials placed on record by the State Government with regard to the conditions prevailing at the Civil Hospital at Ahmedabad. As voluminous material has been placed on record, we may request one of the learned counsel who is appearing in this litigation to



assist us on the issue of Civil Hospital at Ahmedabad. It shall be open for the other learned counsel also who are assisting this Court on other issues to render their assistance on the question of the Civil Hospital.

13 Mr. Kamal Trivedi, the learned Advocate General and Ms. Manisha Lavkumar Shah, the learned Government Pleader appearing for the State submitted that the conditions prevailing as on date in the Civil Application are quite satisfactory and there is no good reason for any person to redress any grievance as regards the administration, functioning, etc. of the Civil Hospital. Both the learned senior counsel submitted that good medical treatment is being provided to the COVID-19 patients and they are being well taken care of. It is further pointed out that so far not a single patient has redressed any grievance of any nature and all those patients who have been cured and discharged are quite satisfied with the medical services provided in the Civil Hospital. It is further submitted that the people at large have understood the observations made by this Court in paras 48 and 49 otherwise. According to both the learned senior counsel, if true and correct facts are not brought on record, then probably, the poor section of the Society may be afraid of coming to the Civil Hospital for the COVID-19 treatment. It is further submitted that the observations made by this Court, as regards the Civil Hospital, have been flashed by various TV channels in such a manner that the common man would start carrying a bad impression about the conditions prevailing at the Civil Hospital.

14 Both the learned senior counsel submitted that this Court took cognizance of an anonymous letter addressed by a resident Doctor raising many issues. However, according to both the learned senior counsel, there is no substance in what has been stated in the anonymous letter of the resident doctor.

15 Both the learned senior counsel further submitted that this Court also took cognizance of one chart which has been incorporated in para 49 of the order dated 22<sup>nd</sup> May 2020 and as regards the issues raised in the chart, a committee of three doctors was constituted to look into the same, as directed by this Court.

16 Both the learned senior counsel submitted that the committee has looked into the issues figuring in the chart and have filed a detailed report, which reads thus:

*Report by the doctors pursuant to the order dated 22/05/2020 of This Hon'ble Gujarat High Court in Suo-Moto PIL No.42 of 2020"*

*It is submitted that vide order No. MCG/2020/AS-ME-I/V dated 24/05/2020 of the Health and Family Welfare Department, the Government of Gujarat issued order with reference to the order of this Hon'ble court dated 22 May 2020, in Suo Moto PIL No 42 od 2020, directing following three Doctors to look into and revert back to Hon'ble Court qua the 22 issues raised in the purported unauthentic report specifically mentioned in para 49 of the said order.*

1. *Dr Ami Parikh head of the General Medicine SVP Hospital Ahmedabad.*
2. *Dr Advait Thkore, Head of the emergency medicine at the SVP Hospital Ahmedabad.*
3. *Dr Bipin Amin professor (Medicine ) at civil hospital Ahmedabad.*

*The alleged report mentioned in Para 49 of the order of this court is in a tabulated form of 22 rows and 3 columns, the contents of which levels allegations pertaining to functions of the doctor/ HOD of medicine and various other departments of the Civil Hospital Ahmedabad. These contentions are dealt with point wise here in below,*

#### *Methodology*

*Prima facie the report is not signed nor sealed and it does not mention the receiver and sender but it contains the set of allegations . it is submitted that for the purpose of finding the facts in that regards the Team adopted the method to collect the information and statistics contained in the records of the respective departments of the Civil Hospital, Ahmedabad*

through the Superintendent of Civil Hospital Ahmedabad. The Dean, B J Medical college, Ahmedabad also was asked to provide information with regards to the functioning of the HOD of the Medicine Department. The Director Postgraduate studies was asked to provide the details of the complaints by resident doctors if any with reference to pandemic or against any of the senior doctors. The blood bank, medical store/pharmacy and other department were asked to prove their standard office procedure for the respective functions. This report is being prepared on the basis of material and documents received thereby is annexed as under.

Sd/-  
**(Dr. Ami Parikh)**  
HoD, General Medicine,  
SVP Hospital

sd/-  
**(Dr. Adwait Thakore)**  
HoD, Emergency  
Medicine, SVP  
Hospital

sd/-  
**(Dr. Bipin Amin)**  
Professor General  
Medicine, Civil hospital

| Sr . | ISSUE  | CURRENT PRACTICE  | Observations by the Committee   |
|------|--|---|---|
| 1.   | Leadership at the level of medicine department (H.O.D.)  | He has miserably failed to deliver in the interest of patients' management and Departmental Work, Force Management. Multiple Complaints by resident Doctors regarding a variety of issues have fallen on deaf ear since last 1 month. | There has been no written complaint regarding failure to deliver in patient management and departmental work against the H.O.D. of Medicine. The resident doctors have also stated that they have no complaint against the H.O.D. of Medicine.    |
| 2    | There is very much Shortage of Essential Medications like Insulin, Labetalol, Noradrenaline, Adrenaline, Anti-Hypertensives, Streptokinase, Urobags, Catheter, Ryle Tubes at 1200 bed hospital | Currently it takes 4-5 hours to get such medicines from main hospital building and by the time medicine arrives, we are losing the patient who actually needs it).  | There is no shortage of Essential Medications, consumables as per record given by the store keeper and the medical superintendent. There is dedicated store in the COVID hospital as well as a 10 days stock in each ward and ICU are maintained. |

|   |   |  |   |
|---|---|--|---|
| 3 | Most of the deaths occurring in hospitals are due to Non-Covid Comorbidities                          | Mostly due to unavailability Of medicines, supporting Staff like dialysis technicians, ECG technicians etc   | There is no shortage of Essential Medications, consumables, supporting staff like Dialysis, ECG technicians as per record given by the Medical Superintendent.<br>They have stated that, no death has been occurred due to non availability of technicians. |
| 4 | Unit system instead of TEAM Approach  |  | In COVID Hospital, A Team has been established for weekly rotation for which they will do exclusive clinical and required medical management.   |
| 5 | Disparity in management of patients due to lack of INSTITUTE SPECIFIC TREATMENT Protocol for COVID-19 | Currently, patients are Treated as per individual Faculties 'clinical decision   | Institutional protocol is being followed and suggestions from the expert committee are also implemented regularly.  |
| 6 | Accountability for deaths and discharges  | Currently respective unit is Accountable for deaths and Discharges .It results in Unnecessary exposure   | System has been established and followed. On duty Resident and Doctors will fill death certificate and discharge  |
| 7 | Handling of blood samples   | Samples taken at COVID-19 Hospitals are transported to Laboratory facilities available At routine hospital. This Results in unnecessary delay In processing, degradation of samples by the time they reach to laboratory | Lab co-ordinator along with servants for sample collection established and adequate numbers of lab technicians are there.   |
| 8 | Lack of swab coordination and   | Currently it took so much time in  | Lab co-ordinator along with servants for sample   |

|    |  |   |   |
|----|--|---|---|
|    | <i>unnecessary clerical work by doctors</i>                      | <i>this clerical work that actual patient management Not happening(800 Patients ,need to decide Whose swab will go etc)</i>   | <i>collection established</i>   |
| 9. | <i>Computer and printer</i>                                      | <i>Only 1 computer with Printer available in whole Covid-19 hospital amongst 1200 patients to check Reports</i>   | <i>All wards have computer system, printer along with HMIS installed having laboratory access</i>   |
| 10 | <i>Blood Banking</i>   | <i>There is no streamlined Procedure for patients Requiring emergency blood transfusion. It results in delay in transfusion and loss of lives.(Like patient with 4Hb not getting timely</i>         | <i>Lab co-ordinator along with servants for sample collection established and turn over time is within 1 Hour and adequate stock of blood is available.</i>   |
| 11 | <i>ICU management</i>  | <i>Currently nursing staff to patient ration is very less, it results in mismanagement of critically ill patient. Mortalities are maximum in ICU where these patient requires better monitoring</i> | <i>Nursing ratio is maintained as per INC and MCI guidelines. 1 nurse per three beds in ICU, 1 nurse per 15 beds in isolation wards. Additional servant attendant have been posted in ICU for patient management.</i> |
| 12 | <i>Files and medical records of expired patients of covid-19</i> | <i>Files of expired patients of covid-19 are being Transferred to main hospital On instructions of faculty because they don't want</i>  | <i>Strict instructions have been given to HOU and HOD not to get the paper outside hospital.</i>  |

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|    |   | <i>to go there to see files. It acts as fomite</i>  |  |
| 13 | <i>Safety measures for General ward staff (In non Covid area)</i>             | <i>General ward patient can turn out to be positive. There are no safety measures Currently available for staff Including doctors</i>   | <i>Government guidelines are followed for appropriate PPE. Infection control measures practised. This is also certified by the JDA. (Resident Association)</i>   |
| 14 | <i>Un sanitised Doffing area</i>  | <i>It is seen that area which has Highest risk of getting Exposure are very badly Sanitized and are in Unhygienic condition</i>   | <i>Separate designated doffing and donning area made in 1200 beded hospital .Posters placed for information to staff as verified by the committee. Daily training to staff is done.</i>  |
| 15 | <i>Transportation in between COVID-19 hospital (Internal transportation )</i> | <i>There is absolutely no Coordination while Transferring patients inside 1200 bad ward. Many a times it has been noticed that designated WAITING Area become houseful Creating chaos</i> | <i>Dedicated ambulances for patient transfer are placed.</i>   |
| 16 | <i>Food and other logistics of patients</i>                                   | <i>Doctors are currently being Held responsible for meals, water and other logistic issues of patients.</i>   | <i>Dedicated dietician, MO are posted in 1200 beded hospital for looking after all diet related logistics from start. 8 course meal is provided to patient from Hotel. Resident do not have to arrange for food and logistics of the patients.</i> |
| 17 | <i>Training of medical staff</i>  | <i>Currently, those who are not Of MEDICINE department being trained for things like ventilator etc.</i>  | <i>Training sessions for all staff are conducted on regular basis.</i>   |
| 18 | <i>Disposition of deceased</i>  | <i>Due to lack of class IV staff Dead bodies lying for hours in ICU,</i>  | <i>Dedicated team of doctors and servant as appointed by the Medical Superintendent</i>  |

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|    |   | unnecessarily<br>Occupying cots.   | to manage disposition of<br>deceased.   |
| 19 | Regarding back of<br>stepping of<br>experienced<br>Higher<br>authorities in<br>discharging<br>their duties<br>towards<br>patients<br>admitted at<br>Covid<br>Hospital.                                    | Majorities of<br>faculties in this<br>institute <b>don't</b><br>perform the<br>minimum<br>expected duty of<br>Them i.e. Taking<br>Rounds<br>Which ultimately<br>lead to<br>Mortality of<br>patients.   | All concerned faculty<br>including senior officials<br>posted round the clock in<br>hospital and are being<br>monitored by the Medical<br>Superintendent and OSD<br>routinely. CCTV of all areas<br>monitoring is also done and<br>supervised by Higher<br>Authority. Resident doctors<br>have also mentioned that<br>senior faculties are taking<br>part in patient management<br>and round. |
| 20 | Unforgivable in<br>human attitude<br>evident<br>By indifference<br>and care lessness<br>shown by higher<br>authorities<br>towards resident<br>who turn<br>positive while<br>treating Covid<br>Patients.   | COVID positive<br>resident<br>Doctors have been<br>kept Stranded for<br>long hours inspite<br>of high grade fever<br>owing to the<br>indecisiveness and<br>lack of prior<br>preparation of<br>management<br>regarding Treatment<br>of resident<br>doctors. | 4 dedicated ICU beds in<br>IKDRC for staff are reserved.  |
| 21 | Indifference of<br>higher authorities<br>Towards the<br>issue of non<br>availability of<br>Food to<br>resident doctors  | Almost all resident<br>doctors<br>Being dependent<br>on tiffin services<br>and pg canteen<br>for their food,<br>suffer a lot in<br>current days<br>owing to<br>Lockdown and<br>withdrawal of all<br>of these service<br>providers                          | The hospital management<br>are providing free food to the<br>resident doctors those who<br>are not on COVID duty<br>through Mess in the hostel<br>only and it has been<br>supervised by Dean, B.J.<br>Medical College.<br>For resident doctors who are<br>on COVID duty have been<br>provided food from standard<br>hotels.   |
| 22 | Medicine<br>residents, the one<br>who are Suppose<br>to be in the<br>frontline in the<br>decision making<br>in treatment of<br>critical patients,<br>are being used for<br>nothing but<br>coordination of |  | The resident doctors of<br>Medicine, Anaesthesia, ENT,<br>Pulmonology and emergency<br>Medicine are working round<br>clock for critical area like<br>ICU. They are not required<br>to do any coordination<br>work of nursing staff and  |

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|  | <i>nursing staff and class4 workers .</i> |  | <i>class4 workers.</i> |
|--|---|--|------------------------|

17 The gist of the observations made by the committee in its report is as under:

*“[1] There has been no written complaint regarding failure to deliver in patient management and departmental work against the H.O.D. of Medicine. The resident doctors have also stated that they have no complaint against the H.O.D. of Medicine.*

*[2] There is no shortage of Essential Medications, consumables as per record given by the store keeper and the medical superintendent. There is dedicated store in the COVID hospital as well as a 10 days stock in each ward and ICU are maintained.*

*[3] There is no shortage of Essential Medications, consumables, supporting staff like Dialysis, ECG technicians as per record given by the Medical Superintendent. They have stated that, no death has been occurred due to non availability of technicians.*

*[4] In COVID Hospital, A Team has been established for weekly rotation for which they will do exclusive clinical and required medical management.*

*[5] Institutional protocol is being followed and suggestions from the expert committee are also implemented regularly.*

*[6] System has been established and followed. On duty Resident and Doctors will fill death certificate and discharge.*



[7] Lab co-ordinator along with servants for sample collection established and adequate numbers of lab technicians are there.

[8] Lab co-ordinator along with servants for sample collection established.

[9] All wards have computer system, printer along with HMIS installed having laboratory access.

[10] Lab co-ordinator along with servants for sample collection established and turn over time is within 1 Hour and adequate stock of blood is available.

[11] Nursing ratio is maintained as per INC and MCI guidelines. 1 nurse per three beds in ICU, 1 nurse per 15 beds in isolation wards. Additional servant attendant have been posted in ICU for patient management.

[12] Strict instructions have been given to HOU and HOD not to get the paper outside hospital.

[13] Government guidelines are followed for appropriate PPE. Infection control measures practised. This is also certified by the JDA. (Resident Association)

[14] Separate designated doffing and donning area made in 1200 bedded hospital. Posters placed for information to staff as verified by the committee. Daily training to staff is done.

[15] *Dedicated ambulances for patient transfer are placed.*

[16] *Dedicated dietician, MO are posted in 1200 bedded hospital for looking after all diet related logistics from start. 8 course meal is provided to patient from Hotel. Resident do not have to arrange for food and logistics of the patients.*

[17] *Training sessions for all staff are conducted on regular basis.*

[18] *Dedicated team of doctors and servant as appointed by the Medical Superintendent to manage disposition of deceased.*

[19] *All concerned faculty including senior officials posted round the clock in hospital and are being monitored by the Medical Superintendent and OSD routinely. CCTV of all areas monitoring is also done and supervised by Higher Authority. Resident doctors have also mentioned that senior faculties are taking part in patient management and round.*

[20] *4 dedicated ICU beds in IKDRC for staff are reserved.*

[21] *The hospital management are providing free food to the resident doctors those who are not on COVID duty through Mess in the hostel only and it has been supervised by Dean, B.J. Medical College. For resident doctors who are on COVID duty have been provided food from standard hotels.*

[22] *The resident doctors of Medicine, Anaesthesia, ENT,*

*Pulmonology and emergency Medicine are working round clock for critical area like ICU. They are not required to do any co ordination work of nursing staff and class4 workers.”*

18 Both the learned senior counsel further submitted that the State Government is obliged to ensure that adequate and proper treatment is given to the patients in the Civil Hospital. It is also submitted that due care is being taken to ensure that hygienic conditions are maintained in the entire hospital. It is further pointed out that the entire team of the medical officers including the nursing staff is doing its best in the interest of the patients. It is also pointed out that none of the resident doctors or employees of the nursing staff has any grievance of any nature and there is no exploitation of any of the doctors, etc.

19 In such circumstances referred to above, both the learned senior counsel made a fervent appeal that the true and correct facts may be taken on record with an assurance from the State Government that the administration and functioning of the Civil Hospital will be at its best and due care shall be taken of not only the COVID-19 patients and other patients, but also of the entire staff including the doctors, etc.

20 Both the learned senior counsel pointed out that the Health Minister of the State of Gujarat has been very active and has visited the Civil Hospital for not less than five times in last two months to ensure that everything is fine at the Civil Hospital. It is also pointed out that the Chief Secretary of the Health Department has also been visiting the Civil Hospital at regular intervals and has been interacting with the doctors, nursing staff, etc.

21 In short, according to both the learned senior counsel, all

precautions are being taken to treat the COVID-19 patients in the best possible manner and there is no negligence or carelessness on the part of the Civil Hospital in this regard.

22 In such circumstances referred above, both the learned senior counsel made a fervent appeal that this Court may make few suitable observation so as to inspire confidence in the mind of a common man if he wants to come to the Civil Hospital for the COVID-19 treatment.

23 As stated above, if what has been stated by the State Gujarat in this Civil Application is true and a reality, then we appreciate the same. *Prima facie*, it appears from the materials which has been placed on record that due and proper care is being taken for the treatment of the COVID-19 patients. However, the matter does not end over here. It is too early for this Court to give any final certificate to the State Government as regards the Civil Hospital at Ahmedabad. There are many problems which the State Government needs to look into closely and try to resolve the same at the earliest in the larger interest of the people of Gujarat, more particularly, the city of Ahmedabad.

24 The most disturbing feature of this litigation, so far as the issue of the Civil Hospital is concerned, is the letter of the resident doctor, which we have quoted in our order. The gist of the letter is as under:

*“We were having such a big patient load. Despite that, we were neither given PPE kit nor N 95 masks. Even proper gloves not available to conduct normal delivery. Excuses were given that all indent material is sent in 1200 bed (Covid) hospital, he said in the letter.*

*The letter added when some doctors at the hospital tested positive for coronavirus, the management did not bother to either test remaining doctors or trace their contacts, and instead went on to criticise and warn them that they will be tested only if they have high temperature and breathlessness.*

*"On the day I was tested positive, I conducted three normal deliveries and one C-section, and almost came in contact with 20 patients directly and their newborns. There has been no contact tracing done for the same. No authority has inquired about it," he wrote.*

*"At the age of 25 nothing much will happen to me. I turned out to be negative within five days without any treatment but it is not the same for pregnant females and neonates. They are immune-compromised i.e. if they encounter the virus, they can be in big trouble," he said.*

*"If the condition remains same in the civil hospital, doctors working here will be super spreaders of Covid-19," he said, adding not even 10 per cent of 700 resident doctors working in the hospital were tested for Covid-19 despite all of them staying in a common hostel and working together.*

*"The management is not taking action for residents, instead they are calling us cowards and kamchor (shirkers), which is so not the case, especially when we are the ones risking the lives and doing all we can despite all the odds," he said.*

*He also said patients in 60 wards of the 1,200-bed Covid hospital are not kept isolated from each other, and space between their cots is not enough, making them prone to increased viral load.*

*"No one from the hospital management has bothered to at least call us for our condition. It is difficult to work in non-Covid duty rather than to work in Covid duty, where you have proper PPE kits," he said in the letter.*

*He also said patients are managed by junior doctors as no senior comes for rounds or emergency at the hospital.*

*The doctor requested the court's direction to the authorities "to test all residents working here, otherwise Ahmedabad will never come out from Covid-19 as doctors themselves are knowingly/unknowingly the super spreaders"*

25 Although the State Government claims that there is no substance in what has been stated by the resident doctor in the letter, yet we are of the view that it should not be overlooked or dismissed. We expected the State Government to look into the contents of the letter very closely so as to take appropriate steps at the earliest, but it seems that the State Government has dismissed it as rubbish. No resident doctor will muster the courage of coming forward disclosing his identity for the purpose of redressing such grievances. In such circumstances, the resident doctors are compelled to address anonymous letters pointing out the difficulties they are facing as on date in the Civil Hospital. In such circumstances, it

is important that appropriate inquiry should be undertaken with respect to the contents of the anonymous letter. At this stage, it is important to note what has been submitted by the two learned senior counsel appearing for the State Government. Both the learned senior counsel very candidly admitted that the situation in the Civil Application was bad till the last week of April 2020. However, the State, thereafter, took prompt action and appropriate steps to gear up the entire administration and functioning of the Civil Hospital, and as on date, the Civil Hospital is performing very well. It is also pointed out by both the learned senior counsel that adequate steps in the right direction, as ordered by this Court, are being taken.

26 We are still of the view that what has been stated in the letter addressed by the resident doctor should be probed by a committee that may be constituted by the State Government. However, the committee members should be independent. They should not be government officers or in any way connected with the Civil Hospital. The Committee should be of two or three well reputed doctors of the city so that the report in this regard may inspire confidence. Therefore, while taking on record the materials of the positive steps undertaken by the State Government with regard to the functioning of the Civil Hospital, we direct the State Government to undertake this exercise of looking into the problems which the resident doctors and other staff members are facing. Whatever may be the problem, big or small, the State Government must intervene and resolve the same. After all, the quality of the treatment of the COVID-19 patients is dependent on the performance of the resident doctors and the nursing staff. If the doctors and nursing staff are not happy with their working conditions, then it will take a heavy toll on their performance and consequently, on the COVID-19 patients.

27 We also issued few directions in the larger interest of the patients at the Civil Hospital in our order dated 22<sup>nd</sup> May 2020:

*“(i) The doctors, who are not performing in the Civil Hospital, should be immediately transferred to other districts. There are large number of senior and experienced Doctors who are ready and willing to render better services in the Civil Hospitals from the other districts.*

*(ii) The Class III & IV Union should be dealt with strictly.*

*(iii) The working conditions of the resident doctors should be improved.*

*(iv) The accountability of senior officers who have failed to improve the health care in the Civil Hospital leading to massive loss of human lives should be fixed at the earliest.*

*(v) Number of ventilators and oxygen beds should be increased.*

*(vi) Punitive action should be taken against the Ward Boys who just leave the patients unattended (One oxygen support patient recently died on a toilet seat and the same was noticed after an hour simply because no ward boy followed him up.)”*

28 The aforesaid directions shall continue to operate.

29 We are glad to know that the Health Minister of the State is active and taking keen interest in the administration and functioning of the Civil Hospital. It is otherwise also the bounden duty of the Health Minister to ensure public health. As a Health Minister of the State, he



shoulders huge responsibilities. It is expected of the Health Minister to discharge his responsibilities for the citizens of the State of Gujarat in the best possible manner. The State of Gujarat should not hesitate to take stern action against any erring officials found to be negligent or careless in discharge of his duties. This is the only way the State Government will be able to repose confidence in the mind of a common man. The State Government boasts that the Civil Hospital at Ahmedabad is the biggest hospital in Asia, but, it should now strive very very hard to make the same as one of the best hospitals in Asia.

30 We once again reiterate that what has been lacking is proper team work and coordination. If there is proper team work with proper coordination, then we are sure, conditions will definitely improve in the Civil Hospital at Ahmedabad. It is the responsibility of the Health Minister to keep a close vigil over the administration and functioning of the Civil Hospital. We have been assured that the State Government will do its best to still improve the conditions at the Civil Hospital.

31 We are of the view that this Civil Application can be disposed of in the above terms. However, we keep the issue of Civil Hospital wide open for being discussed and debated in the course of the hearing of the main writ petition i.e. the W.P.(PIL) No.42 of 2020. Therefore, although this Civil Application is disposed of in the above terms, yet the Registry shall keep the papers of this Civil Application along with the Writ Petition (PIL) No.42 of 2020. We treat this Civil Application along with the accompanying annexures as a report filed by the State Government as regards the Civil Hospital at Ahmedabad. The learned counsel who are appearing in this Public Interest Litigation may request the Registry to provide one set of the entire Civil Application if they propose to assist this Court on the issues relating to the Civil Hospital at Ahmedabad.

32 We expect the State Government to place on record an appropriate report of the committee that may be constituted for the purpose of looking into the contents of the anonymous letter of the resident doctor of the Civil Hospital. The original copy of the report dated 25<sup>th</sup> May 2020 filed today is ordered to be taken on record. The same shall be kept with the record.

33 We sound a note of caution. The Superintendent of the Civil Hospital and other authorities of the Health Department of Gujarat shall keep themselves ready to find our presence one fine morning on a given day in the Civil Hospital. This would put an end to all the controversies with regard to the functioning of the Civil Hospital at Ahmedabad.

**(J. B. PARDIWALA, J)**

CHANDRESH

**(ILESH J. VORA, J)**

THE HIGH COURT  
OF GUJARAT

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