

AN ANALYTICAL STUDY OF “IN RE: ALLEGED RAPE AND MURDER INCIDENT OF A TRAINEE DOCTOR IN RG KAR MEDICAL COLLEGE AND HOSPITAL, KOLKATA AND RELATED ISSUES

ADITI SHRIVASTAVA

Abstract

A heinous rape and murder case of a postgraduate doctor within the premises of the hospital (RG Kar Medical College and Hospital) unfolds the critical lapses in the institutional safety and systemic failures of the medical structures. This incident adjudicated by the Hon'ble Supreme Court of India in this case defines and well establishes the plummeting conditions of the medical arena revealing severe deficiencies in work place safety, gender sensitive protocol and security infrastructures in healthcare institutions. The court's judgment not only directed a Central Bureau of Investigation (CBI)-monitored probe but also initiated the constitution of a National Task Force (NTF) to address broader systemic issues, including violence against medical professionals and gender-based discrimination.

The ruling identifies deficiencies in the implementation of existing protective legislation, such as state-specific healthcare violence prevention acts, and highlights the inadequate enforcement of the Sexual Harassment of Women at Workplace Act, 2013, in medical institutions. By recommending stringent national protocols for safety and dignity at healthcare workplaces, the judgment invokes constitutional guarantees of equality, safety, and dignity, framing them as essential to the functioning of public health systems.

This comment scrutinizes the RG Kar Medical College judgment, dissecting the court's reasoning, institutional apathy, and procedural lapses. It critiques the tribunal's refusal to impose the death penalty for the rape and murder of a postgraduate doctor, invoking constitutional imperatives to fortify workplace protections. It advocates for the expeditious enforcement of judicially mandated safety reforms in public healthcare institutions.

[KEYWORDS: Gender-based discrimination, Rape and Murder, Institutional Safety, Violence against Medical professionals, National Task Force]

INTRODUCTION

The RG Kar Medical College case brought to the forefront the pervasive vulnerabilities faced by medical professionals, particularly women, within institutional spaces. This case is a saga of the women empowerment but at the cost of life and dignity. The tragic incident that involves the sexual assault and murder of a trainee doctor, it lays down bare systemic inadequacies in workplace safety, institutional accountability, and gender-sensitive policies. This case has since become a pivotal moment for rethinking workplace protections in healthcare establishments, sparking nationwide protests and demands for reform.

In India, 30,216 rape cases were recorded in 2021, with 11.2% involving women from Scheduled Castes and Tribes (commonly referred to as Dalits). Alarmingly, the number of reported rape cases involving Dalit women and girls saw a staggering 160% increase between 2009 and 2019, averaging ten incidents per day in 2019.¹

The Supreme Court's intervention, by the bench led by Justice D.Y. Chandrachud addressed immediate investigative concerns while also establishing a National Task Force (NTF) to recommend long-term measures for enhancing safety and dignity in healthcare workplaces. The judgment situates the rights of healthcare professionals within the constitutional framework of equality (Article 14), the right to life and dignity (Article 21), and workplace protections under the Sexual Harassment of Women at Workplace Act, 2013. The author believes that this event is a stark reminder of how gendered carelessness still permeates public infrastructure, rather than just an example of institutional breakdown. In the absence of cultural change, the victim's voice was literally and symbolically erased until it was too late, reflecting a systemic decay that cannot be repaired by procedures alone.

FACTS & BACKGROUND OF THE CASE

While grueling on a 36 hour duty shift, a 31 year old postgraduate trainee doctor at RG Kar Medical College and Hospital was found to be brutally and ruthlessly murdered and raped in a seminar room of the hospital. Initial reports suggested suicide and the same was informed to the parents of the victim, however, the delay in allowing the victim's parents to view the body and the belated filing of the first information report (FIR) raised concerns of a cover-up.

Following the incident, widespread protests erupted, led by doctors' associations, students, and civic groups. The agitation highlighted systemic failures in ensuring workplace safety for healthcare professionals, especially women.

¹ *Stronger Laws to Stop Violence against Women in Southeast Asia*, 6 the Lancet Regional Health – Southeast Asia 1 (2022).

This case highlighted major incidents:

In May 2024, two on-duty doctors at a hospital in West Bengal were allegedly attacked by the relatives of a patient who died during treatment.² In a separate incident the same month, in Bihar, a nurse was allegedly pushed off the first floor of a hospital building by a family member after the death of a twenty-five-year-old pregnant patient.³

Further, in August 2024, a final-year resident doctor at a hospital in Hyderabad was allegedly assaulted by attendants of a patient who succumbed to medical complications.⁴

These incidents reflect a deeply troubling rise in violence against healthcare professionals. They not only jeopardize the safety and morale of medical staff but also strain the trust between patients and caregivers. The repeated nature of such attacks underscores the urgent need for stronger legal protections, strict enforcement mechanisms, and widespread public awareness to ensure a safe working environment for healthcare providers.

The protests escalated when a mob vandalized the hospital premises, including the emergency ward, during a demonstration on August 15, 2024. The Indian Medical Association subsequently called for a nationwide withdrawal of non-emergency medical services and a campaign called “Reclaim the Night”.

The Calcutta High Court initially transferred the investigation to the Central Bureau of Investigation (CBI), citing irregularities in the local police's handling of the case. The crime committed on August 9th last year shocked the nation and triggered nation-wide protests demanding Justice and stricter security at workplaces. On August 9th the chief minister M. Banerji had said that if the police were unable to crack the case within a week's time then the investigation will be handed over to the CBI however CBI took over the case way before that. The case was transferred from Kolkata police to a 12 member CBI team on August 13th by the Kolkata High Court which voiced its displeasure over the handling of the case and said there appeared to be no significant progress in the police investigation.

CBI started its interrogation of Sandeep Ghosh in connection with the alleged rape and murder of a junior doctor at the government hospital. The Kolkata High Court ordered the transfer of the probe into the alleged financial irregularities from a state constituted special investigation team to the CBI and asked Sandeep Ghosh to go on a leave. So now the CBI was not only questioning Ghosh with the alleged rape and murder but also the alleged corruption both of which happened when he was the hospital's administrator. The CBI then registered a case of financial irregularities at the RG Kar medical college.

Sanjay Roy, on 4 November 2024, was charged under Sections 64, 66, and 103(1) of the Bharatiya Nyaya Sanhita, 2023. These provisions pertain to the punishment for rape (Section

² Shiv Sahay Singh, “Murshidabad violence: 274 arrested, 60 FIRs lodged”, The Hindu, Apr. 29, 2025 available at <https://www.thehindu.com/news/national/west-bengal/murshidabad-violence-274-arrested-60-firs-lodged/article69461957.ece> (Last visited on April 28, 2025)

³ Kshitiz, “Patient dies, nurse thrown off 1st floor of Bihar nursing home”, The Times of India, Apr. 28, 2025 available at <https://timesofindia.indiatimes.com/city/patna/patient-dies-nurse-thrown-off-1st-floor-of-bihar-nursing-home/articleshow/110478961.cms> (Last visited on April 29, 2025)

⁴ Express News Service, “Hyderabad doctor attacked in hospital by attendants after patient dies”, The Indian Express, May 11, 2023 available at <https://indianexpress.com/article/cities/hyderabad/hyderabad-doctor-attacked-in-hospital-by-attendants-after-patient-dies-8604280/> (Last visited on April 29, 2025)

64⁵), punishment for rape resulting in the victim's death (Section 66⁶), and murder (Section 103(1)⁷).

ISSUES RAISED

1. Whether the existing Protective legislation particularly Sexual Harassment of Women at Workplace Act, 2013⁸ was adequately enforced in healthcare institutions.
2. Whether systemic deficiencies such as the lack of adequate infrastructure and support systems, exacerbated vulnerabilities faced by medical professionals.
3. Whether the state machinery failed to maintain law and order during the protests and vandalism that followed the incident.

JUDGEMENT

Significant debate has been generated by the ruling in the RG Kar Medical College case, which was issued on January 18, 2025. The accused, Sanjay Roy, was found guilty and given a life sentence for the savage rape and killing of a postgraduate trainee physician, age thirty-one. In its 172-page ruling, the court criticized the hospital and college administration for their efforts to hide the occurrence as a "suicide" and called attention to grave errors and dubious behaviour throughout the course of the inquiry. Declaring that "the case does not fall under the rarest of the rare category," the court exercised its discretion and declined to apply the death punishment. This judgement was widely criticized. The author believes that this leniency diminishes the seriousness of the offence and runs the risk of indicating a risky acceptance of gendered violence in ostensibly secure professional settings. To restore public confidence in justice, a case involving a grave breach within a care facility ought to have received the worst penalty feasible. The ruling also provided a thorough action plan for resolving institutional and structural weaknesses in healthcare environments.

The court underlined the pressing need for improved security measures within medical facilities under the first category, which deals with preventing violence against medical staff. It suggested that Intensive Care Units (ICUs) and emergency rooms, which have been designated as high-risk areas because of their emotionally charged atmosphere, should implement extra security measures, such as baggage and personal screening systems at all entrances to stop the entry of dangerous items and weapons. The ruling also recommended the creation of gender-neutral areas with adequate beds, drinking water, and air, as well as specific, gender-segregated rest areas for male and female medical personnel. Furthermore, it was advised to control access to crucial places by utilising cutting-edge technology like biometric and facial recognition systems. For the purpose of conducting regular safety audits, the court recommended that "Employee Safety Committees" be established at each medical facility, including representation from all levels of the workforce. Additionally, the National Accreditation Board for Hospitals and Healthcare Providers (NABH) suggested making institutional safety measures a requirement for certification. The court recommended

⁵ Bharatiya Nyaya Sanhita, 2023, s. 64.

⁶ Bharatiya Nyaya Sanhita, 2023, s. 66.

⁷ Bharatiya Nyaya Sanhita, 2023, s. 103(1).

⁸ Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (Act No. 14 of 2013).

examining the viability of setting up permanent police positions within busy healthcare facilities and called for courses for medical workers on crisis management and good communication in order to further improve safety.

The court ordered that all healthcare facilities, including public and private hospitals and nursing homes, establish Internal Complaints Committees (ICCs) in accordance with the Sexual Harassment of Women at Workplace Act, 2013 in order to establish national protocols for safe and respectable working conditions. It emphasised the establishment of a round-the-clock helpline number dedicated to medical professionals to report cases of sexual harassment or distress, as well as the obligations of the employer under Section 19 of the 2013 Act. Notably, the court expanded the definition of "medical professionals" to encompass nurse staff, including nursing interns, doctors, and other medical support workers, including interns, senior interns, and residents.

➤ Ratio Decidendi of the Judgement

On January 18, 2025, the Sealdah Sessions Court in Kolkata ruled in the RG Kar Medical College rape and murder case, addressing two key issues: the applicability of the "rarest of the rare" doctrine for capital punishment and the institutional duty to ensure the safety, dignity, and equality of female healthcare workers. After five months of deliberation, the Court concluded that, while the crime was terrible, it did not fit the rigorous criteria for the death penalty. Instead, the accused was sentenced to life in prison. The Court emphasized the importance of striking a balance between crime and criminality, taking into account mitigating elements such as the accused's age, capacity for reform, and societal impact. It also advocated for systemic changes to improve workplace safety for women in healthcare.

CHALLENGES IN THE IMPLEMENTATION

The advisory panel of the West Bengal Advisory Committee in its report has stated the following "The advisory paints a paternalistic attitude and reiterates the patriarchal norms by advising the hospital management to avoid scheduling night shifts for women. This measure comes against the backdrop of West Bengal's female worker population ratio, which stands at 26.3 per cent according to the PLFS 2022-23.... Shielding women by confining them to their homes does not address the underlying issues of workplace safety"⁹ The advisory suggesting that hospital management avoid scheduling night shifts for women reflects a paternalistic attitude that inadvertently reinforces patriarchal norms. By imposing such restrictions, the measure implies that women need to be shielded from danger rather than addressing the underlying issues of workplace safety. This approach fails to recognize that the real problem lies in inadequate security measures, unsafe working conditions, and a lack of enforcement of safety protocols, rather than the timing of women's shifts. Instead of protecting women by confining them to their homes or limiting their opportunities, the focus should be on creating a safer, more inclusive work environment.

⁹ Women's Safety in Hospitals: Are the Recent Government Advisories Truly Progressive? available at: <https://www.cppr.in/articles/womens-safety-in-hospitals-are-the-recent-government-advisories-truly-progressive> (last visited on Jan. 15, 2025).

This case vastly points to the lack of comprehensive data on the healthcare workforce, particularly the number of nurses and midwives, which hampers evidence-based policy formulation.

The absence of rigorous accountability mechanisms and effective enforcement of safety standards further complicates the implementation of existing laws and advisories, rendering them ineffective in practice.

Additionally, the logistical challenge of conducting regular audits in diverse hospitals, especially those in rural and remote areas, raises concerns about the feasibility of enforcing uniform safety measures across the country.

ANALYSIS

The Supreme Court's pronouncement constitutes a seminal judicial intervention in fortifying workplace security for medical professionals, particularly women. The verdict's cardinal virtue lies in its holistic approach mandating the establishment of a National Task Force (NTF), promulgating stringent security protocols, and reinforcing constitutional guarantees under Articles 14 and 21. By advocating for gender-segregated resting spaces, biometric access control, and the institutionalization of Employee Safety Committees, the ruling underscores a resolute commitment to safeguarding the dignity and security of healthcare personnel. Nevertheless, the jurisprudential triumph is tempered by systemic lacunae in enforcement, notably the ineffectual implementation of the Sexual Harassment of Women at Workplace Act, 2013. It is the author's belief that unless enforcement is monitored through judicial or independent oversight mechanisms, these guidelines may remain symbolic rather than transformative. Mere formulation without institutional accountability could render this ruling yet another progressive pronouncement with little ground-level effect. The advisory dissuading women from undertaking night shifts evinces a regressive, patriarchal mind-set that circumvents rather than rectifies the intrinsic vulnerabilities of institutional settings. The case illuminates the exigency for a paradigm shift from reactionary measures to preemptive institutional fortification, necessitating unwavering political resolve, rigorous oversight mechanisms, and the dismantling of entrenched gender biases. While the ruling delineates an imperative blueprint for reform, its tangible impact remains contingent upon the alacrity with which these judicial mandates are translated into substantive, enforceable safeguards for medical professionals across the nation.

Sanjay Roy's life sentence for the rape and killing of a doctor from R.G. Kar presents serious legal and social problems. The decision of the hon'ble Supreme Court to not designate the case as "rarest of the rare" and, therefore, not apply the death penalty, is a topic of debate. The phrase comes from the Supreme Court's decision in Bachan Singh v. State of Punjab (1980)¹⁰, which stated that only extremely heinous crimes that shock society should be punished with the death penalty. In cases like Dhananjay Chatterjee (1990)¹¹ and Nirbhaya (2012)¹², factors like extreme brutality, premeditation, and the victim's helplessness are important factors to take into account. Although the doctor's rape and murder was horrific, the court likely found mitigating circumstances such as the absence of extreme barbarity, lack of premeditation, and

¹⁰ Bachan Singh v. State of Punjab, (1980) 2 SCC 684.

¹¹ Dhananjay Chatterjee v. State of West Bengal, (1994) SCC (3) 90.

¹² Mukesh v. State (NCT of Delhi), (2017) 6 SCC 1.

potential for rehabilitation against imposing the death penalty. Still, given how severely the doctor was raped and that she is a life-saver, the writers believe that the death penalty should have been the proper punishment. A woman who gave birth was slain. Additionally, the destruction of evidence demonstrates the lack of security that women experience throughout their lives, among other things. The deterrence principle remains critical: if criminals believe they can avoid the ultimate punishment, it may weaken the law's deterrent effect. Although doctrinally sound, the author believes that the decision to forgo the death penalty in this instance falls short of the changing social desire for more effective deterrent against gender-based offences. This incident took place at a reputable public healthcare facility, as opposed to secluded private settings. Given the enormous symbolic harm inflicted, the penalty ought to have been commensurate with the seriousness of the infraction.

While the Court's decision to inflict life imprisonment was valid, it provoked widespread popular dissatisfaction. Many argued that the ferocity of the crime, done within a therapeutic hospital, justified the death penalty as a harsher deterrence. Though the Court followed precedent to prevent judicial overreach, it may have wasted an opportunity to broaden the "rarest of the rare" concept in response to changing cultural norms around gender-based violence. Furthermore, while the judgement advocated for systemic improvements, it lacked specific orders to compel urgent institutional action, leaving implementation to administrative discretion. Thus, the decision is principled yet socially conservative, emphasising the contradiction between legal logic and popular feeling.

CONCLUSION

The RG Kar Medical College case exposed long-standing structural flaws in healthcare organisations, including shortcomings in fostering an atmosphere that genuinely values the safety and dignity of its employees, particularly women, as well as shortcomings in physical security measures. The institution's reactive rather than preventive response to danger signs and complaints was a major error that demonstrated a wider indifference to workplace violence and harassment. The author feels that in these situations, administrative bravery and social reflection are just as important as judicial articulation in paving the way for real justice. Tragic case files will continue to be read in place of safety reform reports until institutional inertia is firmly broken.

The tragedy could have been prevented with the implementation of strict, open grievance procedures, proactive safety audits, and gender-sensitization programs. Furthermore, institutional and political leadership lost important chances to show that wrongdoing is not tolerated, which allowed a culture in which systemic flaws went unchecked. Immediate and visible corrective actions such as suspending negligent officials, strengthening internal committees under POSH Act guidelines, and setting strict timelines for resolution could have instilled greater confidence and deterrence.

In the future, healthcare organisations must consider safety a moral and constitutional need rather than an administrative afterthought. This calls for a multifaceted reform that includes independent audits of workplace safety standards, legally binding accountability structures, ongoing training initiatives, and a change in organisational culture towards survivor-centric solutions. While the Supreme Court's ruling sparks a crucial discussion, institutions must actively protect each healthcare worker's rights, dignity, and safety to guarantee that no professional may fear violence or discrimination for doing their duties. Only then can true

justice be realised. Any advancement will remain flimsy and superficial in the absence of such profound and immediate adjustments.