



IN THE HIGH COURT OF KARNATAKA AT BENGALURU

DATED THIS THE 7TH DAY OF JANUARY, 2026

PRESENT

THE HON'BLE MR. VIBHU BAKHRU, CHIEF JUSTICE

AND

THE HON'BLE MR. JUSTICE C.M. POONACHA

WRIT PETITION NO. 38911 OF 2025 (GM-RES-PIL)

BETWEEN:

1. PRAKASH
S/O MURGAPPA
AGED ABOUT 48 YEARS
R/A H.NO.8/7, GADIKESHWAR
GADIKESHWAR, GULBARGA
KARNATAKA - 585 324
2. MANGALA MURTHI
S/O SHIVA NAGAPPA
AGED ABOUT 56 YEARS
R/A 0-0 GADIKESHWAR
GULBARGA
KARNATAKA - 585 324
3. NAGAYYA
S/O SESHAPPA
AGED ABOUT 46 YEARS
R/A 0-0 GADIKESHWAR
GULBARGA, CHINCHOLI
KARNATAKA - 585 324

...PETITIONERS

(BY SRI S. VIVEKANANDA, ADVOCATE)

AND:

1. THE STATE OF KARNATAKA
BY ITS CHIEF SECRETARY

Digitally
signed by
AMBIKA H B
Location:
High Court
of Karnataka



ROOM No.320, 3RD FLOOR
VIDHANA SOUDHA
DR. AMBEKDAR VEEDHI
BANGALORE - 560 001

2. COMMISSIONER
MINISTRY OF HEALTH AND FAMILY WELFARE
AROGYA SOUDHA
5TH FLOOR, MAGADI ROAD
BANGALORE - 560 023
3. UNDER SECRETARY
GOVERNMENT OF KARNATAKA
HEALTH AND FAMILY WELFARE DEPARTMENT
NO.105, 1ST FLOOR, VIKASA SOUDHA
BENGALURU - 560 001

...RESPONDENTS

(BY SMT. NILOUFER AKBAR, AGA)

THIS WRIT PETITION IS FILED UNDER ARTICLES 226 AND 227 OF THE CONSTITUTION OF INDIA PRAYING TO ISSUE A WRIT OF CERTIORARI OR ANY OTHER APPROPRIATE WRIT, ORDER OR DIRECTION, QUASHING OR SETTING ASIDE THE ORDER DATED 07/11/2025 AT ANNEXURE-A AND CIRCULAR DATED 11/12/2025 AT ANNEXURE-B & ETC.

THIS PETITION, COMING ON FOR ORDERS, THIS DAY, ORDER WAS MADE THEREIN AS UNDER:

CORAM: HON'BLE MR. VIBHU BAKHRU, CHIEF JUSTICE
and
HON'BLE MR. JUSTICE C.M. POONACHA

ORAL ORDER

(PER: HON'BLE MR. VIBHU BAKHRU, CHIEF JUSTICE)

1. The petitioners have filed the present petition as a public interest litigation, *inter alia*, praying as under:



"1. Issue a writ of Certiorari or any other appropriate writ, order or direction, quashing or setting aside the Order dated 7 November 2025 bearing No.AaKuKa/484/HSH/2025 at **Annexure A** and Circular dated 11 December 2025 bearing No.E-1980596 at **Annexure B**.

2. To issue writ of Mandamus or any other appropriate writ, order or directions to Respondents No.1 and 2 to completely operationalise the entire CHC Gadikeshwar."

2. The petitioners seek to impugn an order dated 07.11.2025 and a circular dated 11.12.2025 [hereafter referred to as "**impugned order**" and "**impugned circular**"]. In terms of the impugned order, the respondents have proposed to transfer the sanctioned posts for specialists and physicians in various Community Health Centres [**CHC**]. The operative portion of the impugned order is set out below:

"In view of the factors outlined in the proposal, the following order has been made:-

1) The above mentioned clauses from 9 to 29 are approved.

2) As per the above proposal, after transfer/re-designation of sanctioned posts, the revised sanctioned posts for CEMONC centres for MCH Specialists (all permanent posts), Physicians (all permanent posts) and Radiologists (partly permanent posts and partly NHM contract posts) and posts sanctioned for 2 CHCs built and located away from Mother and Child Hospital will be as shown in Annexure-1.



- 3) The posts of Obstetrician and Anaesthetist in the 200 non-functioning CHCs to be transferred and the 2 posts in the District Health Office, Hassan are shown in Annexure-2.
- 4) Existing MCH triad specialists, physicians and radiologists from Block CHCs/CHCs and 24/7 from PHCs transfer process by reassigning Nursing Officers to Taluk/Non-Taluk hospitals is done as per Rule 15(1)(c) of the Karnataka State Civil Services (Regulation of Transfer of Medical Officers and Other Staff) Rules, 2025. In this, the newly created posts are considered as Critical posts.
- 5) In 189 CEMONC hospitals, the vacant posts of Pediatricians will be filled by transfer of Pediatricians available in non-functioning CHCs as per the rules. Further, the vacancies arising in non-functioning CHCs due to these transfers will be filled by contractual appointment of specialists (i.e., Pediatricians or Physicians) under DC contract against the vacancies of sanctioned posts of Pediatricians.
- 6) Deputing the required number of MCH Triad specialists from Block CHC/CHCS to Taluks and non-Taluks before releasing them to Block CHC/CHCs/ recruiting medical officers to hospitals.
- 7) The posts of MBBS Medical Officers required for Block CHCs will be filled from various schemes/ programmes as per Annexure-3.
- 8) The list of nurses working from underperforming primary health centres to be shifted to Taluk Hospital and 42 well-performing community health centres is given in Annexure 4.
- 9) The posts of Medical Officers to be shifted from 99 Health Extension Centres are indicated in Annexure-5 and the posts of Nursing Officers and Group-D to be shifted from these centres to 99 CEMONC centres with high incidence of deliveries are indicated in Annexure-6.



10) The newly created posts of super-specialists will be filled through compulsory medical service candidates.

This order has been issued pursuant under Cabinet Resolution No.: C 802/2025."

3. In terms of the impugned circular, the concerned medical professionals had been called upon to upload the appropriate documents in the prescribed form for the purpose of redeployment. The petitioners are essentially aggrieved by the proposed relocation of specialised doctors working at CHC, Gadikeshwar [the CHC in question].

4. It is stated that the CHC in question caters to a population of about 25,000 persons residing in about 17 villages. It is contented on behalf of the petitioners that redeployment of the specialist doctors deployed at the CHC in question would effectively result in the CHC being reduced to a Primary Health Centre [**PHC**]. The petitioners state that one paediatrician has been deployed since February, 2020 and a specialist in Obstetrics and Gynaecology has been deployed in the CHC in question since October, 2025. The petitioners contend that the residents of the villages (seventeen in number) who are serviced from the CHC in question have no other



alternative of availing treatment from government hospitals. It is contended that as a result of redeployment of the specialised doctors, they will be constrained to secure treatment from clinics or private hospitals that are located at considerable distance from the said villages. The learned counsel for the petitioners contends that a great injustice would be meted out to them if the specialist doctors who are deployed at the CHC in question are redeployed elsewhere. It is stated that reducing the concerned CHC (Community Health Centre) to a PHC (Primary Health Centre) would result in the concerned villagers also losing the services of ambulance in addition to the services of specialized doctors.

5. A plain reading of the impugned order indicates that the redeployment of doctors has been ordered to ensure that the specialized doctors are available in the areas which have a larger workload and have been deprived of the services of specialized doctors.

6. We note that the respondents have fixed a benchmark of 30 deliveries per month to determine whether a specialist in OB-GYN is required to be deployed at a CHC. We consider it apposite to set



out the relevant extract of the impugned order which sets out the background in which the impugned order has been passed:

"1) The number of deliveries occurring in various health institutions in the state during the year 2024-25 is as follows:

Hospital	Number of hospitals	Number of births per year	Percentage delivery
Medical College Hospital	19	114175	24%
District Hospital	15	86306	18%
Taluk Hospital	147	155948	33%
Well-functioning community health centers	42	20465	4%
Less Performance Community Health Centres	233	28769	6%
Primary Health Centers	883	65913	14%
Total deliveries		471576	

2) As mentioned in the table above, Taluk Hospitals play a key role in the delivery of Maternal and Child Health (MCH) services, with Community Health Centres handling a very low number of deliveries. Given the increasing number of high-risk pregnancies due to recent caesarean section, hypertension, diabetes and malnutrition and infections, it is advisable to further strengthen Maternal and Child Healthcare services in Taluk Hospitals and well-functioning Community Health Centres.

3) 33% of the total deliveries take place in taluk hospitals, and as shown in the table below, out of a total of 147 taluk hospitals, only 30 hospitals perform 100 or more deliveries per month.



	Less than deliveries 30 per month	Deliveries from 30 to 50 per month	Up to 50 - 100 deliveries per month	to 100-150 Up deliveries per month	Up to 150-200 deliveries per month	Over 200 deliveries per month
No. of Taluk Hospitals	32	36	49	11	9	10

4) Triple MCH doctors along with MCH specialists, radiologists are essential in providing comprehensive obstetric services in every taluk hospital. However, the present situation is as follows:

a. Only one MCH triple specialist post is sanctioned in all 275 community health centres and 147 taluk hospitals.

b. Out of 147 Taluk Hospitals, only one post of Gynaecologist has been sanctioned in 98 hospitals, out of which 11 posts are vacant. Out of 275 Community Health Centres, 114 Gynaecologists are working in 233 underperforming CHCs. (42 CHCs are performing well).

c. Similarly, out of 147 Taluk Hospitals, only one Anesthetist is working in 109 hospitals and posts are vacant in 21 hospitals. Out of 275 Community Health Centres, 86 Anesthetists are working in 233 CHCs with low delivery rate (non- functioning CHCs) CHCs.

d. Out of 147 Taluk Hospitals, only one pediatrician is working in 109 hospitals and there are vacancies in 19 hospitals. Out of 275 Community Health Centres, 119 pediatricians are working in 233 CHCs in CHCs with low birth rate (non- functioning CHCs).

5) Therefore, it is proposed to strengthen all Taluk Hospitals and CHCS located at remote locations or with good capacity by providing at least 2 Triple Specialists instead of the present 1 Triple Specialist. Further, to achieve this, it is proposed to rationalize the available MCH specialists by redeploying them from



underperforming CHCs to all Taluk Hospitals and to better performing CHCs, instead of recruiting additional specialists.

6) BEMONC (Basic Emergency Obstetric and Newborn Care) provides basic, life-saving services for emergencies of mothers and newborns, while CEMONC (Comprehensive Emergency Obstetric and Newborn Care) provides all BEMONC services along with more complex services, such as caesarean sections and blood transfusions, providing a higher level of care. Such BEMONC centres can be run by MBBS doctors and nurses trained in antenatal care, general maternity and newborn care, while CEMONC centres must have a MCH (Maternal and Child Health) triad of specialists, i.e. obstetricians, pediatricians and anesthetists.

7) In the existing model in the State, all Taluk Hospitals and CHCs are functioning as CEMONC centres, which is leading to inadequate services on one hand and shortage of specialists on the other. Accordingly, it is proposed that all Taluk Hospitals and well-functioning CHCs may be retained as CEMONC health centres and strengthen by providing at least 2 MCH triple specialists to ensure 24/7 assured services. All other CHCs may henceforth be converted into BEMONC centres.

8) The benchmark of 30 deliveries per month has been taken because this is the minimum number of deliveries that can be achieved in primary health centres with the help of doctors and nurses or by nurses alone without the help of doctors. For example, Rajanakollur is a primary health centre and has achieved about 100 deliveries per month for many years. Similarly, the Community Health Centre at Rampur in Chitradurga district is also managed by nurses and is performing 35 deliveries per month with the help of medical officers. The same is the case with Kakkera and Kodekal Primary Health Centres, which have an average of more than 45 deliveries per month. All these health centres are able to achieve the above number of deliveries even without the services of MCH specialists. Therefore, any community health centre with an approved human resource (HR) model of one medical officer, 3 MCH



specialists and 1 dentist, even if the posts of MCH specialists are vacant, can achieve at least 30 deliveries per month."

7. It is apparent from a plain reading of the above that the decision to redeploy specialists at various hospitals is informed by reason. And, the impugned order cannot, by any stretch, be considered to be arbitrary or unreasonable. It is also clarified that the redeployment of specialists would not be a one time exercise and the same would be reviewed periodically depending on the workload of various health centres. The impugned order also mentions that the said deployment is necessary for the purpose of ensuring implementation of several state and national programs that require specialists' supervision.

8. Undisputedly, there is a requirement for providing medical help to all residents in the State. There is no cavil that, the State is required to ensure access to healthcare to citizens within the available resources. The question at the present stage is not about allocating additional resources but the decision regarding optimal use of the resources, for ensuring that those medical professionals and specialists who have been appointed are deployed in community centres where their services can be best utilized.



9. Acceding to the prayers made in the present petition would effectively mean that other CHCs, which have a higher workload and do not have the benefit of services of specialist doctors would be deprived of the services of the specialists, while they continue to serve the CHC in question with a much lesser workload.

10. The learned counsel for the petitioners referred to various decisions including the decision in the case of **E.P.Royappa vs. State of Tamil Nadu and another: (1974) 4 SCC 3** and **Paschim Banga Khet Mazdoor Samity and others vs. State of West Bengal and another: (1996) 4 SCC 37** in support of his contention that the decisions made by the State Government are required to be informed by reason and that the right to medical relief is a facet of Article 21 of the Constitution of India. He earnestly contended that the State is a welfare State and has an obligation to run hospitals and health centres, which provide medical care for persons seeking to avail of the same.

11. It is well settled that the State action must be informed by reason. It is also well settled that the State does have an obligation to ensure that healthcare facilities are available to the citizens as held by the Supreme Court in **Paschim Banga Khet Mazdoor**



Samity (*supra*). However, as noted above, the question in the present case is regarding the redeployment of specialized doctors. As noted above, interdicting the redeployment of doctors would apparently result in certain other health centres being deprived of their services. We note that the impugned order has been passed after due consideration and pursuant to a resolution passed by the Cabinet of the State. It is clearly not a decision which is not informed by reasons.

12. In view of the above, we are unable to accede to the prayers made in the present petition. The petition is, accordingly, dismissed.

13. The pending interlocutory applications also stand disposed of.

**Sd/-
(VIBHU BAKHRU)
CHIEF JUSTICE**

**Sd/-
(C.M. POONACHA)
JUDGE**