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IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION

J.K. MAHESHWARI; J., ATUL S. CHANDURKAR; J.
WRIT PETITION (CIVIL) NO. 726 OF 2024; MAY 26, 2026

SAVELIFE FOUNDATION AND ANOTHER *versus* UNION OF INDIA AND OTHERS

Constitution of India, 1950 — Article 21 — Right to Life — Right to Trauma Care and Road Safety — The right to trauma care of citizens is an integral part of the right to life enshrined under Article 21 of the Constitution of India - A robust, uniform, and swift mechanism for emergency trauma care is critical to recognizing and responding to road accident situations to save human lives - Bystanders often hesitate to act due to fear of legal proceedings or police harassment - Systemic interventions, uniform frameworks, and proper Good Samaritan laws are required to eliminate these barriers.

Interim Directions for Uniform Trauma Care System — The Supreme Court issued comprehensive time-bound interim directions to the Union and all States/UTs i. Full technical and operational integration of all emergency helplines (100, 101, 108, etc.) into the universal helpline 112 within three months; ii. Establishment of functional physical and digital Good Samaritan Grievance Redressal Systems within three months; iii. Notification of a medical rescue protocol by the Union within three months, to be operationalized by States/UTs within three months thereafter; iv. Mandatory Automotive Industry Standard 125 (AIS-125) compliance and GPS/Vehicle Location Tracking Device (VLTD) fitment in all public and private ambulances, integrated with helpline 112 within three months; v. Adoption of the National Commission for Allied and Healthcare Professionals (NCAHP) notified Emergency Medical Technician (EMT) curriculum within three months; vi. Establishment of State Trauma Registries within four months; vii. Grading and designation of all medical facilities across National/State Highways and urban areas within three months; viii. Full operationalization of the PM RAHAT cashless treatment scheme for road accident victims within three months, failing which it would amount to a violation of the Motor Vehicles Act; ix. Execution of multi-lingual mass-media campaigns within one month. [Relied on *Savelife Foundation v. Union of India*, (2016) 7 SCC 194; Paras 5-12]

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ORDER

1. With a view to improve road safety and provide emergency medical care in case of road accidents, the instant writ petition has been filed under Article 32 of the Constitution of India with the following prayers:

“A. Issue an appropriate Writ, Order or Direction in the nature of Mandamus directing the Respondent States / UTs to integrate all emergency helpline numbers, including ambulance services such as 100, 101, 108, 102, 1033, 1091 or any other such helpline number, by the universal access number, i.e., 112 and give wide publicity through mass-media;

B. Issue an appropriate writ, order or direction in the nature of Mandamus to the Respondent States/UTs to set up a Grievance Redressal System for Good Samaritans (as defined in Section 134A of the MVA) within a period of three months, enabling the Good Samaritans to lodge complaints physically as well as digitally in case of non-compliance with Section 134A of the MVA, 1988;

C. Issue an appropriate Writ, Order or Direction in the nature of a Mandamus to the Respondent No. 1 to develop and notify a comprehensive Protocol for medical rescue of victims of road crashes right from the site of occurrence to transfer of the victim to appropriate medical facility;

D. Issue an appropriate Writ, Order or Direction in the nature of Mandamus to the Respondent States / UTs to ensure compliance with the National Ambulance Code across all jurisdictions, and undertake periodic audits of all ambulances registered with the concerned transport authorities with respect to response times, quality of care, equipment and outcomes;

E. Issue an appropriate Writ, Order or Direction in the nature of Mandamus to Respondent No. 1 and Respondent No. 38 (National Medical Council of India), to provide a standardized curriculum for training and accreditation of paramedics and emergency trauma technicians (EMT) manning the ambulances;

F. Issue an appropriate Writ, Order or Direction in the nature of Mandamus to incorporate Global Positioning System (GPS) technology, in all ambulances, similar to the mandate for public services vehicles vide Rule 125H of the Central Motor Vehicles Rules, in order to enable real time tracking of ambulance locations and seamlessly integrate the same into the communication systems so as to ensure prompt and efficient responses to emergency and trauma situations;

G. Issue an appropriate Writ, Order or Direction in the nature of Mandamus to direct the Respondent No. 1 to issue guidelines for Trauma Care Registry and Respondent No. 2 to 37 to establish a State Trauma Registry; to prepare a database of the demographics, injuries, care, and recording of information of trauma victims by every medical facility and the outcomes of trauma patients, based on the guidelines issued by Respondent No. 1;

H. Issue an appropriate Writ, order or Direction in the nature of Mandamus directing the Respondent States / UTs to grade all medical facilities both in the public and private sector as per the 'Capacity Building for Developing Trauma Facilities on National Highways' issued by Respondent No. 1;

I. Issue an appropriate Writ, Order or Direction to the Respondent Nos. 2-37 to frame cashless schemes for providing treatment to road crash victims;

J. Issue an appropriate Writ, Order or Direction in the nature of Mandamus to all Respondents to undertake mass media campaigns to publicise, *inter alia*, the NERS number 112, the Good Samaritan Law, the grievance redressal system for Good Samaritans and the schemes for treatment of road crash victims;

K. Appoint a Retired Judge of this Hon'ble Court to oversee and ensure periodic compliance of the directions passed by this Hon'ble Court in the present Writ Petition;

L. Any other and further orders just and appropriate in the facts and circumstances of the case."

2. The Petitioner No.1 herein is a social impact organization and the Petitioner No.2 is a public-spirited person who is the Founder and Managing Trustee of the Petitioner No.1 organization. By filing this Writ Petition, the Petitioners have brought to the Court's notice the need for the Union and the States to work towards enhancement of road safety and adopt best practices in respect of road safety. The substance of the Petitioner's plea before this Court is for 'trauma care' to be recognized as a matter of right in the Indian public law system and for the Union and States to operationalize a robust mechanism which quickly recognizes and swiftly responds to situations which require emergency care, in order to ensure that such care may be provided in a timely manner to save lives.

3. They have placed reliance on various reports and empiric data to effectively urge that in case of traumatic events suffered in road accidents and otherwise, a major cause of fatalities is the lack of access to quick emergency / trauma care. With a staggering increase in number of accidents in the recent years, and as a corollary, the number of injuries suffered and number of unfortunate deaths, this requirement for a robust system for urgent trauma care is only becoming more pertinent by the day.

4. When a person suffers an accident or any such similar incident which requires urgent trauma care, they usually feel shock and disorientation, a sense of helplessness, where they have to hope that those around them would somehow help them get the care that they need. In such a situation, every minute spent without medical intervention or urgent care significantly narrows the scope for survival. Swiftness, is quite literally, like medicine.

5. It is indeed true that there are different stages of care after such an incident: the initial response and first aid being perhaps the most crucial, the

transportation of the victim to the nearest available healthcare facility and the post-hospitalization immediate care by the health workers. A robust mechanism for trauma care, therefore, must take a bottom-up approach, which accounts for various stakeholders. The common man who is a bystander to such an incident has the responsibility to call emergency services and give them accurate descriptions, make an attempt to control bleeding, keep the victim still, calm and warm. Usually, however, no matter how strong the urge to be a Good Samaritan is, the bystander hesitates: suffers a reactive paralysis, sometimes due to fear of legal proceedings, of getting summoned to the police station as a witness; and sometimes due to the psychological weight of the situation itself, the sight of blood or a person crying out in pain. To address these barriers, what is required is a systemic intervention, creation of a uniform framework for trauma care, building public awareness, standardization of first aid skills and proper Good Samaritan laws; since right to trauma care of citizens is an integral part of right to life enshrined under Article 21 of the Constitution of India.

6. It was this Court's judgment in *Savelife Foundation v. Union of India*,¹ which was another batch of writ petitions filed by the Petitioners herein that the Court had recognized the need for Good Samaritan laws in India and had given credence to the guidelines of the Ministry of Road Transport and Highways to protect Good Samaritans. These guidelines were subsequently ratified through the legislative channel, being incorporated as Section 134A of the Motor Vehicles Act, 1988 after its 2019 Amendment.

7. Further, quick response in the form of transportation, equipped with trained paramedics, as well as a healthcare facility which is well equipped to deal with urgent care, are subsequent steps which are necessary to realize proper trauma care.

8. Notice was issued in the instant writ petition on 06.11.2024. Thereafter, *vide* order dated 01.08.2025, after hearing the learned counsel for the parties, we had requested the learned Attorney General of India to scrutinize the stands of different State Governments and Union Territories (hereinafter referred to as "UT") and submit a report as to what steps can be taken in the facts and looking to the prayer as made in the Writ Petition.

9. On 21.05.2026, this Court permitted the learned Attorney General of India to place on record his suggestions with respect to directions which were needed to be issued in respect of the prayers made in the Writ Petition, since a contention was taken by the Union that 'public health, hospitals, ambulance services, police and public order' fall within the State List (List II of the Seventh Schedule) and not within the Union List (List I of the Seventh Schedule) of the Constitution of India.

10. In the meanwhile, as recorded in the order dated 21.05.2026, the Petitioners also made certain suggestions which were considered by the Union and other stakeholders.

¹ (2016) 7 SCC 194.

11. The learned Attorney General submitted before the Court that the role of the Union is to act as the enabler and lay down a framework at the national level which it has done by bringing about several policies / schemes / rules, including but not limited to PM RAHAT cashless treatment scheme, Rah-Veer Scheme, the Good Samaritan Rules, National Ambulance Code, NELS Curriculum, ERSS-112 and the MoHFW trauma guidelines, but ultimately, implementation of the overarching framework is at the hands of the different States / UTs. He further stated that implementation of these policies as well as various advisories, however, is scanty and fragmented across different States / UTs. He therefore suggested that this Court should issue directions to the States / UTs to bring about effective implementation of the different schemes and policies floated by the Union of India and seek time-bound compliance reporting from them.

12. We have gone through the Compliance Affidavit dated 12.05.2026 filed by the Union of India, where the learned Attorney General has taken the pains to compile the response of 34 State Governments and UTs in respect of the various prayers made in the writ petition. From the responses of the States and UTs, there appears to be willingness to progressively implement the schemes and policies of the Union and bring about uniformity in respect of trauma care, yet implementation is fragmented and its status differs from one place to another. A uniform and robust system of trauma care, steps towards its progressive realization and increasing public awareness are wellintentioned and may turn out to be absolutely critical in reducing preventable deaths. Sustained and concerted efforts by both the Union and the States / UTs working in unison can certainly result in a uniform trauma care system throughout the country which is both efficient and effective. In these facts and circumstances, therefore, having considered the suggestions of the Petitioners and the Union, and also having perused the affidavits filed by 34 State Governments and UTs, the following interim directions are being issued:

- a) All States / UTs shall complete full technical and operational integration of all emergency / ambulance helplines (100, 101, 108, 102, 1033, 1091, etc.) into helpline 112 within a period of three months and undertake concurrent mass-media publicity of helpline 112, and report compliance;
- b) All States / UTs shall establish functional (physical and digital) Good Samaritan Grievance Redressal Systems, with designated nodal authorities at State and District level, within three months, and furnish periodic compliance reports by organizing monthly meetings and uploading the minutes on the concerned portals;
- c) The Union of India (Ministry of Health and Family Welfare/Ministry of Road Transport and Highways) is permitted to issue a medical rescue protocol for trauma cases in a period of three months and all States / UTs are directed to operationalize the same at State / UT level upon its issue within three months thereof;

- d) All States / UTs shall ensure full Automotive Industry Standard - 125 (AIS-125) compliance across all registered ambulances (public and private); mandate Global Positioning System (GPS) / Vehicle Location Tracking Device (VLTD) fitment and real-time integration with helpline 112; and conduct periodic structured audits (response times, quality of care, equipment, outcomes) with compliance reporting to a designated Union-level authority, within a period of three months;
- e) In respect of Prayer E, as the curriculum already stands notified by the National Commission for Allied and Healthcare Professionals (NCAHP), all States / UTs shall adopt and implement the NCAHP-notified EMT curriculum, and to align their training institutions and personnel certified, within a period of three months;
- f) The Union of India (Ministry of Health and Family Welfare) shall issue guidelines prescribing the requisite data format for a Trauma Registry within eight weeks and all States / UTs are directed to establish State Trauma Registries in conformity, covering all medical facilities and linking the same to a Coordinated Trauma Registry within a period of four months;
- g) All States / UTs shall undertake grading and designation of all medical facilities (public and private) in accordance with the said Ministry of Health and Family Welfare guidelines, with geographic scope extended beyond National Highways to State Highways, Major District Roads and Urban / Peri-Urban areas, within a period of three months and report compliance;
- h) In respect of Prayer I, as the Union of India has already framed a uniform national scheme answering this prayer, i.e., the PM RAHAT scheme, all States / UTs (Respondent Nos. 2 to 37) shall take steps to fully operationalize PM RAHAT scheme within eight weeks – designation of hospitals, on-boarding of State Health Agency (SHA) on Transaction Management System (TMS), district-police deployment on electronic Detailed Accident Report (eDAR), opening of DC sub-agency accounts within a period of three months. It is clarified that non-implementation of the above would amount to a violation of the MV Act;
- i) The Union and States / UTs shall undertake sustained, structured, multi-lingual mass-media campaigns covering helpline 112, the Good Samaritan protections under Section 134A of Motor Vehicles Act, 1988 and the grievance redressal system, and the cashless treatment scheme (PM RAHAT) with defined obligations and compliance reporting within a period of one month.

13. In addition to the above, all States and UTs that have not yet adopted the Cashless Treatment of Road Accident Victims Scheme, 2025 – PM RAHAT, shall take necessary steps to fully operationalize the said schemes within a period of three months in terms of direction (h) above.

14. To ensure the compliance of the aforesaid directions, copy of this order be sent to the Chief Secretaries of all the States/UTs to issue general directions in their respective States/UTs. The Action taken report and the ground realities

indicating inaction or good practices if any, adopted by them shall also be reported within the time as specified to the Registry of this Court which shall be placed for consideration.

15. List this matter after four months for issuance of further directions based on such reports. We further request learned Attorney General that on receiving the reports the structured recourse suggesting the way out for the efficient and effective implementation of trauma care be further brought to the notice of this Court, thereby the public cause as espoused may be ventilated in right earnest.

16. We acknowledge the assistance rendered by Mr. R. Venkataramani, learned Attorney General as well as Mr. Sidharth Luthra, learned Senior Advocate and Ms. Malvika Kapila, Learned Advocate for a *pro bono* cause which has massive public interest implications.

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