



Right to Information Act and its Implementation in Health Sciences: A Thematic Review

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Abstract

The Right to Information Act was enacted in India in 2005 to reduce corruption and promote transparency across various public sectors. Public Health Institutes also come under the purview of this Act. This article is a review of the implementation of the RTI Act in Health Sciences to explore how it enables information access, bringing transparency and accountability. The review was based on the literature available on the PubMed database. "Right to Information Act" [Title/Abstract] OR "RTI Act" [Title/Abstract] OR "Right to Information" [Title/Abstract] – search query was used to find the literature. All 227 resources retrieved using the search syntax mentioned were screened. Of those, only 21 were included in the study because they contained the term "Right to Information Act" in the title and/or abstract, as they were the most relevant. A thematic review was conducted to identify the major areas of concern in Health Sciences. The themes are: RTI Act as an unconventional legal tool for accessing information in Health Sciences; RTI Act vs. Patient Privacy and Rights; RTI Act and Health-related Policy Framework; RTI Act in disclosing Health Service Infrastructure, Occupational hazards, and Data Discrepancy.



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Introduction

The Right to Information Act, 2005, is an important act that enables people of India to access information available under the control of any public authority of the Government of India. Twenty years have passed since the enactment of the RTI Act, 2005. The Act was enacted to bring transparency to the public system. This article examines how the RTI Act has been utilized and the effects it has had on health and medical sciences since its enactment.

Objectives:

- i) To explore the major themes and areas of implementation of the RTI Act in health sciences through a thematic review.
- ii) To find out how the RTI Act is leaving an impact on the Health Sciences
- iii) To find the gaps in experiments or research areas

Methodology:

This study examined the literature available in the PubMed database using the search query: ("Right to Information Act" [Title/Abstract] OR "RTI Act" [Title/Abstract] OR "Right to Information" [Title/Abstract]). All 227 resources retrieved using the search syntax mentioned were screened, and of those, only 21 were included in the study, having the term "Right to Information Act" in the title and/or abstract. The database has no resources indexed with the phrase "RTI ACT". All these 21 selected articles are in the English language. After going through all 21 articles, a thematic review was conducted.

Stage	Records	Decision
Identification: Using the search query." ("Right to Information Act"[Title/Abstract] OR "RTI Act"[Title/Abstract] OR "Right to Information"[Title/Abstract])	227	Identified
Screening	227	Screened
Relevant to the study found	21 (16 full texts and 5 abstracts)	Included for review. All are in the English Language. All have the term "Right to Information Act" in the title and/or abstract.

Identified Themes

The following key themes were identified during the study: (i) RTI Act as a legal unconventional tool to access information in Health Sciences, (ii) RTI Act vs Patient Privacy and Rights, (iii) RTI Act and Health-related Policy Framework, (iv) RTI Act in disclosing Health Service Infrastructure, Occupational hazards, and Data Discrepancy.

(i) RTI Act as a legal unconventional tool to access information in Health Sciences

The study shows that, of the 21 studies covered, most used the RTI ACT, 2005, to obtain information from relevant institutes to collect data on multivariate areas. The review revealed many areas where data cannot be obtained through normal channels; RTI was the proven alternative for accessing such information. Data on asbestos-exposed cancers, the national cancer registry, occupational diseases and safety guidelines, the implementation of anti-smoking and anti-tobacco laws, and the national health policy were obtained through RTI applications. Other areas covered were air pollution control initiatives in hospitals, airports, and auditoriums to control air-borne disease, especially during COVID times. Awareness of medical professionals regarding patients' rights was also found in the reviewed literature.

(ii) RTI Act vs Patient Privacy and Rights

The review shows that, in psychiatry, ethical considerations must be balanced with data transparency and justified. Some acts like the UK's 'Data Protection Act 1998' and 'Access to Health Records Act 1990', California's 'Confidentiality of Medical Information Act', protect patient rights of confidentiality and say the decision to disclose sensitive and private information should be made in the best interest of the patient. Jain, S., et al (2017). Iranian legislation safeguards maximum disclosure while exempting sensitive and private information (Talimi, M. et al., 2016). In European countries, a law known as the 'Right to be forgotten' allows patients to request the deletion of their data after discharge to prevent unauthorized access to and misuse of sensitive personal data (Mohapatra S., 2016). Requests are received from patients, employers, relatives, or family associates for access to records under the RTI Act. Only after obtaining clear patient permission may pertinent information be revealed, and the validation of such action should be documented. In a few extraordinary cases, like life-threatening emergencies, e.g., preventing a patient from committing suicide, or if there is a possibility of harm to others, confidentiality may be breached (Math et al., 2015). (Mohapatra S., 2016) expressed that psychiatric institutions should implement careful tactics in revealing patients' personal and

sensitive information under the RTI Act to stop its misuse. Mishra, N. N. et al. (2008) concluded that disclosure of information under the RTI Act should be justified while safeguarding patient privacy.

(iii) RTI Act and Health-related Policy Framework

The government's imposition of tobacco control measures on international cigarette companies led to the execution of regulations on local tobacco products. Lobbying among the government and the tobacco-producing companies is also a hindrance to implementing tobacco control laws (Sankaran, S. et al., 2015). Using the Right to Information Act of 2005, an attempt was made to explore how much higher educational institutes are complying with the guidelines as mentioned in India's 'anti-tobacco and anti-smoking law' by putting up signboards, excluding the sale of cigarettes and tobacco products within 100 yards of the institution, eliminating smoking within the campus, collecting fines from the offenders and the vendors. (Singh R., 2023). Analysis of media reports and tobacco industry documents revealed that connections between government representatives and tobacco companies led to negative consequences for tobacco control (Rao, N. V., et al., 2016). McBroom K. (2016) argues that the insufficient implementation of government TB schemes undermines legitimate rights to life expectancy, well-being, nutrition, and equality. While considering patient rights awareness and related legal issues, it was found that nurses had limited knowledge of their roles (Kumar, H. et al., 2013).

(iv) RTI Act in disclosing Health Service Infrastructure, Occupational hazards, and Data Discrepancy

Another work by Singh, R., & Frank, A. L. (2023) examined the efficiency of air quality management systems. It revealed that an inclusive, stakeholder-based approach was used to frame the CAQM air pollution policy. Experts and the public may both take part in policy formation initiatives. A study by Singh R. (2022a) showed that dilution ventilation, by improving fresh air intake to reduce the spread of air-borne infections, was an important strategy to maintain in mass gathering spaces like halls and auditoriums, where there is also the possibility of transmission of air-borne diseases. However, most auditoriums at engineering institutes under survey failed to meet proper air quality standards. Another study by the same author suggested manual opening of windows and doors at regular intervals as another option to allow fresh air, as air conditioning systems in 58 Indian airports under survey did not meet good air quality standards (Singh R. 2022b). Again, the author Singh R. (2022c) conducted an experiment to gain

insight into the mechanisms of air-borne disease control in hospital waiting areas, which often exhibit poor air quality or lack proper maintenance. Singh, R., & Frank, A. L. (2025) sought to assess the occupational health risks faced by migrant workers and their exposure to occupational diseases. They opined that there should be a robust mechanism to assess occupational diseases, a disease registry, and measures to address the situation; policy guidelines are also important. A study showed that there is a gap between the figures on mesothelioma cases in India, where asbestos exposure causes cancer, as reported by the National Cancer Registry, and the actual number of cases, as sought under the RTI Act. It reveals weaknesses in the data-maintenance infrastructure of public-sector institutions (Singh, R., & Frank, A. L., 2024). One study by Goldsworthy, T., & McGillivray, L. (2017) examined criminal activity by OMCGs from the 'Queensland Police Service' (QPS), and data were obtained under the legislative framework of the 'Queensland Right to Information Act (RTI) 2009'. Data revealed that the role of OMCGs in the drug market has been exaggerated. One study by Jacob, A., Weiss, H., & Mathew, A. (2016) shows that a general strike negatively impacts the healthcare delivery in a society. The number of patients in hospital emergency departments is lower than usual due to a strike, and the situation remains disturbed. A survey conducted by Singh, P. V. et al. (2013) using the RTI Act 2005 as a tool revealed that autonomous institutes were more competent in relation to procurement procedures and the management of medical drug expenses. A study revealed serious lacunae in government databases, including misleading data, compared with the actual data received under the RTI Act. Under the National Rural Health Mission (NRHM) in 2005, the aim was to prevent and manage anemia during pregnancy and to ensure access to quality emergency obstetric care to reduce maternal mortality. The study found a scarcity of iron supplements and the absence of proper emergency obstetric care services (Chaturvedi, S., & Ranadive, B., 2007). The RTI Act was utilized to obtain data that revealed a number mismatch between government-reported data and the RTI data obtained (Srinivas, V., & Puliyel, J. M., 2007) while estimating the true occurrence of polio.

Conclusion

The thematic review explores how the RTI Act has served as both a legal and an unconventional tool for obtaining research data in the Health Sciences. It helped uncover gaps in health service infrastructure and policy implementation and exposed occupational hazards, enabling proper policies to be put in place. In the fields of psychiatry and Mental health, there is still an ethical dilemma between information dissemination through the RTI Act and patients' right to privacy

to prevent social harm or stigma. Proper patient consent and justification for the disclosure must be maintained. It is worth noting that, in this case, health data should not always be treated as RTI-related data, which can be disclosed without the patient's consent, unless it is absolutely necessary. The review found poor data management, restricted access to data through normal channels, inadequate infrastructure, and a bureaucratic nature, which remain hindrances to proper health-related policy implementation. This, in turn, causes a disconnection between the policy promise and service delivery in practice. Weak surveillance mechanisms also hinder the implementation of policies. A dependence on RTI data may arise due to the absence of reliable data through normal channels. As research in Health Sciences is mostly data-driven, the use of RTI is evident, despite the risks of denial and incomplete data.

Limitations and Further Scope:

The study was limited to 21 articles retrieved from PubMed using the search criteria described in the methodology. More inclusion of articles and expansion of databases would fetch more relevant areas of the study.

References:

- Chaturvedi, S., & Ranadive, B. (2007). Are we really making motherhood safe? A study of provision of iron supplements and emergency obstetric care in rural Maharashtra. *The National Medical Journal of India*, 20(6), 294–296.
- Goldsworthy, T., & McGillivray, L. (2017). An examination of outlaw motorcycle gangs and their involvement in the illicit drug market and the effectiveness of anti-association legislative responses. *The International journal on drug policy*, 41, 110–117.
<https://doi.org/10.1016/j.drugpo.2016.12.009>
- Jacob, A., Weiss, H., & Mathew, A. (2016). The Impact of General Strike on Government Healthcare Delivery in Kerala State in India. *Journal of environmental and public health*, 2016, 8096082. <https://doi.org/10.1155/2016/8096082>
- Jain, S., Jain, H., Srivastava, A. S., & Yadav, J. S. (2017). Indian legislation “Right To Information Act”: An ethical dilemma for medical professionals. *Asian journal of psychiatry*, 25, 161–162. <https://doi.org/10.1016/j.ajp.2016.10.029>

- Kumar, H., Gokhale, Jain, K., & Mathur, D. R. (2013). Legal awareness and responsibilities of nursing staff in administration of patient care in a trust hospital. *Journal of clinical and diagnostic research: JCDR*, 7(12), 2814–2817.
<https://doi.org/10.7860/JCDR/2013/7737.3886>
- Math, S., Viswanath, B., Maroky, A. (2015). Ethical Issues in Psychiatry in Southeast Asia: Research and Practice. In: Trivedi, J., Tripathi, A. (eds) *Mental Health in South Asia: Ethics, Resources, Programs and Legislation*. International Library of Ethics, Law, and the New Medicine, vol 58. Springer, Dordrecht. https://doi.org/10.1007/978-94-017-9017-8_2
- McBroom K. (2016). Litigation as TB Rights Advocacy: A New Delhi Case Study. *Health and human rights*, 18(1), 69–84.
- Mishra, N. N., Parker, L. S., Nimgaonkar, V. L., & Deshpande, S. N. (2008). Privacy and the Right to Information Act, 2005. *Indian journal of medical ethics*, 5(4), 158–161.
<https://doi.org/10.20529/IJME.2008.057>
- Mohapatra S. (2016). Right to information act, 2005 and privacy in public mental health sector in India. *Asian journal of psychiatry*, 19, 23. <https://doi.org/10.1016/j.ajp.2015.11.011>
- Rao, N. V., Bhojani, U., Shekar, P., & Daddi, S. (2016). Conflicts of interest in tobacco control in India: an exploratory study. *Tobacco control*, 25(6), 715–718.
<https://doi.org/10.1136/tobaccocontrol-2015-052503>
- Sankaran, S., Hiilamo, H., & Glantz, S. A. (2015). Implementation of graphic health warning labels on tobacco products in India: the interplay between the cigarette and the bidi industries. *Tobacco control*, 24(6), 547–555. <https://doi.org/10.1136/tobaccocontrol-2013-051536>
- Singh R. (2022a). Public Health Issue of Indoor Dilution Ventilation for Disease Prevention Versus PM2.5 in Intake Air in Auditoriums of Premier Engineering Institutes in India. *Cureus*, 14(5), e25258. <https://doi.org/10.7759/cureus.25258>
- Singh R. (2022b). Studying the Double Paradox in Air Conditioning at Indian Airports for Air-borne Infection Prevention and Filtration of Harmful Suspended Particulate Matter. *Cureus*, 14(4), e23748. <https://doi.org/10.7759/cureus.23748>

- Singh R. (2022c). The Risk Status of Waiting Areas for Air-borne Infection Control in Delhi Hospitals. *Cureus*, 14(3), e23211. <https://doi.org/10.7759/cureus.23211>
- Singh R. (2023). Compliance with Higher Education-Related Tobacco Control Law Provisions by Institutions of National Importance in India. *Cureus*, 15(7), e42129. <https://doi.org/10.7759/cureus.42129>
- Singh R. (2023). Decentralisation of the Compliance of Anti-tobacco Law in India: The Case of Higher Educational Institutions in New Delhi, India. *Cureus*, 15(7), e41247. <https://doi.org/10.7759/cureus.41247>
- Singh, P. V., Tatambhotla, A., Kalvakuntla, R., & Chokshi, M. (2013). Understanding public drug procurement in India: a comparative qualitative study of five Indian states. *BMJ open*, 3(2), e001987. <https://doi.org/10.1136/bmjopen-2012-001987>
- Singh, R., & Frank, A. (2023). The importance of public participation in framing air pollution policy: outcome of a judicial review in New Delhi, India. *Public health action*, 13(4), 169–172. <https://doi.org/10.5588/pha.23.0047>
- Singh, R., & Frank, A. L. (2024). Analysis of mesothelioma cases and National Cancer Registry data to assess asbestos exposure in India. *Public health action*, 14(1), 30–33. <https://doi.org/10.5588/pha.24.0003>
- Singh, R., & Frank, A. L. (2025). Work-Related Migration to the Alang Ship-Breaking Industry from Other Parts of India: An Overview of Health-Related Issues. *Annals of global health*, 91(1), 32. <https://doi.org/10.5334/aogh.4735>
- Srinivas, V., & Puliyel, J. M. (2007). Estimation of true incidence of polio: overcoming misclassification errors due to stool culture insensitivity. *Indian pediatrics*, 44(8), 596–597.
- Talimi, M., Shariati-Nasab, S., Zare, M. K., & Omani-Samani, R. (2016). The right to information and their exceptions in medical practices in the Iranian legal system. *Journal of medical ethics and history of medicine*, 9, 15.