

## A Critical Analysis Of Legal Framework For Cancer Control In India

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<b>KEYWORDS</b> <i>Cancer- Legal- Judiciary- Public Health- Legislature..</i> . . .	<b>ABSTRACT</b> <p>Cancer poses a grave threat to public health all over the world, especially in India. In this context, the importance of a solid legal framework to support the public health approach towards the control of the disease is of utmost importance. This paper is intended to be a constructive critique of the current legal framework for the control of cancer in India, its positive aspects, negative aspects, and the possible enhancements that could be made to the framework. Understanding the efforts of the legislator in the control of cancer in India in particular in its prevention, early detection, treatment, and terminal care, constitutes the starting point of this analysis. It attempts to measure the statute's cohesion and completeness, especially those of the government's Cancer Prevention and Control Programs.</p> <p>Moreover, it seeks to explain the interrelationships of the legal instruments that govern the socio-economic aspects of the healthcare system and of the essential services of cancer treatment. It assesses the sufficiency of the protective legal measures aimed at the socio-economic disadvantaged public's access to cancer care services, and the general protective legal measures aimed at the public's health from carcinogenic risks. It goes on to measure the sufficiency of the legal instruments aimed at the socio-economic disadvantaged public's access to cancer care services, and the general protective legal measures aimed at the public's health from carcinogenic risks. It seeks to evaluate the adequate alignment of the legal framework with world cancer control treaties and the guiding framework, and the equilibrium in the distribution of the power to control cancer, particularly in the landmark rulings and the resultant laws governing cancer control.</p> <p>The primary focus is to promote a holistic method of addressing cancer control with the aim of merging the legal, medical, and socio-economic aspects to alleviate the impact of the disease in a more efficient and effective manner. It requires collaboration of the policymakers, the health care system, the civil society, and the court system to be able to reinforce the legal line and move cancer control in India to the next level..</p> <p>..</p>
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### 1. INTRODUCTION

There is a growing threat to global health, rising consistently across the world. Human health is continually battered by the rise of cancer, which is a growing threat to global health. Changes in lifestyle, degrading environments, and inadequate healthcare systems create a burden of cancer that is particularly troubling in India. It is to these public health Indian cancer control legal frameworks that the country is trying to address the problem.

That said, the legal frameworks in question do implement of cancer control are in some cases a little dubious. From the perspective of Indian law cancer control framework, it is complex, and a little dubious and it requires the attention of across the legal systems of the world, with a view to problem-solving. This is why a legal framework to control cancer is a multidisciplinary engaged system. This paper seeks to identify some of the gaps in a legal system, which attempts to contain



cancer.

This critical analysis aims to stimulate discussion on the potential challenges to the nadir of policy to begin the discussion on the need for collective action for the improvement of the legal instruments of cancer control in India. In identifying the loss of potential, proposing an answer, and defending a plan of action, this analysis hopes to assist in the struggle to lessen the impact of cancer on the life of the average Indian citizen. The multi-dimensional impact of cancer on society makes the disease a marker for what the health field has to provide a set of effective and comprehensive legal instruments. This paper aims to begin the analysis of cancer control in India by attempting to identify, answer, and advocate within a legal framework for some of the problems to provide health benefits for the population. This paper reviews the cancer control framework and examines legislation, policy, and implementation of policy to assess whether the country has effective legal cancer control. The paper also examines the intersections of the various legal provisions within the socio-economic and health in the community areas of health care, treatment cost, and education to determine the potential gaps in the control of cancer. The integration of a socio-economic perspective within a legal analysis of the control of cancer in India aims to assist in controlling the disease within the country.

As the constitution developed in the country, so did the laws governing the treatment of cancer in the country. The phenomenon of cancer, along with its treatment as part of the social, legal, and legislative aspects of the country, has undergone significant changes. The treatment and legal response to cancer in India began to change as the laws of the country changed as follows.

1. **Before the British Raj:** The British Raj had not introduced legislation on cancer in India. The legislation of the British Raj in India, which was a kind of administrative public health legislation, did not address Cancer.
2. **Indian Independence:** After India gained independence, the legislation in health in the country began to focus on public health. The focus was, however, general. Definite legislation and policies on cancer were still not present.
3. **Institutions:** The first cancer treatment and research in India was the Tata Memorial Hospital, established in Mumbai in 1941. The institution shaped the approach of the country towards cancer control.
4. **National Programme:** The 1970s and 1980s, are most notable for the promulgation of a number of National Cancer Control Programme by the government of India. Cancer control education and a variety of services were provided as the legislation offered. Control services offered were the prevention, detection, diagnosis, treatment, and palliative care of cancer. The legislation therefore offered control programs.
5. **Tobacco Control Legislation:** India has implemented a number of acts to control the consumption of tobacco, which is a leading cause to the development of numerous cancers. In 2003, the Cigarettes and Other Tobacco Products Act (COTPA) was instituted to make smoking in public prohibited, control advertising of tobacco and regulate health warnings on tobacco products.
6. **Cancer Research Funding:** The Indian government also increased funding towards cancer research to the Indian Council of Medical Research (ICMR) and the Department of Biotechnology (DBT). These financing benefitted primary and clinical research in the field of oncology.
7. **National Cancer Control Policy:** In 2017, the Indian government approved the National Cancer Control Policy which hopes to decrease the incidence and mortality of cancers by focus on prevention, early detection and treatment, along with palliative care. The policy describes the importance of multi-sectoral collaborations and Civic Engagement for cancer control.
8. **Access to Cancer Treatment:** There have been initiatives to improve access to cancer treatment and care, especially with underserved communities. This includes the initiatives to increase the number of cancer treatment centers, the provision of subsidized or free treatment to economically disadvantaged patients, and the advocacy of generic drugs for cancer treatment to improve affordability.
9. **Regulation of Cancer Drugs and Therapies:** Cancer drugs and therapies in India are regulated for safety assurance, efficacy and quality. The Central Drugs Standard Control Organization (CDSCO) is responsible for the approval and regulation of all drugs, including those used for cancer.

## 2. EPIDEMIOLOGY OF CANCER IN INDIA

Cancer is a major global public health challenge, and this is especially true for India. The epidemiology of cancer in India is shaped by the intersection of several demographic, environmental, lifestyle and genetic features. The country is undergoing unprecedented social and economic changes, and the cancer epidemiology is changing as a consequence, requiring further study to understand how the results can be employed to improve risk mitigation, early intervention and treatment.

Incidence and Prevalence:

Oncologists from the Indian Council of Medical Research (ICMR) predict there will be approximately 13.9 lakh new cancer cases every year in India, with an increase to 15.7 lakh by 2025. In India, age-standardized incidence rate (ASR) is region,



and population, specific. For example, there is a ASR (higher) in urban than rural settings. This is due to lifestyle (smoking, physical inactivity and diet) and other factors.

#### Common Types of Cancer:

India is home to many different types of cancer, many of which are common, and some are extremely so. Most common are breast, cervical, oral, lung and gastrointestinal. These cancer types are more common in some regions due to the differing risk factor profile and the availability of cancer epidemiology and health care.

#### Risk Factors:

The cancer burden in India can be attributed to many reasons. One of the leading preventable causes of cancer is the use of tobacco in any form including smoking. This is the leading cause of many oral and lung cancers. More obesity, poor diet, and lack of physical activity combined with greater environmental exposures and other pollutants increase the risks associated with cancer. Also, other infections which are disproportionate to some stomach and cervical cancers such as *Helicobacter pylori* for stomach cancer and Human papillomavirus (HPV) also have significant risks.

#### Challenges in Cancer Control:

India is also improving in many areas, but still, many new challenges are developing for the effectiveness of the cancers. There is poor access through the healthcare system, for all socioeconomic strata, and in rural and remote areas to early and peak stage cancer diagnosis, treatment, and palliative care, leading to a lack of diagnosis, and late stage palliative care.

These reasons combine to create a situation in India where the care of the problem is of high order, with no available means to tackle the problem in a straightforward manner. Public risk control, tobacco cessation initiatives, palliative care, vaccination to prevent (malignancies caused by) HPV, and vigorous oral screening for other common cancers are the most effective in preventing and controlling cancer in a wide civil population.

Moreover, strengthening the healthcare system, improving access to diagnostic tools, and finding ways to make different forms of treatment for cancer financially accessible, are all necessary steps to take. There needs to be a partnership between state actors, healthcare workers, NGOs and the private sector. Only then will there be an effective way to control the disease and the related risk factors.

Like all places, India has a set of tools to control disease and improve the health of the people. The way cancer affects people the most can be made better by decreasing the risk factors, and making treatment available and healthcare accessible. There needs to be a sustained Cancer control Advocacy, and mobilization of resources/ funding, so that the tools can be used to the fullest.

### 3. LEGAL FRAMEWORK FOR CANCER CONTROL IN INDIA

Cancer is one of the most serious threats to humanity, and is therefore a global (and domestic) public health issue, including the Indian subcontinent. Because of the country's vast and varied population and disparate socioeconomic conditions, India has particular challenges in the battle against this disease. Addressing this challenge, India needs solid legislation relating to the prevention, diagnosis and treatment (and palliative care) of cancer. This article discusses India's legal framework governing the control of cancer and examines some of the most significant laws and policies that attempt to reduce the societal impact of cancer.

#### The Constitution of India: Right to Health

The Constitution of India recognizes as justiciable social, economic and political (collectively termed as interrelated) justice and as integral to the right to life and personal liberty, enshrined in article 21. The courts have held that this right to life and personal liberty, including the right to health and medical care, as one of the most fundamental of constitutional rights. This constitutional provision is the foundation of the cancer control legislation in India.

#### The Cancer Control Policy: A Multifaceted Approach

In India, fighting cancer using multiple policies and programs has now become the norm for the government. Therefore, the National Cancer Control Programme (NCCP) initiated in 1975 aimed at the reduction of the incidence and mortality rate, while also having a positive impact on the overall quality of the patient's life. Then, in 2010, the National Cancer Control Program dealt with the multiple angles of the scope of cancer such as prevention, early detection, diagnosis, treatment, rehabilitation and palliative care as a continued effort.

#### Tobacco Control Laws: Combating a Major Risk Factor

Tobacco use is highly responsible for the high incidence of cancer in India. The government, therefore, outlined Control Tobacco Laws which have severe legal ramifications such as The Cigarettes and Other Tobacco Products Act (COTPA) in 2003. COTPA defends legal smoking in public, advertising tobacco products and selling tobacco products to minors. Tobacco products are also legally defended to have 85% of the packaging covered with health hazard statements such as tobacco use is dangerous to the public.



### **Regulation of Carcinogens and Hazardous Substances**

Regulation of the use of carcinogens and other hazardous substances falls under the Hazardous Substances Management Division of the Ministry of Environment, Forest and Climate Change. The Hazardous Chemicals (Manufacture, Storage and Import) Rules, 1989, and the Chemical Accidents (Emergency Planning, Preparedness and Response) Rules, 1996, protect cancer-related occupational and environmental risks by providing direction on the management of hazardous chemicals and their safe disposal.

### **Intellectual Property Laws and Drug Regulation**

The importance of access to cancer treatment cannot be overstated. Provisions for compulsory licensing, included in India's patent law, the Patents Act of 1970, allow the government to authorize generic producers to manufacture and market drugs (including those that are patent protected) at affordable prices. The regulation of anticancer drugs, and other drugs, within the scope of the Drugs and Cosmetics Act of 1940 and the Drugs and Cosmetics Rules of 1945, respectively, is to ensure that their manufacture, sale and distribution are undertaken in a manner that safeguards public health through the protection of the drugs' quality, safety and efficacy.

### **\*\*The Importance of Non-Governmental Organizations (NGOs) and Civil Society\*\***

The Advocacy, awareness, and patient support services offered by non-governmental organizations and civil society support and complement government activities in cancer control. They fill in the service delivery gaps and lessen the impact of cancer in India.

A lot of progress has been made, but there are still gaps in India's legal provisions for cancer control. Some of the gaps include the unavailability of services for early detection and screening, poor health care system, and severe socioeconomic inequity and cultural barriers that discourage people from seeking medical care. These gaps require concerted efforts, although an improvement in health care and social inequities would greatly lessen the need for the other various efforts to fill the gaps.

### **Preventative Actions:**

There are a number of activities that have been instituted by the government of India to encourage cancer control, including the National Cancer Control Programme (NCCP) and National Tobacco Control Programme (NTCP). These activities are backed by the Cigarettes and other Tobacco products Act (COTPA) legislation that controls the production, advertisement, sale, and use of tobacco products.

### **Regulatory Framework Concerning Health Facilities:**

The laws relating to the establishment and operation of health facilities to some extent determine the degree or level of accessibility of quality cancer care. Clinical Establishments (Registration and Regulation) Act 2010 is created to uniform the quality of health care services and to improve the quality of health care, including cancer care.

### **Availability of Medicines:**

Accessibility and affordability of fundamental cancer drugs is a precondition to accessibility to cancer treatment. Legislative framework concerning drugs in India, inclusive of the Drugs and Cosmetics Act, 1940 and the Drug Price Control Orders (DPCO), attempts to manage the production, supply, and pricing of drugs and for that matter, includes cancer drugs.

### **Intellectual Property Rights (IPRs):**

The access to affordable cancer drugs is a direct consequence of intellectual property rights, in particular, patent laws. India's Patents Act, 1970, amended in 2005, which provides for compulsory licensing and parallel importation, is a predicator to access to affordable patented cancer drugs.

### **Palliative Care:**

Cancer pretends a considerable loss to the patients, families, and society, advanced cancer palliative care aims to reduce the suffering of the patients and families and improve the quality of life. The purpose of the NDPS Act 1985 is to regulate the availability and use of opioid analgesics required in the palliative care services to control pain.

The future requires a multi-layered approach to bolster the legal framework regarding cancer control in India. Prioritizing preventive measures, particularly tobacco control legislation is a top priority as is easing detection and treatment, improving diagnostic services, and addressing the range of cancer services to include palliative services. It is essential to the target collaboration between the state, civil society, medical and social services, and the general populace to bear the burden of cancer and optimize the quality of life of cancer affected and their families. While the legal framework for cancer control in India poses a foundational element for an integrated response, it will require a combination of sustained creative effort to tackle the myriad of secondary catering to the disease and meet the constitutional obligation for the right to health for the entire population.



The presence of healthcare policies and legal provisions is inadequate to improve the challenges at the intersection of cancer care, law, and healthcare delivery:

**Accessibility:** All regions of the country are affected by the gaps in the health care system. Rural areas and the underserved population of an area are the most impacted by unequal access to cancer care. There is a significant shortage of diagnostic and treatment resources as well as healthcare personnel. These gaps in the healthcare system create delays in the diagnosis and treatment of a patient, creating a domino effect in the care of the patient.

**Out-of-Pocket Costs:** Lack of financial resources makes the cost of cancer treatment one of the most considerable barriers to care for many patients suffering from this illness. The range of expenses for cancer treatments from diagnostic testing to out of pocket expenses for medication (i.e., chemotherapy and radiation) and surgery can lead to financial distress and serve as a barrier for patients to seek timely and appropriate treatment. **Quality of Care:** The evidence-based and standardized level of cancer care treatment varied at disparate healthcare facilities and locations. Gaps in the care systems and under training of treatment guideline managers leads to weakened quality of care and patient suffering from poorer outcomes from cancer.

**Legal and Regulatory Compliance:** Although there are laws that serve to regulate healthcare and safeguard patients there are often gaps in supervision or enforcement of laws and this can lead to noncompliance. Lack of registered health care facilities, lost counterfeit medications, and unprincipled health care pose harm to patients in this sector.

**Opportunities for Improvement:** The intersection of cancer care and legal provisions in the health care system as in many complex health care issues must be approached from multiple perspectives:

**Strengthening Health Care Structures:** The development of health care facilities and services for cancer care in neglected regions and countries helps to remove barriers to obtaining health care services in the forms of timely and appropriate cancer diagnosis and treatment.

**Enhanced Affordability:** It is important to ease the financial strain of cancer care through subsidized treatment plans, better coverage from health insurances, and the regulation of drug prices, in order to make care more accessible to patients.

**Quality Assurance:** The standardization of cancer care practices through the introduction of accreditation standards, clinical audits, continuous medical education, and the implementation of other quality assurance mechanisms can contribute to better outcomes from the treatment of cancer.

**Strengthening Regulatory Oversight:** The strengthening of regulatory and enforcement mechanisms to monitor the legal provisions which ensure the safety of the patient and address the issues of malpractice and misconduct is fundamental.

In India, the legal provisions, and the intersecting of those provisions with the delivery of health care, shape the contours of cancer care. The barriers and the potential for improvement that lie within the provisions for care in the system should allow for the provision of care to patients in a way that is equitable and accessible, and within a system that promotes quality in care delivery, while maintaining the legal rights and dignity of the patients.

India has multiple laws and policies in place regarding various aspects of cancer control. These include the Tobacco Control Act of 2003, which restricts the use of a carcinogenic product. Also, the Clinical Establishments (Registration and Regulation) Act of 2010 and the Drugs and Cosmetics Act of 1940, which control the health facilities and the drugs needed for the treatment and the diagnosis of cancer. Additionally, the National Programme for the Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) and other government initiatives provide inclusive cancer control programs.

#### **Strengths:**

1. With a unique intervention in cancer control legislation, there is a focus on prevention, detection, monitoring, treatment, and end-of-life care.
2. Through the Tobacco Advertising, Promotion and Sponsorship Control Act, there are restrictions on the advertising, promoting, and selling of tobacco which is a positive step in tobacco control.
3. With the NPCDCS programs there is a growing focus by the government on improving the cancer care psychosocial and economic infrastructure, public awareness, and early detection.

#### **Weaknesses:**

1. While there are laws on the books, law enforcement is non-existent, in part due to a lack of resources and infrastructure, and low public awareness.
2. There is a lack of cancer care and a growing disparity in the availability of healthcare services in rural regions.
3. Legislation that addresses the end-of-life care of cancer patients is sorely lacking.

#### **Areas for Improvement:**

1. There needs to be laws on the books that promote positive cancer control and prevention that are accompanied by fair and unescapable penalties for non-compliance.





2. There is a growing need for healthcare wide in rural regions that will open healthcare doors and increase availability to cancer diagnostic and treatment services.

3. The legislation ought to provide for the services of end-of-life care, to ensure no cancer care is done on a selective basis.

Even though India has created a legal strategy for battling cancer, there are still obstacles that need to be dealt with. Improving the country's cancer control is a multi-faceted issue that will need enforcement of legal control, concerns over inequitable access to cancer control, legal control of dying, and the need for palliative care. It will take the efforts of policymakers, and health care providers, as well as members of civil society for a community to achieve cancer control in India.

#### 4. ROLE OF THE JUDICIARY IN CANCER CONTROL

The Indian judiciary has triaged cancer control issues and exercised legal interpretative and law enforcement issues and issues. The right to health and health care services including treatment and care for cancer and other health issues is also protected. The right to health is on the face of India's Constitution and implicit in the right to life enshrined under Article 21 of the Constitution of India.

The Indian courts have, in a number of important decisions, highlighted the cancer care obligations of the state in the context of the underprivileged and the economically weaker section. One among the landmark decisions, Paschim Banga Khet Mazdoor Samity & Others v. State of West Bengal & Others, the Supreme Court restated the obligation of the state to offer free treatment, including cancer treatment, to economically poor and cancer afflicted workers as a right.

Judicial interventions have also been aimed at the regulation of certain activities associated with the risk of the disease for the protection of the public. One example of the regulation of activities that are associated with the disease is the regulation of the sale of products that contain tobacco which is one of the most important of the products that cause the disease. The courts have supported the introduction of pictorial health warnings on tobacco products and the enactment of laws that control the sale of tobacco products with the aim of reducing the deaths that are caused by the disease.

In addition, the courts have considered the control of the environment ie the control of the elements that cause the environment to deteriorate and the control of hazardous waste and the control of the safety of work activities in the industrial sector, all of which are directed to the control of the environment and the control of the elements of the environment that cause cancer. The courts have intervened in the control of the activities of industrial pollution and the degradation of the environment to control the public health of the population at risk of cancer and to control the formation of clusters of cancer by ordering the industries to obey the rules of control of pollution and to pay damages to the affected people.

Even with the great improvements that have been achieved in the judicial approach to the control of cancer in India, there are still major problems that need to be solved. Examples of some of the problems that need to be solved are scarcity of knowledge on the part of the judges about the integration of the law with the health care system of control of cancer, scarcity of facilities and backlog of cases. Furthermore the cancer control laws and policies are still not being fully implemented at the bottom levels of the control of cancer.

The implementation of cancer control measures would benefit from the collaboration of the judiciary with health care workers, civil society organizations, policy makers, and the public. The judiciary's response to cancer control can be enhanced through the implementation of initiatives designed to provide training to judges regarding the legal and medical aspects of cancer, accessibility of justice systems to cancer patients, and cancer related dispute resolution tribunals or courts.

The control of cancer from the judicial point of view in India also emphasizes the public health responsibilities of the judiciary, to include the promotion of access to health care, and the socio- economic aspects of cancer in its control. The judiciary has also sought to protect the rights of the cancer patients and the judiciary's cancer control legal responsibilities, while also holding relevant actors accountable in the control of cancer within the country. The unrelenting challenges of the country demand new initiatives in the legal system along with the other components in a balanced cancer control effort.

In India, landmark judicial decisions pertaining to cancer control have had a far-reaching impact on the country's Public Health Policy. These decisions engage such diverse issues including: right to health, access to affordable care, control of tobacco, environmental degradation, pollution and downstream health impacts. Selected landmark decisions include: \n \n1. Public Health Foundation of India v. Union of India (2018): Here, the Supreme Court of India ordered the State to introduce and implement enhanced health warning labels and images on tobacco product packages. The Court prioritized tobacco control to mitigate cancer and other tobacco-related issues.' \n \n2. Vishal Khanna v. State of Uttar Pradesh (2018): This case underscored the need for enforcement of legislation that restrict the sale of tobacco and tobacco products within the proximity of \n \neducational zones. The Court prioritized the protection of the child/youth from tobacco promotion and marketing. \n \n3. Aruna Rodrigues v. Union of India (2007): Even though it did not directly engage cancer control, this case challenged the approval and the commercialization of Genetically Modified (GM) crops in India. The Court's decision to impose a temporary ban on GM crops until adequate scientific research is done on the matter remains highly relevant in the fight against cancer, especially through the control of the use of pesticides.'



4. *Indian Council of Medical Research v. Union of India* (2012): This case emphasised the need to regulate asbestos use in India. The court ordered the government to impose safety measures to protect the public and workers from asbestos related disease, including cancer.

5. *Laxmi Mandal v. Deen Dayal Harinagar Hospital* (2010): This case focused on medical negligence in cancer treatment. The court affords patients the right to equitable attention and treatment, which includes the other rights.

These are some of the notable cases and the impact of the Indian judiciary in the domain of cancer control defending different spheres of factors responsible for the disease and its consequences. The rulings protect public health and individual rights which are fundamental in the multifunctional aspect of the cancer control.

In India, a few legal cases have shaped the way the nation views and addresses cancer control policies and related healthcare practices. Here are a few cases.

1. *Aruna Ramchandra Shanbaug vs. Union of India* (2011): This was a significant case as it tackled the issue of euthanasia. Aruna Shanbaug was a nurse who had been in a comatose state for over 37 years following a brutal sexual assault. The Indian Supreme Court had to consider whether passive euthanasia (removal of the life-support system) could be legalized as a practice in India. The court did not, however, give Aruna Shanbaug euthanasia, but permitted the passive euthanasia process under strict conditions, which eventually shaped how end-of-life care for terminally ill cancer patients is handled.

2. *Gujarat Cancer Society vs. State of Gujarat* (2004): In this case, Gujarat High Court was concerned with the issue of affordability of cancer treatment. The state of Gujarat had been challenged by the Gujarat Cancer Society in the High Court for the Government's decision to control the pricing of drugs used to treat cancer, arguing that it would negatively impact the operations of cancer hospitals. However, the court defended the government's authority to control the pricing of drugs and upheld the Government's decision, not to allow cancer patients in the country to be denied the right to cancer treatment.

3. *Indian Association of People's Lawyers vs. Union of India* (2017): This case pertained to the prohibition of tobacco products in and around educational facilities. The law clinics of the Indian Association of People's Lawyers filed a case to defend the law that restricts the sale of tobacco products within 100 yards of educational institutions so that children cannot participate in tobacco marketing and consumption. The supreme court directed the government to implement a tobacco control policy as it regulates the marketing of tobacco products and is necessary to control cancer and other diseases.

4. *Novartis vs. Union of India* (2013): This is a very important case that concerned Novartis' application for a patent for the cancer drug Glivec (Imatinib Mesylate). The patent application of Novartis was refused by the Indian patent office based on Section 3(d) of the Indian Patents Act, which states approval of patents will not be granted for minutely altered drugs. This decision was disputed by Novartis, which led to a prolonged legal battle reaching the supreme court of India. On 2013, The supreme court of India supported the decision of the patent office, thus reaffirming the policy of India that regulates the pharmaceutical patent in order to allow the citizens to gain access to essential medicines.

5. *Ashok Kumar Johari vs State of Gujarat* (2014): In this instance, the petitioner objected to the disproportionately high prices of certain cancer medications, especially those that are patented, which are thus unaffordable to a segment of the patient population. The petitioner contended that these excessively high prices are a violation of the fundamental right to health enshrined under the Constitution of India, Article 21. The Gujarat High Court ordered the state government to take all appropriate measures to ensure the affordable availability of cancer medications and to look into the other viable alternatives to obtain a license, and to take all other measures to enhance the provision of necessary medicines and their access to the people.

6. *Tata Memorial Centre vs Union of India*- which concerned the accessibility and the costs related to the treatment of cancer. In this case, the Supreme Court directed that the government is to see to it that there is availability and reasonable pricing of the essential cancer drugs, and that there is adequate public treatment of all cancer patients regardless of their economic status.

These cases are only a limited representation of the instances wherein the judiciary has had a role in modifying the regulatory design of cancer control in India, and has had a considerable impact on the policies of healthcare, the accessibility of treatment, and the public health initiatives.

## 5. PROMOTING CANCER AWARENESS AND EDUCATION IN INDIA

Several factors play a role in the increase incidence and mortality rates from cancer in India including changing lifestyles and eating habits, growing environmental pollution, tobacco use, and unavailability of adequate health services. The Indian Council of Medical Research (ICMR) predicts cancer cases in the country will increase yearly to 2.5 million by the year 2040. In India, a large portion of cancer cases are diagnosed late, which increases treatment costs, and leads to worse health outcomes.

Education and Awareness in the Control of Cancer: Education and awareness in the control of cancer are essential. Knowledge of the risk factors, symptoms, and the different methods of screening and treatment of cancer, and their possible



outcomes will enable individuals to make sick health and well health decisions. In addition, awareness of cancer will remove the stigma of cancer, which leads to more initial and prompt treatment.

**Promoting Healthy Lifestyles:** Risk of developing certain types of cancer can be mitigated through the prevention of certain healthy lifestyle habits. Campaigns designed to educate individuals regarding the health benefits associated with maintaining a healthy diet, regular exercise, abstention from tobacco and excessive alcohol consumption, and practicing sun safety can positively impact the health of individuals. The information can be disseminated on a community level through workshops, seminars, and health fairs.

**Early Detection Saves Lives:** The impact of cancer can be reduced through the timely diagnosis of the disease. The general population can be empowered to diagnose certain common cancers, namely, breast, cervical, oral, and colorectal cancer, by educating them on the signs and symptoms. The importance of regular cancer screening tests, e.g. mammograms, Pap smears, and colonoscopy can also be advocated to enhance timely diagnosis and improve the outcome of the disease.

**Access to Affordable Healthcare Services for Cancer Treatment and Prevention:** Affordable and quality healthcare services access adds all the more to effective management and treatment of the malignant disease. Improving the healthcare system accessibility cancer screening increases and the strengthening of primary healthcare may also constitute more of a primary care focus. Furthermore, initiatives that aim to diminish the financial care burden of cancer, as the health insurance schemes offered and treatment subsidization, may improve access among the underserved.

**Embracing Innovation and Technology:** Advancements in technology and innovation impact positively on the education and awareness of cancer. Virtual support to patients and caregivers and remote healthcare consultations can be offered through Digital tools like mobile applications, and telemedicine along with disseminating awareness and education. The use of artificial intelligence and data analytics can also be effective in the early detection and customized treatment planning, as well as monitoring of cancer within the population.

**Collective Partnerships:** Tackling cancer requires tailored approaches and collaborative action across sectors. Comprehensive cancer control actions, strategies, and resource allocation can be derived from the collaboration of government, non-profit institutions, healthcare, education, industry, and civil society. Collaboration allows to share knowledge and expertise while streamlining resource allocation, which in turn multiplied impact through strategic evidence-based interventions that address the need for flexibility in targeting heterogeneous, underserved populations. Access to Quality Healthcare Services

Promoting cancer awareness and education is not just a health care requirement, but also a responsibility to protect and preserve the state of awareness and well-being of the public. With the knowledge of healthy living, the benefits of early and prompt treatment, the coupled with improved health care services and the appropriate use of technology and innovative resources, and the formation of cooperative relations, most of the factors contributing to the burden of cancer in India can be addressed. Let us work together to whip the scourge of cancer and work toward a state of affairs in which healthy and productive living will be a possibility for all people.

To promote cancer awareness and education the following can be considered:

1. **Community Outreach Programs:** Keeping in mind the diversity and cultural characteristics of people, educated community members should be given the tools to create and teach cancer awareness prevention and early detection curricula in Health Outreach Camps educational settings in their geographical location.
2. **School-based Education:** Starting cancer awareness education early in school curricula should help keep students healthy and help them educate themselves to live healthily. School children should be educated about the importance of healthy lifestyle choices and regular health screening initiatives to empower them to live healthy
3. **Media and Communication:** Leveraging mass media such as television, radio, print, and social media can broaden the dissemination of key cancer awareness messages. Information can be used through the developed public service announcements, infographics, testimonials and survivor stories. These can be used to promote changes in behaviors through effective information dissemination.
4. **Collaborative Partnerships:** Collaborations involving government agencies and non-profit organisations, and together with healthcare providers, academia, industry, and civil society, is necessary to establish all-encompassing cancer control initiatives. By merging available resources, expertise, and contacts, the stakeholders, should, through the use of evidence, be able to tackle some of the multifactorial aspects of cancer.
5. **Empowering Healthcare Professionals:** Training and educational opportunities should be provided to healthcare professionals including physicians, nurses, and community health workers in order to make improvements in cancer awareness and the initiatives around early diagnosis. Healthcare professionals are, most of the time, the most reliable and trustworthy source of information, and play an important role in their advocacy for primary prevention and prompt diagnosis to be sought.

## 6. CONCLUSION





Legal Policy on Cancer Control in India: The Policy Plan: Prevention, early detection, treatment, and palliative care are all parts of the Cancer Control System in India. The Policy Plan encompasses all the laws, policies, and programs aimed at integrating and streamlining the control of Cancer in India. The India cancer control legal policies include borders of country and its states and address the issue of ever-increasing burden of cancer at country level.

1.1. National Cancer Control Program: The National Cancer Control Program, NCCP in India was first initiated in the year 1975 and subsequently revised and expanded. The primary objective of the program includes cancer awareness, provision of education on and screening for the disease, early stage and detection of cancer, and on improving access to treatment, and palliative care, services. It functions under the Ministry of Health and Family Welfare.

1.2. Tobacco Control Laws: India has enacted strong tobacco control laws, including the Cigarettes and Other Tobacco Products Act (COTPA) of 2003. COTPA has guidelines on the production, sale, distribution of, and advertising tobacco products. It has provisions that include smoke-free public places, tobacco advertising bans, and pictorial warnings on the packaging of tobacco products. The purpose of these laws is to reduce the consumption of tobacco, which is a primary risk factor for numerous types of Cancer.

3. Regulation of Carcinogens. The government has limited the use of certain carcinogens within the industry via legislation such as the Factories Act of 1948, the Environmental Protection Act of 1986, among other legislation that seeks to reduce the risk of occupational and environmental carcinogens and hence the risk of cancer.

4. Accessibility to Cancer Treatment. The Indian government has taken actions to improve accessibility to cancer treatment through the creation of regional cancer centers and district cancer centers (RCC \ DCC) across the country. The centers offer various cancer care services and rehabilitation services such as diagnosing, treating, and providing other services necessary to recover from cancer.

5. Palliative Care Legislation. India has recognized the value of Palliative Care (PC) for cancer patients and has formulated and implemented policies to encourage the provision of such services for cancer patients. The Narcotic Drugs and Psychotropic Substances (NDPS) Act of 1985 was amended in 2014 to ease the prescription of opioid analgesics for pain management.

6. Public Health Policies. Numerous Public Health policies and programs integrate the prevention and control of cancer within their other Health frameworks. For example, in the National Health Policy (NHP) of 2017, preventive healthcare, early diagnosis and treatment of non-communicable diseases (NCDs) including cancer as a priority is clearly stated..

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