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SAVELIFE FOUNDATION & ANR. v. UNION OF INDIA & ORS.

-Ashna Ahmad

Citation: 2026 INSC 567.

Court: Supreme Court of India

Bench: Justice J.K. Maheshwari & Justice Atul S. Chandurkar

Date of Judgement: 26 May, 2026

INTRODUCTION:

Numerous people die on Indian roads every year not due to injuries sustained by them but because help arrives after considerable delay. This gap between moment of injury & moment of medical intervention is often called the golden hour, but this has continued to be a policy concern instead of being treated as a constitutional issue. However, in recent judgment delivered in the case of *SaveLIFE Foundation & Anr. v. Union of India & Ors.*, Supreme Court has firmly established that importance of timely access to trauma care as part of right to life under Article 21 of the Constitution.

FACTUAL BACKGROUND:

SaveLIFE Foundation is a charitable trust formed in 2008 by Piyush Tewari, seeing the reluctance of people to help someone in distress and realizing the need to work towards reforming the emergency situation management in India. Supreme Court was already familiar with SaveLIFE Foundation a decade ago when in the case of *Savelife Foundation vs Union of India 2016*¹. The Supreme Court had recognized need for Good Samaritan laws that protect ordinary people who try to help in case of an accident. The verdict led the Ministry of Road Transport & Highways to issue guidelines that would be employed to protect Good Samaritans

¹ Savelife Foundation v. Union of India, (2016) 7 S.C.C. 194.

from unwanted harassment or legal trouble, which forms the basis of Section 134A of Motor Vehicles Act, 1988, introduced by the amendment of 2019.²

Almost 10 years later, the Foundation once again approached the Court through a new writ petition filed under Article 32, arguing that the commitments made in both the ruling in 2016 & amendment in 2019 had not been fulfilled as expected. It was still the case that there were many people held in hospitals without just cause, who were summoned to police stations, and were forced to testify at courts for long periods. Furthermore, despite a need for a national emergency number, ambulance services operating in the country varied greatly in quality and reliability from one region to another. The Court issued a notice about the writ petition on November 6, 2024 & on August 1, 2025, the Court members signed an order, where the Attorney General was instructed to consult with the State Governments & Union Territories about the issues presented. By the time of final hearings occurred, an affidavit was supplied by Government on May 12, 2026, providing an overview of responses from thirty-four states & territories, which revealed that there was much interest in theory but little action in practice.³

ISSUES RAISED:

1. Whether the right to prompt trauma care and emergency medical intervention could be read into the guarantee of life and personal liberty under Article 21.
2. Whether the persistent gaps in implementing Good Samaritan protections, despite their statutory recognition, amounted to a continuing constitutional default on the part of the State.
3. What specific, time-bound directions were necessary to convert the existing patchwork of state-level schemes into a genuinely uniform, nationwide trauma response system.

ARGUMENTS:

The petitioners' counsel, Senior Advocate Sidharth Luthra assisted by Advocate-On-Record Malvika Kapila, expressed the problem of the lack of standard emergency number, driving fear in the minds of the common people because of possible legal formalities & lack of consistent ambulance norms. The petitioners presented statistical evidence as well as independent studies

² Motor Vehicles Act, No. 59 of 1988, § 134A (India), as inserted by the Motor Vehicles (Amendment) Act, No. 32 of 2019.

³ *Savelife Found. v. Union of India*, WP(C) No. 726 of 2024 (Supreme Court of India May 27, 2026), Verdictum ID 1614859

to underscore the point that unnecessary loss of life in accidents occurred primarily due to delayed response & not simply because of the seriousness of the injury.

The Attorney General for the Union, R. Venkataramani, informed the court about progress made in implementation of various schemes such as PM-RAHAT, a cashless treatment scheme for the affected, but was also honest enough to admit that implementation had been uneven across various states.

JUDGEMENT & COURT'S REASONING:

The Bench, with Justices J.K. Maheshwari & Atul S. Chandurkar on board, stated that trauma care that is hasty is an element of the right to life according to Article 21. The Court, in making that statement, made use of idea that Article 21 should be interpreted widely & it guarantees a right to live well. The main points about the idea introduced above are used to come up with the conclusion that the right to live cannot be considered a real right unless there is a possibility for a person to have trauma care & he/she will be able to stay alive.

Court has mentioned that although the States have been concerned about trauma care policies. The system being applied at the time of the statement is not complete & different places have different opinions about the results of trauma care policies. The Court has also stated that there is a need for a strong & uniform system of trauma care in country in order to prevent road deaths in India.⁴

DIRECTIONS ISSUED BY COURT:

The Court provided a series of comprehensive interim guidelines with time limits in order to implement the right they just got established. The guidelines included:

- The unification of current different emergency call systems like 100, 101, 102, 108, 1033 & 1091 with nationwide emergency number 112.
- The introduction of an effective system for the resolution of complaints from Good Samaritans who have been facing persecution.
- Introduction of a requirement that all public & private ambulances meet the requirements of the Automotive Industry Standard 125 & have GPS-based Vehicle Location Tracking Devices integrated with 112 systems within three months.

⁴ *Savelife Found. v. Union of India*, WP(C) No. 726 of 2024 (Supreme Court of India May 27, 2026), Juryscan.

- Establishment of a uniform curriculum for Emergency Medical Technicians in accordance with instructions from the National Commission for Allied and Healthcare Professions.
- The creation of State Trauma Registries within 4 months to provide reliable statistics for future decision-making.
- The assessment and categorization of hospitals on national and state highways and in cities based on their ability to deal with trauma patients.
- The implementation of fully operational PM-Rahat cashless medical care program within three months with the Court specifically stating that the continued non-implementation of the program would make it a breach of the Motor Vehicles Act.
- The Union was also directed to notify a medical rescue protocol within three months, to be operationalised by the States within a further three months.⁵

LEGAL ANALYSIS & COMMENTARY:

This judgment is significant for several reasons. First, it brings further the most advanced stage in the judicial expansion of Article 21, bringing emergency medical response in line with a series of other rights court has recognised over many years. Secondly, this serves as a unique example of the Court using its continuing jurisdiction not to only declare a right, but also to create a system of regulation, naming various organisations, technical conditions & hard deadlines, which aims the principle of optionality for the States in terms of fulfilling their duties. Thirdly, this is a direct answer to issues that have already been tackled by the court a decade ago. The fact that Good Samaritans' rights that were recognised in 2016, and then enacted in the form of legislation in 2019, necessitated enforcement by the judiciary a decade later, should be seen as a clear warning that mere recognition of a right in Constitution does not guarantee its implementation on the premise.⁶

However, the guidelines presented in this case are too complicated. Helpline services, ambulance quality standards, hospital classifications, and cashless treatment plans cause too many difficulties for the already struggling government healthcare systems and their progress depends primarily on repeated monitoring from the courts rather than the text of the ruling. The Union's affidavit that recognizes uneven implementation throughout thirty-four States & Union territories is the proof of how challenging the idea may become in practice.

⁵ SC Issues Interim Directions for Robust Uniform Trauma Care Framework, Medical Dialogues (May 29, 2026).

⁶ Piyush Tewari, Opinion, *Clearing the Road to Timely Trauma Care in India*, The Hindu (Jun. 25, 2026).

CONCLUSION:

SaveLIFE Foundation v. Union of India (2026) ought to be viewed not as the establishment of a new right, but as the affirmation of a right already established, which is the right to live on after an accident. By linking trauma care to Article 21 & issuing mandatory orders concerning compliance, the Court has made it clear that the government has the responsibility for implementing this right. Whether this decision will succeed where the previous judgment of 2016 failed will depend on how well the implementation proceeds.