VOLUME AND ISSUES OBTAINABLE AT CENTERIIR.ORG
PAKISTAN JOURNAL OF
CRIMINAL JUSTICE
HEC-Recognised Y-Category · Double-Blind Peer Reviewed · Bi-Annual
ISSN (Print) 2958-9363 · ISSN (Online) 2958-9371 · Volume 4, No. 1, 2026
Journal Homepage: https://journals.centeriir.org/index.php/pjcl

Prisoners' Right To Health and Access to Medical Practitioners of Their Own Choice in Pakistan

Niaz Mustafa [1] **Naureen Akhtar** [2]

[1] PhD Scholar, University Gillani Law College, Bahauddin Zakariya University Multan Pakistan. E-Mail: niazmustafa3333@gmail.com

[2] Assistant Professor, University Gillani Law College, Bahauddin Zakariya University Multan Pakistan. E-Mail: naureen.akhtar@bzu.edu.pk

ABSTRACT

The right to health is an essential component of human dignity and a fundamental right that must extend to persons deprived of their liberty. In Pakistan, prisoners frequently experience inadequate healthcare facilities, shortage of qualified medical practitioners, overcrowding, insufficient medicines, and limited access to specialized medical treatment. This study examines the legal and constitutional framework governing prisoners' right to health and, particularly, their ability to obtain medical consultation and treatment from medical practitioners of their own choice. The research critically analyses relevant provisions of the Constitution of Pakistan, prison laws and rules, judicial decisions, and applicable international human rights standards. It evaluates whether existing legal mechanisms adequately protect prisoners' physical and mental health and whether restrictions imposed by prison authorities on independent medical consultation are consistent with constitutional guarantees of dignity, life, and access to justice. The study adopts a doctrinal legal research methodology, examining primary and secondary legal sources alongside international standards concerning the treatment of prisoners. It argues that imprisonment should restrict liberty only to the extent authorized by law and should not deprive prisoners of essential healthcare rights. The study recommends stronger institutional mechanisms, independent medical oversight, improved prison healthcare infrastructure, and reasonable access to independent medical practitioners to ensure effective protection of prisoners' health and human dignity in Pakistan.

Keywords: *prison law, Pakistan prison, health, criminal law, Pakistan law*

Article History

RECEIVED	ACCEPTED	PUBLISHED
02-01-2026	09-05-2026	30-07-2026

Corresponding Author's Email: naureen.akhtar@bzu.edu.pk

DOI: https://doi.org/10.62585/pjcj.v6i1.183

1. Introduction

The right to health is an essential component of human dignity and is not extinguished merely because an individual has been deprived of liberty following arrest, detention or conviction. Imprisonment lawfully restricts a person's freedom of movement, but it does not ordinarily deprive that person of other fundamental rights that are compatible with incarceration. Among these, access to adequate healthcare is particularly important because prisoners live in an environment in which overcrowding, inadequate sanitation, poor nutrition, communicable diseases, mental-health pressures and restricted freedom of movement can significantly increase vulnerability to illness. Consequently, the State, having assumed complete control over the lives and physical environment of prisoners, carries a heightened responsibility to safeguard their physical and mental health. The United Nations Nelson Mandela Rules expressly recognize this principle by providing that healthcare for prisoners is a State responsibility and that prisoners should receive the same standards of healthcare available in the community, without discrimination based on their legal status.

The right to health in the context of prisons is a secondary question of human rights and law in Pakistan. There is no specific and independent fundamental right to health care in the same sense as other contemporary constitutions do. However the constitutional rights to life, dignity, equality and protection under the law will serve as an important basis for the prisoners' protection from neglect and lack of adequate medical care. The constitutional understanding of the right to life (article 9) has become more substantive as time went on and in article 14 guaranteed the dignity of man, in article 25 otherwise it was guaranteed the equality before law and the protection of law. These provisions assume particular significance in the context of prison, as prisoners are still human persons and as such must be treated with the humaneness they deserve. Concurrently, medical relief is being enshrined in the Persons with Disabilities Act as one of the Principles of Policy listed in the Constitution and thus, the State's obligations towards public health are reflected in constitutionally. (*Constitution of the Islamic Republic of Pakistan, 1973*, arts. 9, 14 & 25)

The legal protection of prisoners' health should thus be grasped as the interplay of constitutional guarantees, prison laws and rules, case law and international human-rights law and conventions. It is the International framework in setting the basic standards by which Pakistan's prison-health system can be appraised. Prisons are mandates by the Nelson Mandela Rules to provide health care to ensure "Protection and improvement of prisoners' health and physical and emotional well-being. They also need well-trained healthcare workers, the freedom to practice, and safeguard medical data for patients and provide proper medical care to inmates who have special health requirements. It is significant that Rule 27 stipulates that in urgent cases treatment must be

promptly availed of and that any prisoners needing specialized treatment and/or surgery should be sent to a specialized institution or Civil Hospital. (United Nations General Assembly, 2015, rules 24–27)

In the wider context, attention should be given to access to patients' preferred health care providers for inmates. The provision of prison doctors or the dispensary located in the correctional institution is an inadequate means to state prisoner's health maintenance. Key aspects of effective healthcare are timely diagnosis and treatment; specialist consultation and care continuity of care and informed consent. If there is a complex physical or psychological condition, a prisoner with such a condition may need a specialist that is not within the Prison healthcare system. A prisoner can also have a good reason for challenging the competence, independence or sufficiency of treatment afforded by an institutional medical practitioner.

But there must be acknowledgement and reconciliation of the legitimate needs of prison administration and security. Unlike community residents, inmates are not permitted to leave the institution and be able to go on their own to any doctor of their choice. A referral to an external medical practitioner may therefore need to be sought, appropriate security measures put in place and considerations given to institutional support such as when transporting a child. The question of the inmate having an unlimited right to choose a physician at any time is not therefore the central issue, but whether the prison officials have any right to exclude an inmate from receiving a needed doctor's or specialist's services at any time.

The case of Pakistan shows that there is tension between recognition and practicality of medical care management system. According to official data from Punjab Prisons, jail hospitals will be set up to provide basic health care, which will include an attached medical officer, at least two paramedics, medicines, a diagnostic facility, dental facilities, and a screening center for a few diseases along with an ambulance for emergency transfers to outside hospitals. Such institutional set-ups show that health care is now considered a part of prison management. However, facilities provided on paper do not always ensure in reality effective, timely and independent medical treatment. Reports of the deficiencies in the healthcare system within Pakistan's prisons include few facilities, difficulties in obtaining treatment, and delay in seeking treatment from external medical practitioners. (Punjab Prisons Department, 2026)

Such concerns are heightened if prisoners have chronic diseases, disabilities, mental health and illnesses in need of special interventions. Waiting to get treatment can change something that's manageable into something that's life-threatening. Moreover, the physical conditions of the prison can help to transmit infectious diseases as well as worsen psychological distress. The nature of the communication of complaints of illness by the prisoner to service providers is also a challenge, as may be seeking medicines or diagnostic facilities and referrals to specialists. In such situation not only questions on administrative effectiveness, but also on the constitutional duties and human dignity are raised. If the State alone controls a person's right to receive

healthcare and the failure to provide the necessary treatment could involve fundamental rights, this may occur where failure to do so causes them to suffer seriously, their health to deteriorate or to be killed.

Medical confidentiality and professional independence is another significant aspect. The ethical character of the doctor-patient relationship should not be lost because the patient is incarcerated. The Mandela Rules set out the content of medical examinations to be conducted confidentially among others and that the relationship between healthcare personnel and the prisoner should be based on the same ethical and professional principles that apply in the community for patients. Also, they are aware of the concepts of patient autonomy, informed consent, and confidentiality of medical information. (United Nations General Assembly, 2015, rules 25, 27, 31–32)

As such, challenges arise with respect to the relationship between punishment and State responsibility in Pakistan in the context of prisoners' rights to “health” and access to their preferred medical practitioners. Criminal proceedings may warrant the taking away of a prisoner's liberty – but the custody of prisoners cannot be a justification for unnecessary suffering, unheard illnesses or lack of proper care. The key question is of how much constitutional right; rules of prisons; judicial interpretation; international standards and laws allow prisoners to themselves as rights-holders in health care and whether there are adequate remedies to ensure that they do if their health treatment falls short.

Thus, this study focuses on the legal and institutional structure which regulates prisoners' health care in Pakistan, and how these regulations affect the right of prisoners to acquire adequate medical treatment, while also making a case for the right of prisoners to consult medical practitioners without prison officials’ involvement. It appraises constitutional underpinnings of prisoners' healthcare entitlements, statutory provisions, rules in prisons, court approaches, global standards, including the Nelson Mandela Rules and impracticalities related to access to medical care in prisons. It also takes into account the fairest relation between the legitimate needs of prisons and the rights of prisoners to dignity, to their bodies and to medical confidentiality, informed choice and access to proper medical care.

2. Conceptual framework

The conceptual bases for “Prisoners' Right to Health and Access to Medical Practitioners of Their Own Choice in Pakistan” are based on the premise that "prison does not take away fundamental human rights, including the right of a person to life and to be treated with dignity and with adequate healthcare services. Located prisoners continue to have the right to health care with appropriate security and administrative concerns that is reasonably similar to that provided outside prison. This framework could be analyzed in Pakistan with reference to the following: Constitutional guarantees and prison legislation and rules, judicial interpretation, international human rights standards and the capacity of prison institutions to provide healthcare.

Within this framework lies the prisoner's right to good health, this is the main dependent variable. The right includes fast access to medical tests, preventative attention to health, diagnosis, treatment, medication, emergency treatment, mental health services, and specialists' treatment and attention to continuity of care. The provision of protection of life, freedom and human dignity in article 9 and 14 of the constitution has given importance to it. It is thus possible to view denial, delay or inadequacy of medical treatment not only as an administrative service, but also as an infringement of broader constitutional protection. (*Constitution of the Islamic Republic of Pakistan, 1973*, arts. 9 & 14)

Another is the availability of medical practitioners of the prisoner's choice. This is a crucial aspect of an autonomous healthcare service and a fair procedure. A prisoner is not always entitled to have unlimited choice of doctor as an ordinary outside citizen but may wish to have access to an independent qualified doctor in particular when: the prisoner's condition is serious; there is a dispute over treatment; a specialist doctor is needed; or the prisoner complains about harsher treatment by the prison doctor. The framework then considers whether prison staff in Pakistan makes a process available for prisoners to seek independent medical evaluations, specialist consultation or a second opinion and how the availability and/or limitations of this process may be impacted by security, cost or institutional factors. (United Nations General Assembly, 1988, principles 24–26)

The framework also identifies institutional/legal factors as independent variables in realizing prisoners' healthcare rights. They involve issues like prison legal rules and policies, staffing and competence of prison doctors, overcrowding, stocking of medicines and diagnostic facilities, referral systems, the finances, administrative procedures, security restrictions, judicial oversight and complaint systems. These factors can help or hinder people to access health services. Implementations of legal enjoyments inside prisons are also crucial in terms of how effective it is, and the presence of constitutional rights is insufficient. (*Constitution of the Islamic Republic of Pakistan, 1973*, arts. 4, 9, 14, & 25)

Equality and non-discrimination is another crucial factor. Prisoners are a very vulnerable population because they have their body and the means to seek services outside of the prison outside of the state institutions under which they are imprisoned. The framework thus considers whether prisoners are able to receive health care without discrimination, whether extra protections are provided for individuals with a disability, mental-health issues, chronic diseases, infectious diseases and elderly prisoners, and those prisoners who require any special treatment. **(United Nations General Assembly, 2015)**

The intervening mechanism in the framework of judicial oversight and accountability, courts have the power to make rules, to say what constitutes "medical treatment," and to line state prisons to reflect the letter and spirit of the Constitution and legal standards, and to ensure that the state adheres to them. Effective complaints

systems and prison investigations and independent monitoring also help to ensure accountability. (Office of the United Nations High Commissioner for Human Rights, 2005)

Finally, it embeds international standards, in particular, that prisoners need access to health care without any discrimination and that they have those needs met respecting their inherent dignity. Domestic arrangements can be compared to the UN Standard Minimum Rules for the Treatment of Prisoners, (Nelson Mandela Rules) whose equity first needs to be understood.

Therefore, the concept connection may be posed as:

Effective Access to Healthcare linked to Prison's Right to Health, Life and Dignity through Legal and Institutional Framework + Healthcare Resources + Prison Administration + Medical Independence + Judicial Oversight.

3. Legal framework of Pakistan

The right to health of prisoners in Pakistan should be conceived within the context of another constitutional principle where under imprisonment does not abrogate the fundamental rights and human dignity of a person but merely limits his/her liberty. Prisoners continue to have the right to health and the State has a stronger obligation to ensure good health for prisoners due to the significant restrictions on a prisoner's access to health care, which are inherent in their custodial residence. The Pakistani legal security which governs prisoners' healthfulness is basically adopted from the Constitution of Islamic Republic of Pakistan, 1973, the Prisons Act 1894, the Pakistan Prison Rules 1978, provincial prisons legislation and rules and judicial interpretation. It imposes a minimum requirement on the medical care of prisoners: examination, treatment, provision of medical facilities in prison and provision of emergency treatment and medicines. However, the right to consult or be treated by a medical practitioner of his or her own choice, particularly at a private medical institution, is a matter of statutory restrictions, the rule of the prison administration, medical recommendations and security considerations. (*Constitution of the Islamic Republic of Pakistan, 1973*).

3.1.Constitutional foundation

There is not a fundamental right to health in a distinct provision in the Constitution, like some modern constitutions. However, there are a number of constitutional protections for prisoners that can ensure access to health services. The most important constitutional basis is the article stating that "no person shall be deprived of life or liberty except in accordance with the law" (article 9). The concept of the right to live has been expanded from the basic element of living to one which includes conditions that enable people with a dignified life. In this case, the Constitution guarantees life and security of person is relevant to the petitioner's case, particularly when the life and security of any one is placed at a serious risk because of lack of proper medical treatment or deliberate withholding of medical treatment.

The value of this provision of Article 14, which provides for inviolability of the dignity of man and privacy of the home "subject to law", is also noteworthy. Medical treatment is very much linked with issues of body, privacy, dignity and humane treatment. None the less, however, prison officials must never allow inmates to be exposed to an inhumane medical environment or be the victims of unwarranted invasions in their bodies. By the same token, Article 4 (ensuring that all persons shall be treated according to law) ensures that prison staff acts in line with the law, and not at their discretion. Art 25, the equality before the law and equal protection of the law, also states a case for providing medication to prisoners without discrimination. The constitutional guarantees run alongside the State's obligations to do so under the Principles of Policy, although these obligations are not in the same way directly enforceable as part of the Constitution itself (normally) as Part II, Chapter 1 guarantees. (*Constitution of the Islamic Republic of Pakistan, 1973*, arts. 4, 9, 14, 25, 29, 30, & 38(d)).

3.2.Prisons Act 1894 and Pakistan Prison Rules 1978

The Prisons Act 1894 is still a core law to bring into the context with respect to the administration of prisons in Pakistan. It defines the institutional structure in which the authorities of the prison have the various tasks of custody, discipline and care of the imprisoned. Such detailed healthcare regime, however, is primarily contained in the Rules of the Pakistan Prisons 1978. Punjab Prisons still considers the Prisons Act 1894 and Pakistan Prison Rules 1978 as the prime acts relating to prison administration. (*Prisons Act, 1894*, ss. 4–15, 45–62)

The Pakistan Prison Rules 1978 also stipulate that there are far-reaching rules for the medical treatment of prisoners. Most of the rules are focused on the administration, treatment, or health-related issues (776-809). Every prison should have a hospital to receive ill prisoners as required by Rule 787. The prisoner is required to be taken before the Medical Officer or Junior Medical Officer under Rule 788 for examination and his admission or treatment is decided in regard to the necessity to keep him in hospital or to attend for outpatient treatment. (*Pakistan Prison Rules, 1978*, rr. 776–809)

The Rules also cover accommodation at the hospital, bedding, medical records, hygiene, diet and treatment etc. There are bed-head tickets, which are to be kept up, and temperature charts showing patient's history, progress and diet and treatment, and food and care to be given to sick prisoners is prescribed in subsequent provisions of Rule 790. If the prisoner is seriously ill, Rule 795 calls for action to be taken to communicate the information to the relatives and/or the relevant court in the case of an under trial. (*Pakistan Prison Rules, 1978*, r. 789–795)

The Rules also place ongoing duties on medical officers in prisons. The medical administration and sanitary order is under the control of the Senior Medical Officer and the Medical Officer must make periodic visits to

the prison. This highlights that health services are not a "luxury good" or indeed some aspect of welfare but an institutional duty within the prison management structure.

3.3.Medical examination and protection against ill-treatment

Medical examination at the time of admission is also of great importance in the law. Newly admitted prisoners must undergo detailed medical investigations as required by the Rules which also check for unexplained injuries. If police custody is transferred and injuries are made known at that time, they should be documented and a report made to relevant authority. This is especially relevant with regards to human rights as anything medically documented may serve as evidence of torture, custodial violence, acts of neglect, or other acts of lawlessness. (*Pakistan Prison Rules, 1978*, rr. 18–20)

Medical officers are also an army of protection as far as discipline in the prison is concerned. The framework calls for the medical evaluation of prisoners who are subjected to any disciplinary actions, in accordance with the principle that punishment inflicted upon a prisoner inside the imprisonment premises should not be known to threaten the life or health of the prisoner. The reporting to United Nations (UN) on this part is somewhat similar with respect to Rules 776-809, which had requested the Prison Department to provide some medical coverage, and the Prison Hospitals, stating the requirement with regard to medical fitness and healthcare for prisoners. (*Pakistan Prison Rules, 1978*, rr. 583(2), 589, 776–809).

3.4.Access to treatment outside prison

The Pakistan Prison Rules allow for situations where treatment within the prison may not be adequate and a prisoner could be moved to the outside hospital. This is because access to a health care facility may be 'informal' – that is, through a prison dispensary – where it is needed but expert care is not available. Rule 197 gives a provision to Translocate prisoners to other prisons' hospitals if necessary. In the recent discourse of the Islamabad high court regarding a private medical facility, the court reminded that the prisons are required to provide medical facilities to prisoners as per the applicable laws and, if such facilities are not available in government hospitals, private medical facility might be considered on the suggestion of a medical board. (*Pakistan Prison Rules, 1978*, rr. 787, 788, 981, & 197)

It is important to note that there is a distinction here, and a prisoner has a stronger right to the health services he/ she needs than he/ she has to be treated in a specific private clinic or of a specific doctor. The lawfully imposed restriction on freedom of movement, as is a result of imprisonment will have an impact on the way that healthcare may be accessed. While adequate treatment will be provided by the State, the type of provider may be subject to medical and medical procedures.

4. Provincial implementation and practical healthcare

The prison department in each province has been developing the healthcare infrastructure in terms of compliance with these legal obligations. The Punjab Prisons says that it has medical officers, paramedical staff, diagnostic facilities, medicines, vaccination programs and ambulance services for emergency transfers to outside hospitals in its jails. The Department also receives visitor from various qualified medical specialists and consultants from Government hospitals. These facilities demonstrate the idea that prisoners are generally to be provided necessary treatment from the prison or the government health care system. (Punjab Prisons Department, 2026)

However, the availability of ‘statutory rights' to an effective health service does not mean that it is actually available. Practical access can be impaired by prison overcrowding, lack of the resources of specialist doctors, lack of efficient referral systems, poor mental health, a lack of diagnostic facilities, and various administrative constraints. Thus, the effectiveness of the legal framework is influenced by formal recognition of the rights of healthcare, the provision of appropriate funding, trained healthcare providers, independent evaluation of the medical assessment, and the effective judicial and administrative monitoring.

5. Judicial protection and contemporary position

Recent court decisions illustrate that Pakistani courts are called upon more and more to engage in deciding between the prisoners and their rights to medical care and the limitations attached to their imprisonment. During the decisions handed down by the Islamabad High Court on August 2026 while deciding the issues raised by the prisoners seeking treatment at a private hospital, the Court focused on the fact that prisoners don't have the right to be in every hospital of their choice. Concurrently, the Court noted that such transfer to a private medical facility would be considered, if treatment cannot be obtained in a government hospital, upon the appropriate medical recommendation. (*Owais Altaf v. Superintendent, Central Prison Adiala and Others*, [year])

Consequently, the Pakistani legal system comes closer to setting up a right to adequate health care than an unlimited right of access to choice of health care provider. The difference is the law does matter. The State shall not, on the grounds of the incarceration of any person, deny medically necessary care or treatment, but the State has lawful authority to control the place, procedure and agent delivering medically necessary care or treatment.

6. Medical practitioner of choice

There is a right to access a medical practitioner of their choice as part of the larger right to health in Pakistani prisons; this right is a significant aspect but less developed than the rest. Just as the imposition of a prison sentence is a legitimate limitation on a person's freedom, it doesn't take away the person's basic rights to life, dignity, bodily integrity and humane treatment. Article 9 of Constitution of Pakistan states that no one shall be deprived of life or liberty in any manner, except as provided by law and Article 14 states that dignity of man and privacy of home shall be respected. The constitutional protection offers a useful starting point to the prisoner's right to access healthcare as a higher level of a commitment that is more than a prison health care service. The big question is, however, whether a prisoner should be presented with a "health care" choice determined by the prison "producers" of the service, or should have a legitimate choice of a medical practitioner of his or her own selection, especially in cases where the prisoner believes the diagnosis is wrong, specific medical treatment is necessary, and the warder concludes that standard medical treatment is not required or adequate. (Human Rights Watch, 2023).

Pakistan's current Prison System mainly has prison medical officer responsible for conducting the examination and treatment of prisoners. For instance Article 179 of Pakistan Prison Rules 1978 mandates each prisoner to be medically evaluated by Medical Officer or Junior Medical Officer within 24 hours of their booking into the prison. This exam is to help determine the prisoner's condition and to record injuries and other health issues. Additionally, the Rules call for an immediate medical exam of prisoner that is found with injuries that have not been explained by police custody. This means that the mechanism to be used for admitting prisoners is a crucial one to safeguard prisoners from untreated diseases and to inform of injuries which may have been suffered prior to incarceration. (*Pakistan Prison Rules, 1978*, rr. 18–20).

There exist other lines of distinction between a medical practitioner and the unlimited right to require the intervention of any medical practitioner, at public expense. Remarkable regulation is sometimes justified in a prison setting for security reasons; in cases of institution resources, medical emergencies, and financial constraints. But these restrictions need not turn the list of the prisoner's "medical" needs into an administrative one and one that should be subject to his choice. In serious and/or disputed cases it is reasonable to allow a prisoner to request a consultation with an independent qualified practitioner, suitably implemented. This is particularly important if Prisoner's condition is one of chronic disease, mental illness, disability, serious injury, suspected medical negligence, complex surgery/complex treatment that requires expertise. Such a right has nothing to do neither with challenging prison management nor with depriving doctors of the right to be patient managers. (United Nations General Assembly, 1988, Principle 25).

There is strong support for this approach, as recognized by international standards. The Nelson Mandela Rules also set standards that prisoner health care is a state matter, and prisoners should receive the level of health care open in the community without discrimination, based on incarceration status. Additionally, the tenth general requirement of Rule 25 is for prison healthcare services to have enough-qualified healthcare staff, which can perform their duties independently and based on clinical criteria. According to Rule 27, prisoners who need special treatment or operation shall be brought to a special establishment or civil hospital and general medical management shall be done by medical men and cannot be disrupted by others except medical personnel. These provisions are important since they set forth the concept that incarceration does not result in a "lower" standard of medical care. (United Nations General Assembly, 2015, Rules 24, 25(2), 27(1)–(2))

The concept of clinical autonomy has special relevance to that of doctor of choice. A prison doctor could be paid to work inside prison, and this may have an impact on the perceived independence of the doctor. International prison-health guidelines thus focus not only on clinical but also on non-clinical aspects, namely ensuring that medical decisions are made for clinical rather than disciplinary or security reasons. The Nelson Mandela Rules also include that the healthcare covered in the framework must abide to the same ethical and professional standards as the medical care that is offered to the community, with regard to the people who are suffering from the prejudice that they are prisoners, such as respect for patient autonomy, informed consent and confidentiality. (United Nations General Assembly, 2015, Rules 25(2), 27(2), 31–32)

This is especially crucial when a child's diagnosis is in doubt or their condition is severe. Assume that a prisoner had a medical condition that could be life-threatening and feels that the medical officer in the prison has wrongly diagnosed the condition. However, where prison authorities merely refuse to obtain a specialist's opinion from outside themselves, the prisoner will be left with no tangible way to advise him/her as to a possible alternative opinion. Failure to implement such a system will have potentially life/body threatening consequences. The situation is further complicated when the prisoner's complaint is that treatment is being knowingly denied or that the medication is not appropriate or that injuries have not been thoroughly investigated. (Niveau, 2007).

The prison structures in different provinces of Pakistan show some progress with respect to providing treatment away from the conventional prison health services. For instance, Sindh Prisons and Corrections Service Rules 2019 consider cases where Prisoners may get referred or may choose to receive treatment from a private medical facility. The medical advice of the expert from a government hospital or the Medical Superintendent at the relevant government hospital, however, must be consulted in this regard. This meant that Pakistani laws does not make entirely prohibitive for private and outside medical care. Meanwhile, prison and government officials have a lot of control over the process of drug distribution. (Pont et al., 2018, pp. 472–474).

The principle of informed consent and medical confidentiality should also be understood with regard to the right. Many people argue that this may describe the prisoners as patients, because even while they are incarcerated. The Mandela Rules mandate that medical tests be carried out in confidence and that the prisoner must have control over the decisions they make regarding their medical care. Medical information should thus not, therefore, be shared routinely with prison officers just because the person is in prison. This paramount principle is crucial for allowing prisoners to share information that is related to caring for themselves in their personal healthcare, whether it concerns their mental health or sexual and reproductive health, communicable diseases, drug-substance dependence, or allegations of abuse. (World Health Organization & United Nations Office on Drugs and Crime, 2013).

This right to medical professional of choice is also intricately linked with the right to be free from torture and ill-treatment. If you have a doctor that you do not know then they can document your injuries, and can also give an independent assessment of whether there was any bodily harm, as well as file an objective clinical record. Even the current rules of Pakistan prisons stipulate that injuries which are spotted on the day of entry are to be documented. The rule of Pakistan prisons is already such that documentations should be done on the day of the entry if injuries are spotted at that time. But an effective protection infra-structure must go beyond admission. An independent examination should be made available where reasonably necessary where a prisoner has complained of injuries having been suffered since the time when the inspection was carried out (*Constitution of the Islamic Republic of Pakistan, 1973*, art. 14(1)–(2)).

However, this right to access a practitioner of choice should be weighed in against proper concerns of prison security. The identity and access of external doctors to the prison is reasonably regulated by the prison, advance authorization can be required, doctor's credentials checked for prior to visiting and access severely restricted if a real security risk exists. The state can also select an individual to pay for a practitioner who is chosen by the private party. However, there is no "don't do" rule, it's a prohibition that would be based subjectively, and that is to be avoided. Restrictions must be: lawful, necessary, proportionate, transparent and reviewable. Administrative clearance should never be granted to delay critical medical treatment in emergencies. (Council of Europe, Committee of Ministers, 2006).

One problem in Pakistan is the availability and quality of health care provided in prisons. Recent evaluations of the situation of prisons in Pakistan have highlighted its major health problems, particularly its lack of health care facilities in prisons. Another document, issued by the government on prison reform, has put emphasis on the need for better ethical and professional standards of the prison medical staff and the need to align with the Mandela Rules. Therefore, to be said "to have the right to choose his doctor" does not necessarily imply having

a formal right to choose a medical doctor, unless it is supported by institutions involving access to qualified independent doctors, specialists, diagnostic facilities or hospitals. (Government of Pakistan, 1978, Rule 197)

Therefore, a structured right to the independent medical consultation should be developed in Pakistan from legal/policy perspective. Prison legislation and rules should explicitly permit prisoners to seek a medical practitioner outside the prison to second opinion, in the case of serious illness, specialist treatment, a contested diagnosis, surgery, long term illness, mental-health problems including alleged abuse or where prisoners are dissatisfied by the treatment provided by the prison medical team. The decision on the request should be made on medical—not custodial—grounds. In the event of an independent examination not being granted the prisoner should have written reasons and should have an effective review mechanism in place with judicial oversight wherever it is required. (United Nations General Assembly, 2015, Rules 24–27)

Finally, imprisonment should infringe upon liberty, instead of medical autonomy that is not necessary for custody. In Pakistan, the right to life and right to dignity are guaranteed in the constitution and its interpretation aligns with international principles that have been laid out in the Nelson Mandela Rules, which allows prisoners to access clinical healthcare necessary, that's provided in a confidential and professional independent manner. The current Pakistani system offers some protection by ensuring that any prisoners be examined medically during imprisonment, and tested at the government's medical facilities, and, in some provincial law, is there the opportunity for external or private treatment.

7. Confidentiality

The right to confidentiality is a key aspect of the right to health as well as an integral part of the doctor-patient relationship of a prisoner. Whilst a person's freedom is curtailed by being incarcerated, he or she is not deprived of basic rights to dignity, privacy and appropriate medical treatment. For this reason, a prison should provide the medical privacy that prisoners deserve, which should be the same standard as that provided to patients not incarcerated. Medical examination of prisoners, in particular, must be done in strict confidence: it is laid down in the Nelson Mandela Rules that all medical examinations of prisoners must be carried out in full confidentiality, and the ethical and professional standards for the relationship between health-care providers and prisoners must be the same as those for people in the community. They also must be given medical information which cannot be disclosed unless it is needed to prevent an actual and imminent harm for the patient or others. (United Nations General Assembly, 2015, Rules 24–27)

Even within the Pakistani context, medical confidentiality is upheld by the ethic responsibilities of the medical professionals. In accordance with the Pakistan Medical and Dental Council Act, 2022, the registered medical

and Dental Practitioners have to abide by the Code of Medical Ethics laid down by the Council. Confidentiality is an important patient right recognized by the ethical paradigm and normally only medical information may be released or shared without authorization if the patient's written consent is given, or in situations outlined in the law. The principle is especially relevant in prisons where prisoners might be at risk of being sighed, discriminated against and subject to intimidation and retaliation if their personal, medically sensitive details (including mental-health diagnosis, infectious diseases, abuse of sexual function or injuries) are shared improperly. International guidelines also highlight the need to confidentiality are especially important in prison environments where release of health information may put prisoners at risk of abuse and discrimination. (*Pakistan Medical and Dental Council Act, 2022*, 2023, § 43(3)).

Confidentiality also depends on the clinical independence. While there may be reasonable security concerns by prison agencies, the prison officers should not typically have the right to decide the type of medical information that is shared or have influence over clinical decisions. The Mandela Rules lay down that the doctor's decision is the only decision to be respected and that no non-doctor will assume authority over the clinical decision as to what the doctor decides to do or not do or just glean this information from the Web. A prisoner's medical problem, therefore, must be primarily diagnosed and treated based on clinical judgment of the prison doctor, not on security considerations. (Pont et al., 2018)

However, confidentiality is not something that's entirely given. Disclosure may be considered necessary if deeded to by law or if not to be disclosed would cause substantial harm, injury or death to the prisoner or another person. Likewise, if health-care experts find evidence of torture or CIDT, international standards call for proper documentation and reporting of this while continuing to ensure that the prisoner do not suffer again from cruel, inhuman or degrading treatment. An exception on this kind should be interpreted strictly in order to avoid a situation where disclosure of prisoners' medical records occurs on a routine basis only due to their incarceration. (United Nations Office on Drugs and Crime, 2017, p. 56)

The right of confidentiality, therefore, is closely linked with the general right of prisoners to privacy, dignity, informed consent and other independent medical care. It also promotes access to the right health care services since prisons contain people who feel more self-assured in disclosing sensitive symptoms and conditions when they believe their information will be kept confidential. Therefore, the prison-health system in Pakistan needs to be reinforced with consultation, confident sharing, access to medical records, and autonomy in making clinical decisions and robust protocols on medical disclosure.

8. Practical barriers

Pakistani law provides prisoners' with the right to treatment, but many obstacles make it difficult for prisoners to claim these rights, especially the right to health, and to treat themselves at their preferred doctors. According to the Pakistan Prison Rules, 1978, prisons are obliged to have hospital facilities and medical examination and treatment of the prisoners who report them as ill. A prison hospital must be provided (Rule 787) and a prisoner complaining of illness be examined by the Medical Officer or Junior Medical Officer (Rule 788). But these formal safeguards are not necessarily directly linked to ensuring access to healthcare services. (*Pakistan Prison Rules, 1978*, Rules 197, 787–788).

One of the biggest challenges in practice is overcrowding. Many prisons in Pakistan hold more inmates than they are meant to, resulting in an overburdening of the existing medical facilities and medicines, as well as medical personnel and transportation. According to the National Commission for Human Rights' 2024 Prison Data Report, there were 102,026 prisoners which was 55 per cent over capacity in facilities for keeping 65,811 prisoners. Hyperactivity in children may be a trigger of communicable diseases and timely medical consultation, diagnosis and follow-up treatment becomes a lot more difficult. National Commission for Human Rights et al. (2025)

Second, the lack of trained medical staffing and specialized health facilities is another obstacle. In 2020, 105 out of the 193 posts for medical officers in Pakistan's prisons were filled, according to Human Rights Watch. In prisons, therefore often only a few doctors are offered and prisoners must rely upon them, even when they require more specialized doctors, diagnostic tests or treatment which are not available in the prison. Researchers have stated that district hospitals specialists are also coming periodically in prisons and there is also ambulance facility in the prisons for transportation during emergency situations but the services being provided may not be the same in each institution and area. (Human Rights Watch, 2023)

Another major impediment is the limited freedom of choice in health providers. The practice is that the prisoners have to depend on prison medical officers and after consultation with external doctors treatment in the hospitals should be approved by the authorities of their prison. Guidance from the UK government on detention in Pakistan also mentions that the rules for specialized external doctors mean that such provision must be authorized and requests to the external doctor may be refused or only granted after a delay. This administrative command may have negative effect on prisoners' medical autonomy, especially if they don't trust the prison doctor, need a second opinion or a specialist that's not offered at their prison. (World Medical Association, n.d.)

Access is limited even more by financial factors. The treatment received by prisoners can be expensive; they may find that those seeking treatment from outside practitioners must pay for it themselves, rather than the state. Patients receiving treatment in the prison may also be required to pay individuals for treatment (outside practitioners), and this may be deterministic for the rich and poor. Human Rights Watch records revealed that influential inmates received treatment outside the detention facilities, which was not possible for the poor inmates who had only to struggle to get basic meds.

Finally, institutional accountability is low, delays exist, transportation challenges are present, and monitoring and oversight is poor, all of which contribute to the implementation gap. The Supreme Court has acknowledged that in the context of prison life, an inmate will be entirely reliant on the government for medical care and that, as such, the inmate has a right to be treated in accordance with the "duty of care" requirement of constitutional protections for life or dignity.

9. International framework

The right to health of prisoners is well entrenched in international human rights law and in modern practice of prisons. While a person is sentenced to imprisonment, this constitutes lawful restriction on his liberty; it does not annul his basic right to health, dignity and humane treatment. The principle international framework is the United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules). In accordance with Rule 24, the terms for which prisoners should receive the same standard of health care as members of the community and should have access to the healthcare services required, without discrimination on the basis of their legal status. By important, Rule 27 stipulates that the prison not only have the power to employ a surgeon for special attention needed but also ensure that they provide immediate medical care to those who may require it during an emergency. (United Nations General Assembly, 2015, Rules 24, 27)

Patient autonomy and informed consent and medical confidentiality are also in line with the international framework. In line with the Mandela Rule, a doctor or any other healthcare practitioner qualified to examine prisoners should be able to regularly visit them and examination should be carried out in private. The doctor – patient relationship while a prisoner needs be guided by the same ethics and professionalism that exist in the community and Rule 32 specifies that respect for autonomy, informed consent, and confidentiality are among these principles that are applicable in prison. The points seem pertinent in connection with the question whether prisoners can consult a medical practitioner of their choice. International standards fail to give an "open unqualified right" to choose any doctor but give a more general principle that there must be no unnecessary interference with the role of the doctor in making good medical decisions, the autonomy of the patient and access to specialist care. (United Nations, 1966, art. 10)

The Bangkok Rules are an important document that builds upon those principles and deals with the issue from a gender perspective in relation to prisoners. Except in the case of urgent medical intervention where this would be impracticable, Rule 10 determines examination and treatment is to be available to a woman prisoner who requests it by a female physician or a nurse, which is equivalent to that which would be available to citizens in the community. Papers also focus on the importance of privacy, dignity and confidentiality during medical examinations, which are addressed under the Rules in this instance. In the context of Pakistan, it is more relevant especially on the grounds of cultural beliefs that may render a practitioner of the preferred gender of the prisoner as an important aspect of access to meaningful health care. (United Nations Human Rights Committee, 1992, para. 3)

It analogies with the European Prison Rules which state that prisoners must be able to use health services provided in the country without being denied on the basis of their legal situation. They also need the provision of essential medical, surgical and psychiatric care, similar to what is provided in the community and access by qualified medical practitioners – including emergency access in the case of emergencies. This European strategy is not only about having an in-prison doctor, but on the continuity between the care provided in the prison and the “normal” public health care system. (United Nations General Assembly, 1990, Principles 1, 5, & 9)

These international and comparative benchmarks will offer an added reference point to assess Pakistani prison healthcare facilities. That a prisoner's right to a lawful, professional and independent assessment of their health needs should not be a prisoner's right to respect for their liberty to receive those services. Hence, the principle of "like on like" should be applied in the interpretation of the country's legal and administrative framework and should also be followed for its development. Therefore, the concept of "like on like" should be applied while interpreting as well as developing the legal and administrative framework of Pakistan.

10.Judicial analysis

Judicial theories of Pakistani courts suggest that instead of death, a prisoner’s basic rights are not taken away from him/her while in jail, especially those of right to life, dignity and medical treatment which is required. This protection is provided under the main constitutional provisions enshrined in Articles 9 and 14 of the Constitution of Pakistan. The Supreme Court has specifically held that once a person is incarcerated they are entirely dependent upon the state for their basic requirements – such as accommodation and medical care – and have therefore entered into a positive duty of care towards the state. In case of Raja Azmat Ali v Abu Malik Naseem, Supreme Court decided that article 9 mandates the state to ensure that entities are treated with

humanity when in custody and that prison does not impair liberty, but does not withhold the protection of life and dignity. (*Raja Azmat Ali v. Abu Malik Naseem and another*, 2023)

The courts have also clarified the need to provide a meaningful – not abstract – opportunity to access health care. In W.P. Islamabad High Court in its ruling-under-appeal No 4037 of 2019 said that failure to provide the healthcare facilities to a prisoner may be continued as serious violation of Article 9 and has recognized that each prisoner should be given opportunity to avail medical facilities and valued opinion. The Court also made it clear that if a treatment for serious illness is not suitable within the premises of the prison, the State can be held liable for facilitating a special treatment outside the prison. This interpretation is consistent with Prisons Act 1894 and the Pakistan Prison Rules 1978, both of which have a responsibility on the part of the institutions in this regard to examine, treat and transfer prisoners to appropriate medical facilities. (*Khadim Hussain v. Secretary, Ministry of Human Rights, Islamabad and others*, 2020, p. 268)

But an important question is whether there is any reason why a prisoner ought not to be able to use his or her own choice of medical practitioner or hospital in obtaining treatment. The Pakistani jurisprudence does not seem to extend any unqualified right to demand for any specific doctor or private clinic/hospital. Instead, a new judicial view has created the need for a balancing of an individual's choice and prison administration, security, statute mechanisms and the State's duty to deliver services of an adequate kind. This changing attitude is demonstrated by the recent Supreme Court trial of an incarcerated former Prime Minister. On 18th August 2026, Supreme Court ordered his transfer to Shifa International Hospital and allowed his personal doctor to attend his medical examination and treatment during his stay in custody, pointing out that the State has a constitutional obligation to ensure the health, life and dignity of persons in custody. (*Dr. Uzma Khan and others v. Federation of Pakistan and others*, 2026)

Meanwhile, subsequent decisions made by Islamabad High Court in other prisoners' cases show that merely granting relief cannot always be construed as granting blanket right to private medical treatment. The Court also stated that whilst prisoners must be given the opportunity to use any device they choose, they are not entitled to 'any' facility they desire just because they are in prison, but that can be upheld if there is a medical board recommendation for transfer to a private medical facility and if the treatment required cannot be delivered at the prison. The judiciary thus increasingly takes the side of the rights-based and the medical-necessity elements: the State is obliged to provide effective and appropriate healthcare, a prisoner's freedom of choice to select a practitioner is crucial where special treatment is required, facilities are inadequate or independent assessments are needed where life and dignity are concerned.

11.Critical analysis

The issue of the right to health of prisoners in Pakistan severely happens to give a conflict between the rightful requirement of the State, related to movement constraints, and the on-going accountability of the State to make sure of the cases' lives, dignity and physical and mental integrity. Prisoners do not lose fundamental rights and indeed the State has a greater responsibility for prisoners as they rely on prison staff for access to health care professionals. Medical treatment as per Prison Rules 1978 which provide a formal framework. There are rules concerning medical arrangements (776–809) and the hospital provided in each prison (Rule 787) and the examination of any prisoner that complains of illness (Rule 788). (United Nations, 1966, art. 12)

However, the biggest shortcoming is disconnecting between the rights and what is actually being done. The presence of a prison hospital or medical officers does not always count for prompt, proper and impartial treatment. According to Punjab Prisons, jail hospitals have trained medical officers, paramedical staff, medicines, diagnostic facilities and ambulances; however the independent assessments have pointed those inadequate facilities, shortage of the trained medical staff and in the overall prison healthcare. Whereas this implementation gap is especially severe for prisoners with chronic diseases, mental health issues, specialist treatment or operations and emergencies as if it were them to rely only on prison medical facilities it could put at risk the right to a proper standard of medical attention.

One specific matter that comes to mind is access to a doctor that can be of the prisoner's choosing. There is an apparent stronger stance on Pakistan's prison system to ensure exam and treatment by the prison medical officer as opposed to guaranteeing a comprehensive right to choose an independent medical officer. This is a legal scoping distinction. A second opinion may be requested when a prisoner's diagnosis is not clear, treatment is unsuccessful or when a reasonable doubt exists about a prison physician's competence or independence. This is more effectively protected by international standards. The UN Body of Principles acknowledges the child's right to seek a second medical examination and/or opinion (under reasonable security conditions only). The Nelson Mandela Rules also provide that prisoners must be given medical care, which is comparable with that of the general populace, providing them access to outpatient clinics and out-patient departments, depending on the situation, after an emergency and the transfer to specialist hospitals or civil hospitals, when considered appropriate. (*Prisons Act, 1894*)

The failure to have a clearly defined and duty-bound statutory entitlement to choose an independent practitioner then, is a major shortcoming. The timing, place and manner of the outside medical consultation are subject to regulation on security grounds, but not, in the first instance, its denial for this purpose. Giving too much control gives the impression that confidentiality, informed consent and professional independence

will be compromised. The doctor/prisoner relationship is subject to these principles in the Mandela Rules which state that medical examination must be carried out in a confidential manner.

Hence it is advisable for Pakistan to move away from custodial system of prison health care and rather adopt a rights-based approach to health care. Independent medical assessment is an entitlement of prisoners which has a legal basis and occurs where prison doctors have recommended further specialist treatment, where the treatment has failed, or where the prisoner has a legitimate concern about the diagnosis or treatment. Such access might not be prohibited, however, can still be under reasonable security mechanisms, and judicial and administrative protections, while the actual clinical decision should stay in the hands of qualified health care providers. This would make healthcare equitable for the citizens of Pakistan because prison stays would be equivalent to deprivation of freedom, but should not be an excuse to provide quality of health services as low as it is.

12.Conclusion

Prisoners' rights to health are an integral part of the Pakistani Constitution's Rights to Life, Dignity and Humane Treatment. Prison legally denies a person the right to be free, but doesn't remove his basic rights. Supreme Court of Pakistan has held prisoners have certain rights guaranteed by articles 9 and 14 of the Constitution, and the State has a special responsibility when people do not have the independence to bring about the necessary medical treatment themselves.

Policies on the health care of prisoners are outlined under relatively full provisions of the Prison Rules of Pakistan, 1978. Medical facilities, examination and treatment of prisoners' sickness, prison hospitals are covered by Rules 776 – 809; Rules 973 – 981 lay upon medical officers of prisoners continuing duties in relation to the physical and mental well-being of prisoners. But the problem is not the lack of any legislation, it is the lack of uniformity in technique of the implementation of the legislation. Poor medical facilities, scarcity of skilled medical personnel, referral delays and a lack of access to effective medicines and finances persist as setbacks in providing quality medical care for prisoners of war.

Therefore it is important that access to a third party medical practitioner of the prisoner's own choosing should be acknowledged as an important safeguard of meaningful healthcare, (where the prison medical service is unable to offer appropriate diagnosis and/or specialized treatment). This does not have to be unlimited or unconditional; if there is any restriction on access, it should be linked to a proper security policy, to a requirement for medical care and set out in clear and transparent processes, and not simply for convenience of administration.

In the end, Pakistan needs more robust systems for implementation, medical independence, and timely access to expert opinions, medical records and funding along with effective supervision by the Judiciary. Access to competent healthcare is a constitutional and humanitarian duty and should not be considered as preferential treatment for prisoners' due to the State's custody of them and their attendant duty to preserve their life and dignity.

References

Constitution of the Islamic Republic of Pakistan 1973

Constitution of the Islamic Republic of Pakistan 1973, art 14(1)–(2).

Constitution of the Islamic Republic of Pakistan 1973, art 9.

Constitution of the Islamic Republic of Pakistan 1973, arts 4, 9, 14 and 25.

Constitution of the Islamic Republic of Pakistan 1973, arts 4, 9, 14, 25, 29, 30 and 38(d).

Constitution of the Islamic Republic of Pakistan 1973, arts 9 and 14.

Constitution of the Islamic Republic of Pakistan 1973, arts 9, 14 and 25.

Council of Europe, Committee of Ministers. (2006, January 11). *Recommendation Rec (2006)2 to member states on the European Prison Rules*. Council of Europe.

Dr. Uzma Khan and others v. Federation of Pakistan and others, Interim Order of August 18, 2026 (Supreme Court of Pakistan).

Human Rights Watch. (2023, March 29). *"A nightmare for everyone": The health crisis in Pakistan's prisons*. Human Rights Watch.

Human Rights Watch. (2023, March 29). *"A nightmare for everyone": The health crisis in Pakistan's prisons*. Human Rights Watch.

Niveau, G. (2007). Relevance and the limits of the principle of "equivalence of care" in prison medicine. *Journal of Medical Ethics, 33*(10), 610–613. https://doi.org/10.1136/jme.2006.018374

Pakistan prison rules, 1978.

Pont, J., Stöver, H., & Wolff, H. (2018). Prison health care governance: Guaranteeing clinical independence. *American Journal of Public Health, 108*(4), 472–476. https://doi.org/10.2105/AJPH.2017.304248

Khadim Hussain v. Secretary, Ministry of Human Rights, Islamabad and others, PLD 2020 Islamabad 268 (Pak. 2020).

National Commission for Human Rights, National Academy for Prisons Administration, & Justice Project Pakistan. (2025). *Prison data report 2024*.

Office of the United Nations High Commissioner for Human Rights. (2005). *Human rights and prisons: A manual on human rights training for prison officials* (Professional Training Series No. 11). United Nations.

Owais Altaf v. Superintendent, Central Prison Adiala and others, Islamabad High Court, Judgment of August 31, 2026.

Pakistan Medical and Dental Council Act, 2022, Act No. IV of 2023.

Pakistan Prison Rules, 1978.

Raja Azmat Ali v. Abu Malik Naseem and another, 2023 SCMR 1867 (Pak. 2023).

Prisons Act, 1894 (Act IX of 1894).

United Nations Human Rights Committee. (1992, April 10). *General comment No. 21: Article 10 (Humane treatment of persons deprived of their liberty)* (HRI/GEN/1/Rev.9 (Vol. I)).

United Nations General Assembly. (1990). *Basic principles for the treatment of prisoners* (A/RES/45/111, annex).

United Nations General Assembly. (1988). *Body of principles for the protection of all persons under any form of detention or imprisonment* (A/RES/43/173).

United Nations General Assembly. (2015). *United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)* (A/RES/70/175)

United Nations. (1966). *International Covenant on Civil and Political Rights*. 999 U.N.T.S. 171.

United Nations. (1966). *International Covenant on Economic, Social and Cultural Rights*. 993 U.N.T.S. 3.

United Nations Office on Drugs and Crime. (2017). *assessing compliance with the Nelson Mandela Rules: A checklist for prison administrations*. United Nations Office on Drugs and Crime.

World Health Organization, & United Nations Office on Drugs and Crime. (2013). *Good governance for prison health in the 21st century: A policy brief on the organization of prison health*. WHO Regional Office for Europe.

World Medical Association. (n.d.). *Declaration of Edinburgh on prison conditions and the spread of communicable diseases*.

VOLUME AND ISSUES OBTAINABLE AT CENTERIIR.ORG
PAKISTAN JOURNAL OF
CRIMINAL JUSTICE
HEC-Recognised Y-Category · Double-Blind Peer Reviewed · Bi-Annual
ISSN (Print) 2958-9363 · ISSN (Online) 2958-9371 · Volume 5, No. 1, 2026
Journal Homepage: https://journals.centeriir.org/index.php/pjcl

Funding

This research received no external funding.

Conflict of Interest

The authors declare that they have no known financial or personal conflicts of interest that could have influenced the work reported in this paper.

Data Availability Statement

All data used in this study are derived from publicly available legal sources, including statutes, judicial decisions, treaties, and published academic literature cited in the references. No new datasets were generated or analyzed.

Ethical Statement

Ethical approval was not required because this study is based exclusively on publicly available legal documents, judicial decisions, treaties, and published literature and did not involve human participants, animals, or confidential data.

AI Use Disclosure

The authors declare that no generative artificial intelligence tools were used in the research, analysis, or writing of this manuscript.

How to cite this article

Khan, U. A., & Ali, F. (2025). Pakistan's Approach to the Law of International Treaties. Journal of International Law & Human Rights, 4*(1), 1–16. https://doi.org/10.62585/ilhr.v4i1.178*