Q8

Case study. Rakesh is a responsible district-level officer, who enjoys the trust of his higher officials. Knowing his honesty, the government entrusted him with the responsibility of identifying the beneficiaries under a health care scheme meant for senior citizens. The criteria to be a beneficiary are the following: (a) 60 years of age or above. (b) Belonging to a reserved community. (c) Family income of less than 1 Lakh rupees per annum. (d) Post-treatment prognosis is likely to be high to make a positive difference to the quality of life of the beneficiary. One day, an old couple visited Rakesh's office with their application. They have been the residents of a village in his district since their birth. The old man is diagnosed with a rare condition that causes obstruction in the large intestine. As a consequence, he has severe abdominal pain frequently that prevents him from doing any physical labour. The couple has no children to support them. The expert surgeon whom they contacted is willing to do the surgery without charging any fee. However, the couple will have to bear the cost of incidental charges, such as medicines, hospitalization, etc., to the tune of rupees one lakh. The couple fulfills all the criteria except criterion 'b'. However, any financial aid would certainly make a significant difference in their quality of life. How should Rakesh respond to the situation? (250 words).

UPSC Civil Services Mains 2018 · GS IV · 20 marks · Ethics Case Studies

Case Studies on above issues.

Core demand of the question

- **Rakesh must identify beneficiaries of a senior-citizen health scheme:** age 60+, reserved community, family income under Rs 1 lakh, and high post-treatment prognosis. An old couple from his district meet every test except reserved-community status. Surgery is free but incidentals cost about Rs 1 lakh. How should Rakesh respond?

Revision summary

The couple meet age, poverty and prognosis tests but not reserved-community status.

Faking criterion (b) is injustice to eligible persons and a breach of integrity.

Cold rejection without a second path fails compassion.

Rakesh should explain the bar, keep the scheme clean, and route them to lawful health cover, relief funds and hospital charity.

He may recommend a future hardship window to government, not invent one on the file.

Introduction

Rakesh is trusted to apply a closed list of criteria. The couple are poor, local, old and medically deserving, yet they are not from a reserved community. Compassion is real. Forging criterion (b) is not.

Body

Stakeholders

- The old man, the spouse, and their remaining years of pain and work.
- Other eligible persons on the waitlist who meet all four criteria, including reserved-community applicants.
- Rakesh, his seniors, and the government that wrote the scheme.
- The surgeon willing to waive the professional fee.
- The district public, whose trust in a "honest officer" is at stake.

Ethical issues and values

- **Compassion and human dignity:** untreated obstruction of the intestine is not a paperwork inconvenience.
- **Rule of law and equality:** stretching "reserved community" for a couple Rakesh pities is a fraud on the scheme and on those for whom reservation was written.
- **Justice toward absentees:** a silent eligible patient loses if this file jumps the wall.
- Integrity versus the temptation to be a local god who rewrites eligibility.
- Empathy must find a lawful door, not a false caste or tribe certificate.

Options

- **Option 1:** Reject them at the counter and close the file.
- **Merit:** literal legality.
- **Demerit:** zero compassion; an officer who only recites criteria has not yet done the whole duty of a district.
- **Option 2:** Record them as reserved by "interpretation" or a backdated certificate.
- **Merit:** the surgery fund might move.
- **Demerit:** forgery, a stain on reservation, and a habit that will return as a scandal. Rejected.
- **Option 3:** Pay from Rakesh's pocket or run a private collection as the main path.
- **Merit:** kind.
- **Demerit:** not scalable, creates patronage, and may breach conduct rules if it becomes a public show tied to office.
- **Option 4:** Refuse the scheme lie; keep the couple as a humanitarian case on a lawful second track: other schemes, CM/PM relief, hospital poor fund, and documented recommendation.
- **Merit:** integrity plus care.
- **Demerit:** funds may still fall short; that remainder must be chased, not used as an excuse to fake criterion (b).

Action Rakesh should take

- **Explain in clear language why this scheme cannot pay:** criterion (b) is not met, and he will not cook it.
- Do not humiliate them for being outside reservation. Poverty is not a moral failure.
- **Same day, open lawful alternatives:** Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana if eligible; State health insurance; Chief Minister's relief fund; district Red Cross; hospital samaritan or poor-patient fund; any senior-citizen or disability scheme that actually fits.
- Write to the surgeon and the hospital asking for the incidental cost to be billed through charity or instalments, since the professional fee is already waived.
- Put a factual note to the government proposing a hardship window or a separate destitute-senior fund, without quietly amending this scheme at the desk.
- If a waitlist exists, do not bump ineligible names ahead of eligible reserved families.
- Recuse from any private gift that looks like a fee for a favour.
- Follow up until a number is tied to medicines and the bed, because a referral letter that dies in a drawer is theatre.

Flow diagram

Couple miss reserved criterion -> Do not fake criterion b

Do not fake criterion b -> PM-JAY CM relief hospital fund

False reserved tag -> Fraud on scheme and waitlist

PM-JAY CM relief hospital fund -> Surgery incidentals

Conclusion

Rakesh should not rewrite reservation to look kind. He should refuse the false fit, and he should work the same day on PM-JAY, relief funds and hospital charity so that the couple are not abandoned at the gate.

Facts & figures

Scheme criteria as law

When government lists eligibility, the district officer administers the list; expanding a reserved-community clause at the desk is ultra vires.

Ayushman Bharat - PM-JAY

A publicly funded health-assurance route that may cover hospitalisation for eligible poor families without abusing another scheme's reservation clause.

Chief Minister's / Prime Minister's relief funds

Discretionary humanitarian funds that exist precisely for hard cases that miss a closed scheme.

Hospital poor-patient and Red Cross funds

Local charity doors that can meet incidental medicine and bed charges when a surgeon has already waived the fee.

Central Civil Services (Conduct) Rules, 1964

Require integrity; a false caste or community entry is not compassion, it is misconduct.