

**KARNATAKA STATE HUMAN RIGHTS COMMISSION**

1-4<sup>th</sup> Floor, M. S. Building, 5<sup>th</sup> Stage, Bengaluru-560 001

H.R.C. No. 3798/10/20/2017  
Date: 17.08.2022

**PRESENT**

Justice D. H. Waghela  
Chairperson

Shri K. B. Changappa  
Member

Shri R. K. Dutta  
Member

**Informant:** Chief Superintendent  
District Prison  
Tumkuru

**V.**

**Respondent:** Addl. Chief Secretary,  
Department of Home,  
Govt. of Karnataka

**OPINION,REPORT AND RECOMMENDATIONS**

- 1) The complaint is registered on the basis of fax intimation dated 29.06.2017 of the Superintendent, District Prison, Tumakuru. It is reported that Shri T. M. Ravishankar C.T.P. No. 3318, S/o Manjunath Swamy, aged about 57 years and R/o 1<sup>st</sup> Cross,

Ashoknagar, Tumakuru was convicted in S.C.C. No. 247/08 under section 406, 409 R/W 149 IPC and under section 9 of Karnataka protection of interest of depositor and financial establishment Act, 2004 by the Hon'ble Principal Sessions Court, Tumakuru and imposed the punishment of 7 years rigorous imprisonment with penalty of Rs. 25,000/-, in default one year imprisonment, and 4 years rigorous imprisonment with penalty of Rs. 25,000/-, in default one year imprisonment, on 12.06.2017. On 29.06.2017 at 8.00 a.m. the C.T.P. suddenly collapsed while taking bath and he was immediately shifted to District Hospital, Tumakuru where he was declared brought dead after examination by the doctor.

- 2) Upon issuance of notices to the Superintendent, District Prison, Tumakuru, post-mortem report, magisterial enquiry and inquest reports were received.
- 3) The inquest was conducted by the Hon'ble I Additional Civil Judge and J.M.F.C. Tumkur. It is reported that the statements of deceased's wife, sister and other persons who knew the deceased have been recorded and they have not expressed any doubt regarding the death and no external injuries were found over the body of the deceased.

- 4) According to the post-mortem report no fresh wound or external injuries were seen over the body of deceased and the cause of death was myocardial infarction due to coronary insufficiency consequent to chronic coronary artery disease.
- 5) The forensic science report submitted by State Forensic Science Laboratory, Bengaluru reported that no residues of volatile poisons, pesticides, barbiturates, benzodiazepine group of drugs, toxic metal ions and anions were detected from the collected sample of stomach, liver, kidney and blood of the deceased.
- 6) The histopathology report submitted by Department of Pathology, Victoria Hospital, Bengaluru reported that heart showed features suggestive of Coronary artery disease of right coronary artery and left coronary artery without critical narrowing and brain showed features suggestive of subarachnoid haemorrhage.
- 7) The magisterial enquiry report in U.D.R No: 19/2017 u/s 176 (1-A) of Code of Criminal Procedure Code, 1973 and the final opinion of A.D.G.P. of the Commission state that the death was due to myocardial infarction due to coronary insufficiency consequent to chronic coronary artery disease.

8) Upon perusal of the material placed on record, this Commission sought to consult a medical expert to give expert opinion regarding cause of death and circumstances surrounding the death of deceased. Dr. Satish K. V. Professor and H.O.D., Bangalore Medical College and Research Institute, Bengaluru submitted expert opinion dated 20.09.2021 and his statement on oath is recorded, which reads as under:

*“I am M.B.B.S. M.D. (Forensic Science) and having 22 years of experience. I have read the papers related to the death of Shri T.M. Ravishankar, aged 55years who died on 29-06-2017 as a convict lodged in Tumakuru District Jail.*

*“Referring to the relevant papers, I say that according to the post-mortem report, the cause of death was myocardial infarction due to coronary insufficiency consequent to chronic coronary artery disease. After my study of relevant papers, I am giving my opinion that the death was due to intracranial hemorrhage associated with cardiac disease (Natural Death). My detailed opinion dated 20-09-2021 is placed on record.*

*“Upon my examination of histopathology and videography of coronary artery, there was no critical*

*narrowing of lumen of coronary arteries. In simple terms, the coronary arteries were not blocked. To that extent, the details given in the post-mortem are incorrect. In my opinion, immediate cause of death was intracranial hemorrhage and not cardiac arrest. It appears that the intracranial bleeding would have happened due to pathology related to arterial disease in the brain. This could have suddenly happened by rupture in the base of the brain and that could happen if the blood pressure suddenly shoots up. Such pathology would be developing over a long period. If blood pressure of the patient were monitored on regular basis, such development of pathology could have been prevented in advance. Another condition of hyper cholesterolemia could also cause the disease of artery and sudden rupture of the artery which is one of the conditions of hemorrhage. This condition of cholesterol could have been diagnosed if the patient was alive and requisite blood tests were made. But after death, cholesterol level cannot be measured. The increasing level of blood pressure, while the patient is alive would have manifested as symptoms in the form of head ache, giddiness, exhaustion on minimum exertion. Ideally, the*

*cholesterol level and blood pressure should be monitored in each individual, at least once in 2 months after the age of 35. It is possible that a mental/physical shock without any external injury could cause the condition of intracranial hemorrhage and it is more likely when there is already pathological case. In the conditions prevailing in a particular jail where an inmate feels alienated and cramped, without any positive activity to engage himself physically/mentally, general stress would be caused normally and such stress can aggravate the condition of blood pressure and cholesterol.*

*“In my opinion, if the conditions in jail are improved so as to de-stress the inmates by less crowding, providing more physical and mental activities for engaging their minds and the inmates are monitored by regular requisite tests as per medical advice, their lives could be better protected and it may help in their reformation. Ideally, all the inmates of the jail who have to be incarcerated for varying terms should be mentally and physically assessed from time to time by physiatrist and medical experts, so as to ensure their reformation, if*

*they are to return in the society as better citizens for themselves and their families.*

*“In this case, post-mortem report on record is clearly defective in so far as intracranial hemorrhage being not mentioned as the cause of death, after perusal of histopathology report.”*

- 9) Upon perusal of records and expert opinion placed before the Commission, it is clear that death of the deceased C.T.P. Shri. T. M. Ravishankar could have been prevented by providing adequate medical treatment and regular health check-up in prison. The prison authorities and the officers in charge of the prison have been remiss in protecting and preserving life of the detinue. The medical facility in the prison appears to have been clearly inadequate and insufficient to treat the inmates in the prison.
- 10) Unfortunately, even though Article 21 of the Constitution obliges to ensure safety of all persons, little appears to have changed on the ground as far as prisoners are concerned and this Commission is once again required to deal with issues relating to prisons in the state and their reform.
- 11) The Hon'ble Apex Court in **Sunil Batra (II) v. Delhi Administration (1980) 3 SCC 488** has held that:

*“Prisoners are peculiarly and doubly handicapped. For one thing, most prisoners belong to the weaker segment, in poverty, literacy, social status and the like. Secondly, the prison house is a walled-off world which is incommunicado for the human world, with the result that the bonded inmates are invisible, their voices inaudible, their injustices unheeded. So it is imperative, as implicit in Article 21, that life or liberty, shall not be kept in suspended animation or congealed into animal existence without the freshening flow of fair procedure.”*

- 12) In **Rama Murthy v. State of Karnataka(1997) 2 SCC 642** the Hon’ble Apex Court identified as many as nine issues facing prisons and needing reforms. They are: (i) over-crowding; (ii) Delay in trial; (iii) Torture and ill-treatment; (iv) Neglect of health and hygiene; (v) Insubstantial food and inadequate clothing; (vi) Prison vices; (vii) Deficiency in communication; (viii) Streamlining of jail visits; (ix) Management of open-air prisons.
  
- 13) The International Covenant on Civil and Political Rights, to which India is a signatory, provides in Article 10 that: “All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person.” In the

Indian context, the current available data in various reports indicate that nearly 70% prisoners are under trial detainees and the rate of conviction hovers between 20-30% on the one hand and majority of prisoners being poor, can hardly afford even temporary release on bail on the other hand. Therefore, any punitive incarceration en masse could hardly be morally or ethically justified by the state constitutionally bound to uphold the Human Rights of every individual, more particularly the right of health-care and well-being. Recent NCRB report for the year 2020 testifies that in overall rate of death in custody, 93% of so-called natural death are caused by one or the other ailments and hardly 6% of the natural deaths are attributable to old-age. Recently, replying to the unstarred question No. 1459, the Minister of State in the Ministry of Home affairs *inter-alia* stated before the Lok Sabha on 26.07.2022 that “.....It is primarily the responsibility of the State Government concerned to ensure protection of human rights of the citizens.....”

- 14) Therefore, with the above background, the Commission is taking serious note of certain sudden deaths in the prisons, and it is constrained to make the following **recommendations**:

- (a) All Superintendents/Officers of all the prisons in Karnataka should be directed to arrange periodical health check-ups of inmates of the jail by Medical Officers of the nearest civil/ Government Hospitals so as to diagnose illness among prisoners and to take measures to provide treatment to the prisoners at initial stage of any ailment.**
- (b) The Government should consider preparation and maintenance of health card of each prisoner with monthly/periodical entries to be made by the medical officer of jail and/or visiting medical officer from the Civil/Government Hospital recording the complaints and health parameters of the prisoners upon check-up by the qualified and duly authorised medical officer who may add remarks and recommendation from time to time so as to prevent any deterioration in the physical condition of the prisoner and prevent premature death by preventable complications. Similarly, psychiatric consultation and counselling should be provided on regular basis and their general and specific recommendations should be, as far as practicable and permissible under the law and prison rules, accepted and implemented for maintaining mental health of the prisoners. In particular, for the mental**

**health of the prisoners and to prevent alienation and stress, positive physical and mental activity, recreational facility, writing and reading material as also some games and sports in the open, outside the barracks should be planned and provided so as to engage and encourage the prisoners to pass their time with positive thinking and meaningful activities. Some sessions per week should be arranged for yoga and yogic exercises for all the prisoners and they should be encouraged to participate for their own good health.**

- 15) It may be appropriate to point out at the end that under the provisions of Section 18(e) of The Protection of Human Rights Act, 1993, the State Government or the authority concerned is duty bound to forward within a month its comments on this report and also report the action taken or proposed to be taken. It is hereby brought to kind notice of the authorities concerned that under the provisions of Regulation 22 of the Karnataka State Human Rights Commission (Procedure) Regulations 2020, if any application seeking modification or review of order or proceeding passed by this Commission is received, it may be considered by the Commission for appropriate order.

- 16) A copy of this Opinion, Report and Recommendations shall be sent to the informant and respondent forthwith.

Sd/-  
(Justice D. H. Waghela)  
Chairperson

Sd/-  
(K.B. Changappa)  
Member

Sd/-  
(Shri R. K. Dutta)  
Member

PSD