IN THE HIGH COURT OF JUDICATURE AT MADRAS

RESERVED ON : 09.09.2025

PRONOUNCED ON : 17.09.2025

CORAM:

THE HONOURABLE MR. JUSTICE T.VINOD KUMAR

W.P.No.20258 of 2021
and WMP.No.21514 of 2021

J.Jeelani Basha .. petitioner

vs

1. The Chairman
Chennai Port Trust
Chennai.

2.The Deputy Chairman
Chennai Port Trust
Chennai.

3.The Chief Medical Officer
Chennai Port Trust,
Chennai. … Respondents

Prayer: Writ Petition is filed under Article 226 of the Constitution of India, praying to issue a Writ of certiorarified mandamus to call for the records with respect to the order passed by the 3rd respondent viz (the Chief Medical Officer, Chennai Port Trust) in Memo A4/4968/2019/H dated 29.01.2020 and confirmed in Appeal by the said 3rd respondent in Memo in 4/4968/2020/H dated 14.07.2021 and quash the same and consequently direct the respondents to grant Medical Reimbursement of an amount of

Rs.4,25,575/- to the petitioner, being the expenses towards Surgery, Hospitalisation, Medicine, Tests and Chemotheraphy done to the petitioner's wife at the MIOT Hospitals Pvt Ltd., Chennai – 89 and the post operative treatment expenses and pass such further or other orders.

For Petitioner : M/s.T.Madhumitha

For Respondents : Mr.Krishna Ravindran, Standing Counsel

O R D E R

Heard the learned counsel for the petitioner and the learned standing counsel appearing on behalf of the respondents and perused the record.

2. Briefly stated the case of the petitioner is that, being an employee of the respondents, he is entitled to avail certain medical facilities for himself and his family members; that for extending the aforesaid facilities, the respondents had framed regulations titled as “Chennai Port Trust Employees (Medical Attendance in the Trust Hospital and Reimbursement of Hospital Charges) Regulations, 1994” (for short 'Regulations'); that the petitioner's wife was diagnosed with having “Carcinoma Right Breast” requiring immediate medical attention; that after Trucut biopsy on 17.05.2019, the petitioner's wife reported to the respondents/Trust Medical Officer on 18.05.2019, for further examination; that she was referred to

have PET CT scan of whole body, which was taken on 21.05.2019; that on perusal of CT Scan report on 23.05.2019, the respondents/Trust Doctor had advised her to take treatment at V.S.Hospital without further delay, as, the same is likely to spread; that the petitioner had requested the Trust Doctor to refer the case to MIOT hospital which is also an empanelled hospital of the respondents for further treatment; that the said request was not considered by the respondents due to administrative reasons; and that in the meantime, the size of the lump with which the petitioner's wife was diagnosed which had increased from the time she had reported at the Trust Medical Officer on 18.05.2019 to 23.05.2019.

3. Petitioner contended that as the situation had become emergency, he got his spouse admitted in MIOT hospitals, Chennai an empanelled hospital of the respondents on 29.05.2019 under the care and supervision of Surgical Oncologist of the said hospital; and that the Doctors thereat performed surgery on emergency basis on 30.05.2019, wide local excision + Sentinel node biopsy and axillary clearance + Type 2 oncoplasty under GA and discharged his spouse from the hospital on 01.06.2019.

4. Petitioner also contended that the Doctor after performing tne surgery on emergency basis on 30.05.2019, advised for further treatment of requiring to undergo 6 cycles of Chemotherapy and Radiation; that 4 cycles of Chemotherapy have been given on 26.06.2019, 17.07.2019, 07.08.2019 and 28.08.2019 respectively; that the petitioner had incurred an expenditure in a sum of Rs.2,08,691/- towards surgery / hospitalisation / medicine / tests / 4 cycle of Chemotherapy given in MIOT hospitals; and that thereafter two more cycles of Chemotherapy were given on 18.09.2019 and 09.10.2019 and adjuvant radiotherapy was administered from 29.10.2019 to 03.12.2019 at the prevailing CGHS Tariff on out patient basis; and that the petitioner had incurred an additional expenditure in a sum of Rs.1,57,603/- in all totalling to Rs.3,66,294/-.

5. It is the further case of the petitioner that on surgery being performed on 30.05.2019, on emergent basis, and also after getting four cycles of Chemotherapy administered, he had submitted his first claim for reimbursement in a sum of Rs.2,08,691/- on 29.08.2019 and for the remaining two cycle of Chemotherapy and adjuvant Radiotherapy bill in a sum of Rs.1,57,603/- on 24.01.2020, to the respondents, as per the regulations.

6. Petitioner contends that 3rd respondent vide his reply memo dated 29.01.2020 rejected the claim, stating that the said claim for reimbursement of hospital charges cannot be considered as per the Trust medical officer opinion and returned the original claim along with bills; and that the 3rd respondent, however, did not chose to enclose the opinion of the Chief Medical officer, on the basis of which, the said claim for reimbursement was rejected.

7. It is the further case of the petitioner that since, the claim for reimbursement was rejected without assigning any reason and only makes reference to the opinion of the respondents/trust medical officer, he had applied and obtained the medical officers opinion through RTI application and noted that the medical officer had opined that Carcinoma (R) Breast is not an “Emergency for surgery”.

8. Petitioner contends that since, the medical officer who had given the aforesaid opinion on the basis of which the claim for reimbursement of the medical expenses was rejected, did not take into consideration the emergent nature resulting in increase of the lump within a short span of 7

days from the date of reporting to the Trust medical officer on 23.05.2019 and getting admitted in the empanelled hospital on 29.05.2019 and surgery being performed on 30.05.2019 (i.e,) the following day, the rejection of claim for reimbursement for the treatment obtained by him for his wife, on the ground the same is not emergency is not justified.

9. It is also contended by the petitioner that since, the trust medical officer while opining the surgery to be non-emergency did not take into consideration the circumstances under which the petitioner spouse after getting admitted into the empanelled hospital, was required to undergo surgery, the following day itself, the petitioner submitted an appeal to the 2nd respondent authority on 02.03.2020, requesting the authority to consider the appeal sympathetically, on humanitarian grounds and pass orders for reimbursement of medical expenses incurred by him in all totalling for a total amount of Rs.3,66,294/- for getting his wife treated at an empanelled hospital of the respondents.

10. Petitioner also contended that the 2nd respondent before whom an appeal is filed seeking reimbursement of expenses incurred for treatment rendered to petitioner's wife, did not take any decision by himself and

instead an order dated 14.07.2021 came to be passed under the signature of the 3rd respondent viz., Chief Medical Officer claiming that the appeal filed does not come under the purview of emergency and hence, the claim cannot be considered; that the aforesaid order purported to be passed in the appeal is under the signature of the 3rd respondent, against who's initial decision only the said appeal was appealed; and the said action would amount to the 3rd respondent sitting in appeal over his/her own decision, thus, acting contrary to the principle of ***"nemo judex in causa sua"*** .

11. It is the further case of the petitioner that the 3rd respondent while rejecting the claim initially did not assign any reason and it is only after the petitioner obtained the copy of the opinion of the Chief Medical Officer, had learnt of the reason for such rejection, which is however, is not in accordance with the regulations; and that the 2nd respondent instead of deciding the appeal by himself, allowed the 3rd respondent to pass orders, thereby had abdicated the powers conferred on him under the regulations.

12. The petitioner contended that under the regulation discretion is vested with the 2nd respondent to sanction the reimbursement of hospital charges incurred for getting treatment to an employee or members of his

family, without reference from Chief Medical Officer, if the said authority is satisfied with the genuineness of the case; that since, the respondents do not dispute the fact of the petitioner's spouse having been diagnosed with Carcinoma (R) Breast and she having undergone treatment in one of the empanelled hospital at the relevant point of time, the 2nd respondent ought to have exercised the discretion conferred on him by approving the reimbursement.

13. Thus, the petitioner contended that the entire action of the respondents in rejecting the claim for reimbursement of medical expenses incurred, is vitiated and accordingly sought for direction to the respondents to reimburse the medical expenses incurred by him for getting treatment to his wife in the empanelled hospital of the respondent.

14. Counter affidavit deposed to by the third respondent is filed on behalf of the respondents.

15. The respondent by counter affidavit while not denying or disputing the fact that the petitioner's spouse having been diagnosed with Carcinoma (R) breast and she having undergone surgery at one of the

empanelled hospital of the respondents. However, claimed that since, tne petitioner started medical consultation for his spouse only on 13.05.2019 and having consulted the Doctor on two or three more occasion till 28.05.2019, during which period she had underwent several tests, got herself admitted in the hospital on 29.05.2019, whereat a surgery was performed on 30.05.2019, would go to show that admission of petitioner's spouse to the hospital was not an emergency admission and thus, the petitioner had sufficient time to inform the competent authority, as per regulations and obtain necessary sanction for admission in the private hospital.

16. The respondents by the counter affidavit by placing reliance on Regulation 10 of the Regulations, contended that only in cases of “emergency” where an employee or member of his family, are admitted into an hospital without reference from the Chief Medical Officer, the Chairman at his discretion may sanction for reimbursement and since, the admission of the petitioner's spouse, even though in an empanelled hospital, is not an “emergency”, the claim submitted by the petitioner for reimbursement was rejected by the 3rd respondent as not being in accordance with the regulations i.e., being “not an emergency”, and the said decision has also

been approved by the second respondent in the appeal preferred by tne petitioner.

17. The respondent by the Counter filed further claimed that the diagnosis of Carcinoma (R) breast itself is not an acute condition, but refers to chronic ailment and as such the petitioner cannot justify the claim as an "emergency" for surgery, requiring him to obtain treatment without being referred by the Chief Medical Officer. By the counter affidavit it is also claimed that the petitioner's spouse was operated at the MIOT hospital for (Wide Excision of Lump) which are also performed in the respondents hospital on selective basis and also Chemotherapy and intensity modulated Radiotherapy being available in empanelled hospital on elective basis, the petitioner could not have rushed to the MIOT hospital for getting his spouse treated without being referred to by the Chief Medical Officer / 3rd respondent.

18. The respondents by the counter affidavit further claimed that since, the issue involved relates to claim for reimbursement, being very simple, the same did not warrant any lengthy speaking order to be passed, for the petitioner, to contend that the impugned order is a non speaking

order and having been passed mechanically, more particularly when tne same is not in accordance with the regulations.

19. I have taken note of the respective contentions urged.

20. As the dispute involved in the present writ petition relates to reimbursement of medical expenses incurred by the employee, revolves around the regulations, on the basis of which, the respondents have rejected the claim, it would be appropriate to refer to some of the regulations governing the said issue. The said regulation have been formulated in exercise of power conferred under Section 28 of Major Port Trust Act, 1963.

21. Regulation 3 deals with definitions; and the relevant clause as under : -

3. (iii) 'Chairman', 'Deputy Chairman' and Heads of 'Departments' shall have the meanings assigned to them respectively in the Major Port Trusts Act, 1963.

3 (iv)'Chief Medical Officer' means the Chief Medical Officer of the Port Trust Board and Head of the Medical Department.

3(viii) 'Approved Hospital' means that hospital listed in the Appendix of these regulations and any other hospitals and Nursing Home as may be prescribed by the Board from time to time for inclusion in the Appendix.

3 (xii) 'Family' means the wife husband, parents and legitimate children including adopted children of an employee wholly dependent on the employee and will include unemployed sons, unmarried and unemployed daughters.

3(xiii)'Treatment' means the use of all medical and surgical facilities available in the Trust's Hospital as well as in other hospitals as approved by the Board from time to time and includes-

a) the employment of such pathological, bacteriological, radiological and other methods as are considered necessary by the Trust's Medical Officers

(b) the supply of such medicines, vaccines, ser or other therapeutic substances as may be prescribed by the Trust's Medical Officers:

(c) such nursing as considered necessary by the Trust's Medical Officers.

(d) supply of artificial limbs, corrective artificial appliances and their replacements;

(e) supply of spectacles;

(f) blood transfusion and

(g) supply of denture and artificial eye and limb.

22. Regulation 6 of the Regulations deals with reimbursement of hospital charges and reads as under :-

6. REIMBURSEMENT CHARGES: OF HOSPITAL CHARGES :

Notwithstanding anything contained in the Regulations 4 and 5 of these Regulations, the employees and/or of their family members who in the opinion of the Trust's Chief Medical Officer require treatment in any of the hospitals approved by the Port Trust in this behalf vide Appendix II are eligible to take treatment in such approved hospitals. Hospital charges including diet and accommodation will be reimbursed in full in such cases

where treatment is recommended by the Trust's Medical Officer."

23. Regulation 8 deals with conditions for reimbursement and reads as under :-

> *8. CONDITIONS FOR REIMBURSEMENT:*
>
> *(a) Reimbursement of Hospital Charges in respect of cases referred to by the Trust.*
>
> *The hospital charges in respect of cases referred to by the Trust's Chief Medical. Officer to any of the approved hospitals listed below (hospitals indicated at S.No.7 to 17 of Appendix II) or any other private hospitals with the sanction of Deputy Chairman/Chairman shall be paid by the Board direct to the concerned hospitals on receipt of necessary bill, duly certified by the Trust's Chief Medical Officer:-*
>
> *(i) Government Mental Hospital, Chennai.*
>
> *(ii) Government Kasturba Gandhi Hospital for Women and Children, Chennai*
>
> *(iii) Government Hospital for Women and Children Chennai.*
>
> *(iv) Government Chennai.*
>
> *(v) Government General Chennai. Hospital*

(vi) Government Chennai. Royapettah Hospital,

(vii) Government Kilpauk Medical College Hospital, Chennai.

(viii) Government Ophthalmic Hospital Chennai.

(ix) Government Raja Sir Ramaswamy Mudaliyar's Lying-in-Hospital, Chennai.

(x) Arignar Anna Government Hospital of Indian Medicines, Chennai.

(xi) Government Dental College Hospital, Chennai.

(b) In cases where the employees and/or their family members undergo treatment in any of the approved hospitals listed in Appendix II other than those mentioned in Clause (a) above to which a reference was made by the Trust's Chief Medical Officer, the hospital charges in respect of all such cases shall be reimbursable to the employee concerned provided the entire amount due to the Hospital is paid by the employee concerned before a claim for reimbursement is submitted to the sanctioning authority. However, in case of death of an employee while under treatment in such an approved hospital, which is not covered under clause (a) above, the Chairman may at his discretion sanction an advance to meet the hospital charges based on the recommendations of the Chief Medical Officer and also

subject to fulfillment of other conditions laid down under these regulations.

NOTE:

Artificial eye and denture are provided to the employees and their family members free of charge for which they will only be referred to the Government Ophthalmic Hospital and Government Dental College Hospital and no reimbursement is allowed for such cases if they avail these facilities from outside on their own."

24. Regulation 10 deals with Treatment of emergency cases and the regulation reads as under :-

10. TREATMENT OF EMERGENCY CASES:

Notwithstanding anything contained in these regulations, in cases of emergency -

(i) The Chief Medical Officer may refer cases, with the sanction of the Chairman to any hospital (within the City of Chennai or outside) whether such hospital has been included in the list of 'approved hospitals' (Appendix II) or not. In such cases the employee concerned is eligible reimbursement of hospital charges under these regulations subject to the Chief Medical Officer certifying that the accommodation, diet,

treatment and other medical facilities availed of by the employee or his family members were necessary.

(ii) Where due to emergency, an employee or member of his family has to be admitted in a hospital without a reference from the Chief Medical Officer, the Chairman at his discretion may sanction the reimbursement of the hospital charges if he is satisfied about the genuineness of the case. If the hospital where such treatment is undergone is not in the list of approved hospitals (Appendix II) prescribed under these regulations, the reimbursement will be limited to the expenditure that would have been incurred had the treatment been taken in an approved hospital.

25. *Appendix – I* of the regulations deals with sanctioning authority for the purpose of reimbursement of hospital charges and the 2nd respondent is conferred with the power to sanction reimbursement.

26. Appendix – II is the list of approved hospitals of the respondent whereat employee and the eligible family members can avail treatment, in all numbering to 23 hospitals.

27. From a reading of the regulations it would be clear that it shall apply to all the employees borne on the schedule of the employees of the Board who can avail the medical attendance for themselves and also in respect of eligible members of their family, subject to the conditions prescribed under the regulations. The term family has been defined in Regulation 3 (xii) as noted herein above.

28. Regulation 6 *(supra)* begins with a non absentee clause (i.e,) "Notwithstanding anything contained", and allows for treatment to be taken in any of the hospitals provided by the Port Trust as detailed in Appendix-II and the hospital charges including diet and accommodation being reimbursed in full. However, such reimbursement is subject to conditions where treatment is recommended by the Trust medical officer.

29. Though the heading of Regulation 8 is titled as "conditions for reimbursement", the said regulation is in two parts. Clause (a) of the Regulation provides for payment of hospital charges directly by the board in cases referred to by the Trust's Chief Medical Officer or the approved

hospitals indicated at Sl.No.7 to 17 of Appendix-II or any other private hospital with the sanction of Deputy Chairman / Chairman.

30. Clause (b) of Regulation 8 deals with where an employee or family members undergoes treatment in any of the approved hospital listed in Appendix-II, the conditions for reimbursement. The condition for reimbursement states that such reimbursement can only be granted in cases reference was made by the Trust Chief Medical Officer and the employee concerned had paid the entire amount due to the hospital before a claim for reimbursement is submitted to the sanctioning authority.

31. Regulation 10 deals with treatment of "emergency" cases, where under discretionary powers vested with the Chairman to sanction reimbursement where he is satisfied with the genuineness of the claim.

32. That apart, the regulation beginning with non absentee clause i.e., "notwithstanding anything contained in these regulation" which indicates the same having overriding effect over other regulations for granting reimbursement of medical expenses incurred in case of "emergency" without reference to the Chief Medical Officer. Secondly, the

terms "emergency" has neither been defined nor what kind of situation are considered as "emergency" is detailed.

33. Thus, the term "emergency" is not a definite term and in a situation or circumstances specific, as noted herein above, since the term is not defined and being relative term, the same has to be looked into the context and situation. Thus what may appear for a person who is suffering as as "emergency" may not appear to be the same for the other. It is for the said reason under Clause (ii) discretionary power is conferred on the Chairman to sanction reimbursement, if he is satisfied with the genuineness of the case.

34. In the facts of the present case, the petitioner's spouse who is a home maker, having diagnosed for Carcinoma (R) breast, would push the entire family out of gear. When it comes to cancer, as of date unless it is diagnosed and treated at early stage, the same would be fatal as unlike treatment for other ailments where sufficient medical advancement is achieved.

35. Further, the person who has been diagnosed with the Carcinoma is non other than the spouse of the petitioner, who takes care of the family and home. It is but natural, that the petitioner would endeavour to get the best treatment available is given to his spouse, being diagnosed with "Carcinoma" itself would result in mental trauma for a normal person and his / her family it is an emergent situation, for providing the treatment, though for a Doctor, like 3rd respondent, it may not appear to be an "emergency".

36. The respondents by the Counter affidavit having admitted to the fact that the petitioner's spouse having reported for medical consultation in the Trust hospital on 13.05.2019 and thereafter having consulted the Doctor on two or three days more till 28.05.2019 and thereafter getting her admitted into one of the empanelled hospital viz., MIOT hospital on 29.05.2019, whereat a surgery was performed on 30.05.2019, would only go to show that the aggravating circumstances requiring immediate medical attention.

37. If only, the situation did not warrant, neither the petitioner nor his spouse could not have consented for a surgery to be performed on the following day, unless it is an "emergency". The fact that the surgery being

performed on 30.05.2019, immediately on being admitted into the hospital on 29.05.2019, itself indicates the "emergency" situation and thus, the respondent cannot claim that the petitioner ought to have approached the 3rd respondent and seek reference to the empanelled hospital.

38. The circumstances under which the petitioner was required to admit his wife/spouse into the hospital, whereupon a surgery was performed on the following day, itself would lead to an inevitable conclusion that it was an "emergency" situation, whereby the priority of the petitioner is to ensure the medical treatment is given to his spouse for her to come out of her serious ailment and normalcy in family is restored.

39. Further, the respondents by the counter affidavit did not deny or dispute the claim of the petitioner of his spouse being diagnosed with Carcinoma (R) breast and being admitted to MIOT hospitals private limited on 29.05.2019 and having undergone a surgery on 30.05.2019 and also taking further treatment thereat, however, seek to justify there action in rejecting the claim for reimbursement by placing reliance on the regulations, and claiming that there was no emergent need for the petitioner to rush to the MIOT hospital and getting treatment thereat.

40. The respondents however, without taking note of the attendant circumstances in which a person is placed, denied the claim of the petitioner for reimbursement by adopting a hyper technical approach by referring to the regulations claiming the situation / circumstance to be not an "emergency".

41. It is to be noted that the regulations are framed to aid the employees in availing medical facilities and not to deny. Further, the regulations equally confer powers on the authorities like the 1st and 2nd respondents to consider the cases where the treatment is obtained in an "emergency" situation, not only in approved hospitals as detailed in Appendix-II, but also in other hospitals. Thus, it cannot be said that the regulations places a bar on reimbursing the hospital charges even where genuineness of claim is not in doubt.

42. The Hon'ble Apex Court dealing with reimbursement of medical claim under Central Government Health Scheme (CGHS) for treatment in non-empanelled Hospital in ***Shiva Kant Jha v. Union of India*** *reported in* ***(2018) 16 SCC 187*** held as under :-

"17. It is a settled legal position that the government employee during his lifetime or after his retirement is entitled to get the benefit of the medical facilities and no fetters can be placed on his rights. It is acceptable to common sense, that ultimate decision as to how a patient should be treated vests only with the doctor, who is well versed and expert both on academic qualification and experience gained. Very little scope is left to the patient or his relative to decide as to the manner in which the ailment should be treated. Speciality hospitals are established for treatment of specified ailments and services of doctors specialised in a discipline are availed by patients only to ensure proper, required and safe treatment. Can it be said that taking treatment in speciality hospital by itself would deprive a person to claim reimbursement solely on the ground that the said hospital is not included in the government order. The right to medical claim cannot be denied merely because the name of the hospital is not included in the government order. The real test must be the factum of treatment. Before any medical claim is

honoured, the authorities are bound to ensure as to whether the claimant had actually taken treatment and the factum of treatment is supported by records duly certified by doctors/hospitals concerned. Once, it is established, the claim cannot be denied on technical grounds. Clearly, in the present case, by taking a very inhuman approach, the officials of CGHS have denied the grant of medical reimbursement in full to the petitioner forcing him to approach this Court."

(underlining supplied by Court)

43. Though, on behalf of the respondents it was sought to be contended that if a reference is made to any of the empanelled hospital through Chief Medical Officer there would be no requirement for the employee to make the payment, as such, the petitioner ought to have obtained prior approval for reference instead of seeking reimbursement, as noted herein above availing such facility is governed by Regulations 8(a) which can be termed as cashless facility, where bills are sent to the referring agency, which may involve procedural delays in getting approval or reference. In the facts of the present case, the respondents, on the other

hand, one may incur the expenditure by himself and seek reimbursement by enclosing all the medical records and receipts as issued by the hospital under regulations 8(b).

44. Thus, the facility provided under regulations cannot work to the disadvantage to deny a genuine claim. Further a reading of Clause (b) of Regulation (8) would indicate that in order to claim reimbursement one need to make the entire payment to the hospital before a claim for reimbursement is submitted.

45. Though on behalf of the respondents it was sought to be contended that since, the petitioner having put any long service with the respondents and being fully acquainted with the procedures, ought to have sought for a reference at an earlier point of time, as noted herein above, mere non compliance with the procedural requirement cannot result in denial of otherwise a genuine claim.

46. Further, it is to be noted that in a situation of the present nature where a family member (spouse in the present case) is diagnosed with Carcinoma, it would be highly improbable to expect that one would

remember the regulations and the procedural requirements to be complied with, rather than taking care of the family member. In such circumstances, the procedural requirement take a back seat, in comparison to the health of the family members. Thus, the claim of respondents of petitioner not seeking reference from the 3rd respondent in advance cannot be said as with any motive, since, the petitioner would not stand to gain any benefit.

47. It is also important to note that the petitioner has not taken his spouse to any 3rd party hospital other than the empanelled hospital of the respondents for treatment, for the respondents to claim that if only the petitioner had sought reference, the respondent could have referred to one of the empanelled hospital.

48. Since, the petitioner had only gone to an empanelled hospital to get his spouse treated thereat, the mere fact that not getting reference from the 3rd reference in advance cannot result in the petitioner's claim for reimbursement being denied on the ground of the treatment obtained not being an “emergency”.

49. Further, the conduct of the 2nd respondent in not deciding the appeal by himself and on the other hand, the said appeal order having been passed under the signature of the 3rd respondent, claiming the same as having the approval of 2nd respondent would not make the said order valid, and legal, more particularly, as it is the action of the 3rd respondent in rejecting the claim, appeal having been preferred there against.

50. Though, in normal circumstances, on this ground alone, the order was required to be set aside and remitted back for consideration afresh.

51. However, taking into consideration the facts of the case and the attendant circumstances including the fact that the case has been pending on the file of this Court for four years and that the petitioner is now superannuated, this Court felt it appropriate to adjudicate the matter on merits rather than remitting the matter back to the second respondent for fresh consideration.

52. Further, the 3rd respondent while rejecting the claim of the petitioner at 1st instance did not assign any reason and only stated that the said claim for reimbursement cannot be considered, as per Trust medical officer opinion without enclosing as to what is the opinion of the medical officer. It is only when the petitioner filed an appeal to the 2nd respondent, the 3rd respondent while passing the order on behalf of the 2nd respondent claimed that the treatment rendered to the petitioner's wife does not come under the purview of "emergency", which reason was not mentioned in the initial rejection of claim by the 3rd respondent.

53. Thus, the 3rd respondent by purported order in appeal sought to justify his/her action in rejecting the claim of the petitioner by assigning reason. The respondent further by the counter affidavit claimed that since, the issue involved is simple there is no need to pass as speaking / detailed order, ignoring the fact that one is entitled to know the reasons, as it is settled position of law, reasons is the heart beat of any decision making process. On this ground also the impugned order cannot be sustained.

54. This Court having now come to the conclusion that in the facts of the present case, the treatment which the petitioner got provided to his spouse by getting her admitted into the empanelled hospital of the respondent being an “emergent” situation, this Court is of the further view that the claim of the petitioner for reimbursement would have to be considered as covered under Regulation 10 of Regulations.

55. Accordingly, the order dated 14.07.2021, issued under the signature of the 3rd respondent claiming as having the approval of the second respondent rejecting the claim of the petitioner for reimbursement of medical expenses incurred by him at one of its empanelled hospital, cannot be held as valid for it to be sustained and the same is accordingly set aside.

56. Since, the second respondent had abdicated powers conferred on him by considering the appeal filed by the petitioner against the order of the 3rd respondent dated 29.01.2020 by himself, the 1st respondent is hereby directed to process the claim of the petitioner for reimbursement of medical expenses incurred for providing treatment to his spouse at an empanelled

hospital and make payment of the eligible amount within a period of four weeks from the date of receipt of a copy of this order.

57. Subject to the above observations and directions, this writ petition is disposed of. No order as to costs. Consequently, connected miscellaneous petition is closed.

17.09.2025

Speaking order / Non-speaking order
Index : Yes / No
Neutral Citation : Yes / No
tsh

Note: Registry is directed to issue order copy on 19.09.2025.

To
1. The Chairman
Chennai Port Trust
Chennai.

2.The Deputy Chairman
Chennai Port Trust
Chennai.

3.The Chief Medical Officer
Chennai Port Trust,
Chennai.

T. VINOD KUMAR, J.

tsh

Pre-Delivery Order in

W.P.No.20258 of 2021

17.09.2025.