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DISABILITY VS HUMAN RIGHTS

From Charity and Exclusion to Equality, Autonomy, and Full Participation

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Abstract

Disability is increasingly recognised as a human-rights issue rather than solely an individual medical condition or a matter of charity. International and domestic legal frameworks affirm that persons with disabilities are entitled to dignity, autonomy, equality, accessibility and full participation. Yet legal recognition has not removed the barriers that restrict access to education, employment, healthcare, transport, public services, digital platforms and justice. This paper examines the gap between formal rights and their effective enjoyment through the medical, charity, social and human-rights models of disability. It analyses the United Nations Convention on the Rights of Persons with Disabilities (CRPD), India's constitutional framework and the Rights of Persons with Disabilities Act, 2016 (RPwD Act), alongside selected Indian judicial decisions. It further incorporates an organisational documentary case study based on Panacea Disability Rights Activists' RTI Summary Sheet (November 2026), which records 855 RTI applications across 85 departments/offices in central and Rajasthan State institutions, covering nine broad sectors. The RTI dataset illustrates how transparency can be used to seek documentary evidence about accessibility, facilities, staff training and institutional accountability; it does not, by itself, establish the compliance or non-compliance of the institutions approached. Adopting a doctrinal and socio-legal approach supported by descriptive analysis of this organisational dataset, the paper argues that disability-related exclusion often results from inaccessible systems and institutional practices rather than impairment alone. It concludes that substantive equality requires enforceable accessibility, reasonable accommodation, supported decision-making, effective remedies, adequate resources and meaningful participation by persons with disabilities in decisions affecting them.

IndexTerms - disability rights; human rights; CRPD; RPwD Act 2016; accessibility; reasonable accommodation; legal capacity; inclusive education; Right to Information; institutional accountability; Panacea Disability Rights Activists.

1. Introduction

Disability occupies a paradoxical position in contemporary human-rights discourse. International and domestic law increasingly recognise persons with disabilities as equal citizens entitled to dignity, autonomy, accessibility and full participation. At the same time, exclusion remains a daily reality in education, employment, healthcare, transport, public spaces, digital services and courts. The central problem is therefore not simply the absence of rights, but the persistent failure of laws, institutions and social practices to make those rights effective.

Historically, disability was commonly understood through the medical and charity models. The medical model located disability within the individual body or mind and emphasised diagnosis, treatment, correction or management. The charity model framed persons with disabilities as dependent recipients of pity, protection and welfare. Both approaches risked locating the problem in the individual rather than in inaccessible environments and discriminatory institutions. In practice, they could support segregation, institutionalisation, paternalistic decision-making and restrictions on autonomy.

The social model and human-rights model challenge these assumptions. The social model distinguishes impairment from disability: impairment may be a physical, sensory, intellectual or psychosocial condition, while disability-related exclusion arises through the interaction between impairment and barriers in society. A wheelchair user is excluded not simply by using a wheelchair, but by stairs without ramps, inaccessible transport and discriminatory attitudes. A deaf student is excluded when teaching systems fail to provide sign-language interpretation, captions or other effective communication support.

The human-rights model builds on this insight by treating persons with disabilities as rights-holders rather than passive beneficiaries. It recognises equal entitlement to dignity, legal capacity, education, health, work, political participation and access to justice. It requires states and institutions to prevent discrimination, remove barriers, provide reasonable accommodation and involve persons with disabilities in decisions affecting their lives.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD), adopted on 13 December 2006 and in force from 3 May 2008, is the central international expression of this shift. India ratified the Convention on 1 October 2007. The RPwD Act, 2016 was enacted to give effect to the Convention in domestic law. It recognises barriers broadly and provides rights and duties relating to equality, accessibility, legal capacity, education, employment, healthcare and access to justice.

Nevertheless, legal provisions do not automatically produce substantive equality. Schools may enrol students without providing accessible learning materials; employers may maintain formal equality policies while failing to make reasonable adjustments; public buildings and digital services may remain inaccessible; and guardianship practices may override individual autonomy. These examples reveal the gap between rights on paper and rights in practice.

This paper addresses four questions: (1) How does the human-rights model redefine disability? (2) Where do law, policy and practice fail to secure equality? (3) What do selected Indian legal decisions and institutional examples reveal about the implementation gap? and (4) What reforms are needed to move from formal recognition to substantive inclusion? The central argument is that disability becomes a human-rights concern when avoidable social, environmental, legal and institutional barriers prevent equal enjoyment of rights. Equality requires accessible environments, enforceable remedies, reasonable accommodation, support for decision-making and a shift from charity-based attitudes to rights-based citizenship.

1.1 Objectives and Scope

- To trace the transition from medical and charity approaches to social and human-rights models of disability.
- To examine the CRPD and the Indian constitutional and statutory frameworks.
- To analyse selected judicial decisions concerning autonomy, employment and access to justice.
- To identify barriers in education, infrastructure, digital services and public administration.
- To propose practical reforms for institutional accountability and substantive equality. and to examine the use of RTI-based documentary accountability through an organisational case study.

1.2 Research Methodology

The paper adopts a doctrinal and socio-legal methodology. It analyses international instruments, constitutional provisions, legislation and selected judicial decisions, supplemented by secondary literature and institutional materials. It also undertakes a descriptive documentary analysis of the RTI Summary Sheet of Panacea Disability Rights Activists, dated November 2026. The sheet reports 855 RTI applications across 85 departments/offices: 213 applications to central institutions and 642 to Rajasthan State departments, across nine broad sectors. The analysis uses the counts and sector classifications reported in that summary sheet; percentages are calculated from those counts. The dataset records applications filed and their stated information objectives, not the substantive responses received, verified accessibility conditions, or legal compliance outcomes. The case studies are illustrative and the RTI dataset is an organisational activity record, not a statistically representative survey of all public institutions. The paper does not claim to have conducted interviews or primary fieldwork. Legal propositions are linked to primary legislation or judgments wherever possible; broader implementation observations are framed as analytical issues requiring further empirical investigation.

2. Conceptual Framework

2.1 Impairment and Disability

The CRPD recognises that disability is an evolving concept and results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder full and effective participation on an equal basis with others. The distinction is important: impairment describes an aspect of an individual's functioning, while disability-related disadvantage is shaped by the design of society and the response of institutions. This does not deny the importance of healthcare or rehabilitation; it rejects the assumption that medical intervention alone can resolve exclusion.

2.2 Medical and Charity Models

The medical model focuses on diagnosis, treatment and rehabilitation. It becomes exclusionary when a diagnosis is treated as a proxy for inability, or when participation is made conditional upon an individual being cured or normalised. The charity model emphasises benevolence, protection and welfare. Assistance may be valuable, but charity is not a substitute for enforceable rights and can reinforce dependency when recipients are denied choice or control.

2.3 Social and Human-Rights Models

The social model asks how architecture, transport, communication, institutional rules and attitudes create disabling barriers. The human-rights model places this analysis within principles of equality, dignity, autonomy, non-discrimination and participation. It requires states to respect rights by refraining from discrimination, protect rights against third-party interference, and fulfil rights through positive measures such as accessibility and accommodation.

2.4 Accessibility, Universal Design and Reasonable Accommodation

Accessibility concerns the usability of the physical environment, transport, information, communication and services by persons with disabilities on an equal basis with others. It is generally a system-wide, anticipatory obligation. Universal design aims to make products, environments, programmes and services usable by all people to the greatest extent possible without specialised adaptation, while recognising that assistive devices may still be required.

Reasonable accommodation refers to necessary and appropriate modifications in a particular case, where needed, that do not impose a disproportionate or undue burden, to ensure equal enjoyment of rights. Examples include accessible formats, sign-language interpretation, assistive technology, modified work arrangements and examination

adjustments. Accessibility and reasonable accommodation are related but distinct: accessibility addresses barriers in advance across systems; accommodation responds to an individual's particular requirements.

2.5 Legal Capacity and Supported Decision-Making

Legal capacity concerns both being recognised as a person before the law and having the authority to make decisions with legal effect. Article 12 of the CRPD requires equal recognition before the law and access to support in exercising legal capacity. Supported decision-making seeks to assist a person's own will and preferences through accessible information, communication support, trusted supporters or independent advocacy. Support should not become a disguised mechanism for replacing the person's decisions.

2.6 Intersectionality

Disability interacts with gender, caste, poverty, age, rural location, migration and other social conditions. Women with disabilities may experience both ableism and sexism; people in rural areas may face additional barriers to transport, specialist services and assistive technology. A sound human-rights analysis must therefore avoid treating persons with disabilities as a homogeneous group.

3. International Human-Rights Framework

3.1 Universal Human-Rights Foundations

The Universal Declaration of Human Rights, 1948, and the International Covenants on Civil and Political Rights and Economic, Social and Cultural Rights establish universal guarantees of equality, dignity, liberty, education, health, work and participation. These protections apply to persons with disabilities. The CRPD clarifies how states must secure these rights in light of disability-related barriers.

3.2 The CRPD

The CRPD was adopted by the UN General Assembly on 13 December 2006 and entered into force on 3 May 2008. It is a comprehensive human-rights treaty dedicated to the rights of persons with disabilities. Its general principles include respect for inherent dignity and individual autonomy, non-discrimination, full and effective participation, respect for difference, equality of opportunity, accessibility, equality between men and women, and respect for the evolving capacities of children with disabilities.

CRPD provision	Subject	Relevance
Article 5	Equality and non-discrimination	Requires equal protection and prohibits disability discrimination.
Article 9	Accessibility	Addresses the built environment, transport, information and communications.
Article 12	Equal recognition before the law	Requires equal legal capacity and access to support.
Article 13	Access to justice	Requires procedural and age-appropriate accommodation.
Article 19	Living independently and inclusion	Supports choice and participation in the community.
Article 21	Expression and access to information	Requires accessible information and communication.
Article 24	Education	Requires an inclusive education

		system.
Article 25	Health	Requires non-discriminatory healthcare.
Article 27	Work and employment	Protects the right to work in an open, inclusive and accessible labour market.
Article 29	Political and public life	Protects political participation and accessible voting.

The CRPD does not create a separate, lesser set of rights. It explains the measures necessary for persons with disabilities to enjoy universal rights on an equal basis with others. Article 12 is particularly important because it challenges automatic assumptions of incapacity and requires safeguards against abuse in the exercise of legal capacity.

4. Indian Constitutional and Statutory Framework

4.1 Constitutional Guarantees

The Constitution of India does not contain a single, self-contained chapter on disability rights, but its guarantees are central to disability equality. Article 14 protects equality before the law and equal protection of the laws. Article 16 guarantees equality of opportunity in public employment. Article 19 protects specified freedoms, including speech and movement, subject to constitutional limitations. Article 21 protects life and personal liberty and has been interpreted to include dignity and autonomy. Article 41, within the Directive Principles, refers to public assistance in cases including disablement, subject to the State's economic capacity and development. These provisions should be read alongside disability-specific legislation.

4.2 Rights of Persons with Disabilities Act, 2016

The RPwD Act, 2016 (Act 49 of 2016) was enacted to give effect to the CRPD. It replaced the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and recognises a wider range of specified disabilities. Its definition of 'barrier' includes communicational, cultural, economic, environmental, institutional, political, social, attitudinal and structural factors that hinder full and effective participation.

RPwD Act provision	Subject	Research significance
Section 3	Equality and non-discrimination	Includes reasonable accommodation and protection against disability discrimination.
Section 10	Reproductive rights	Addresses reproductive information and consent to infertility-causing procedures.
Section 12	Access to justice	Requires non-discriminatory access and accessible public documents and processes.
Section 13	Legal capacity	Recognises equal legal capacity.
Section 14	Limited guardianship	Provides a limited guardianship framework with statutory conditions.

Sections 16–17	Inclusive education	Require inclusive education and specified support measures.
Section 20	Employment	Prohibits discrimination in government employment and requires accommodation.
Section 25	Healthcare	Addresses healthcare access and related measures.
Sections 40–46	Accessibility	Provide for accessibility standards across the built environment, transport, ICT and services.

The statutory framework is substantial, but its effectiveness depends on rules, budgets, trained personnel, accessible grievance mechanisms, monitoring and remedies. A policy document or accessibility statement does not itself establish that a facility or service is usable in practice.

5. Selected Case Studies

5.1 Legal Capacity, Autonomy and Reproductive Decision-Making: Suchita Srivastava v. Chandigarh Administration

In Suchita Srivastava v. Chandigarh Administration, (2009) 9 SCC 1, the Supreme Court considered whether a woman with an intellectual disability residing in a government institution could have her pregnancy terminated without her consent. The Court held that the woman's consent was essential under the Medical Termination of Pregnancy Act as it then stood and recognised reproductive choice as an aspect of personal liberty under Article 21.

The decision is significant because it rejected the proposition that intellectual disability, by itself, extinguishes a woman's right to make decisions concerning her body. It supports the principles of dignity, privacy, bodily autonomy and informed consent. The case preceded the RPwD Act, 2016 and should not be described as an application of that later statute. Its reasoning is nevertheless relevant to the subsequent statutory emphasis on legal capacity and reproductive rights.

The case also has limits as a precedent for the full CRPD model of legal capacity. A court's assessment of a person's ability to express a decision in a particular context should not be converted into a general presumption of incapacity. Institutions must provide accessible information and communication support before concluding that a person cannot decide.

5.2 Reasonable Accommodation and Employment: Ranjit Kumar Rajak v. State Bank of India

In Ranjit Kumar Rajak v. State Bank of India, Writ Petition No. 576 of 2008, decided on 8 May 2009, the Bombay High Court considered the rejection of a candidate who had undergone a renal transplant. The question was whether a person otherwise qualified and medically fit to perform the duties could be denied employment because of the anticipated financial burden associated with the medical condition. The Court examined the employer's decision and the relevance of reasonable accommodation, drawing on the CRPD framework.

The case is important for its challenge to assumptions that a medical history necessarily makes a candidate unsuitable. It illustrates the need for an individualised assessment of actual job requirements, functional ability and possible adjustments rather than blanket exclusion. However, it predates the RPwD Act and should be described accurately: it concerned a renal-transplant-related medical condition and is relevant to the development of accommodation principles; it should not be represented as a straightforward statutory disability-reservation ruling.

Employment equality cannot be achieved through quotas alone. It also requires accessible recruitment, reasonable accommodation, non-discriminatory performance assessment, retention, promotion and career development. Employers should identify the essential functions of a role and assess accommodation requests on evidence rather than stereotypes.

5.3 Accessibility and Fair Trial: Rakesh Kumar Kalra Deaf Divyang v. State Government of NCT of Delhi

In Rakesh Kumar Kalra Deaf Divyang v. State Government of NCT of Delhi, W.P. (CRL.) 2500/2022, decided on 24 August 2023, the Delhi High Court considered the barriers faced by a deaf accused person with additional impairments in participating meaningfully in criminal proceedings. The petitioner raised concerns about communication, accessible documents, assistive technology and the ability to understand and participate in court proceedings.

The Court treated access to justice and fair trial as substantive equality issues. It examined Section 12 of the RPwD Act and emphasised that a person's formal presence in court is insufficient if communication barriers prevent meaningful participation. The judgment discussed accessible public documents, equipment for filing and storing records in accessible formats, communication support, assistive technology and courtroom infrastructure.

The decision demonstrates that the justice system must accommodate the needs of persons with disabilities, including accused persons, and not only complainants or witnesses. It also illustrates that procedural fairness requires active institutional measures. The judgment's directions and observations should be distinguished from general statements of law and cited to the full judgment when used in a journal submission.

5.4 Inclusive Education and the Right to Learn

Article 24 of the CRPD requires an inclusive education system at all levels. Sections 16 and 17 of the RPwD Act place duties on educational institutions and identify measures to promote inclusive education, including accessible campuses, reasonable accommodation, individualised support, trained teachers, accessible learning materials, assistive devices and examination accommodations.

A student's admission to a mainstream institution does not by itself establish inclusion. A visually impaired student who receives no accessible textbooks or screen-reader-compatible material, a deaf student without interpretation or captions, or a student with a psychosocial disability excluded because the institution cannot provide appropriate support may be physically present but educationally excluded. These examples are illustrative and should not be presented as empirical findings unless supported by documented evidence.

Inclusive education requires adaptation of teaching methods, assessment, communication, infrastructure and institutional culture. The educational system must respond to learner diversity rather than requiring each learner to fit an inflexible system.

5.5 Gender, Reproductive Rights and Disability

Women and girls with disabilities may experience intersecting discrimination in healthcare, family life, sexuality and reproductive decision-making. The CRPD's Articles 6, 12, 23 and 25 are relevant to the protection of women with disabilities, legal capacity, family life and health. Section 10 of the RPwD Act addresses reproductive rights and requires attention to free and informed consent in relation to procedures intended to cause infertility.

Suchita Srivastava is particularly relevant because it rejects the assumption that a woman's intellectual disability permits the State to substitute its preference for her own reproductive decision. A rights-based healthcare system must provide accessible information, communication support, privacy and meaningful consent. It must also avoid stereotypes that disabled women are inherently incapable of parenting or making intimate decisions.

5.6 Access to Justice as a Continuing Institutional Obligation

Section 12 of the RPwD Act and Article 13 of the CRPD establish that access to justice includes the ability to understand proceedings, communicate with legal representatives and authorities, access documents, give evidence and obtain remedies. Barriers may arise at police stations, legal services authorities, filing counters, courtrooms and during hearings. The Rakesh Kumar Kalra judgment provides a concrete illustration of these issues in criminal proceedings.

Accessible justice may require sign-language interpretation, communication assistants, Braille or electronic documents, plain-language explanations, assistive technology, accessible buildings and procedural adjustments. The appropriate support must be based on the individual's communication preferences; sign-language interpretation, for example, should not be assumed to assist every deaf person. Effective access must be assessed from the person's actual ability to participate.

6. Accessibility, Digital Inclusion and Emerging Technologies

Accessibility is a precondition for exercising other rights. Without accessible transport, a person may be unable to reach work or education. Without accessible public information, a person may be unable to understand a government scheme or exercise a legal entitlement. Without accessible banking services, a person may be unable to manage financial affairs independently. The CRPD's Article 9 and the RPwD Act's accessibility provisions therefore have implications across public and private service delivery.

Digital services create both opportunities and risks. Screen readers, speech recognition, captioning, alternative communication tools and assistive applications can increase independence. Conversely, websites that cannot be navigated by keyboard, documents that are not machine-readable, video without captions, inaccessible authentication systems and poorly designed automated interfaces can exclude users. Artificial intelligence may reproduce bias where training data or system design fails to account for disability diversity.

Public authorities and service providers should integrate accessibility into procurement, design, testing and maintenance. Digital systems should be tested with disabled users and assistive technologies. Automated decisions affecting access to employment, benefits, education or healthcare should be explainable, reviewable and subject to meaningful human oversight. Technology should support autonomy, not become a new gatekeeper.

7. Transparency, RTI and Institutional Accountability

The Right to Information Act, 2005 is not a disability-specific statute and does not itself create accessibility duties. Nevertheless, it can support disability-rights accountability by enabling access to existing records held by public authorities. Information about accessibility audits, sanctioned works, procurement, policies, training, complaints and compliance reports can help citizens and organisations assess whether public institutions are implementing their legal obligations.

RTI can contribute in five ways: (1) transparency about policies and records; (2) documentary evidence for representations and complaints; (3) monitoring of accessibility projects and institutional commitments; (4) identification of responsible authorities and recorded action; and (5) evidence-based advocacy. Its limits must also be recognised: the Act generally provides access to information on record and does not require a public authority to create new records, offer opinions or undertake fresh analysis merely because an applicant requests it.

Transparency is most effective when combined with follow-up representations, statutory complaints, accessibility audits and appropriate legal remedies. Public authorities should also proactively disclose relevant accessibility and inclusion information in accessible formats.

8. Panacea Disability Rights Activists: RTI-Based Institutional Accountability

The RTI Summary Sheet of Panacea Disability Rights Activists, dated November 2026, documents a sustained transparency initiative directed at public accessibility for persons with disabilities. According to the sheet, the organisation has filed 855 RTI applications covering 85 departments/offices in Udaipur and across Rajasthan, as well as central institutions. The stated purpose is to obtain recorded information about accessibility provisions—including ramps, wheelchairs, accessible toilets, Braille signage, reserved facilities and staff training—and to strengthen accountability under the Right to Information Act, 2005.

8.1 Scale and institutional reach

The summary sheet divides the 855 applications into 213 applications to central institutions and 642 to Rajasthan State departments. These represent approximately 24.9% and 75.1% of the total respectively. The sheet identifies 85 departments/offices as the institutional coverage. These figures describe the scale and distribution of applications filed; they should not be interpreted as the number of institutions found inaccessible or as a measure of successful remedial action.

Identify barrier	**File RTI**	**Obtain records**	**Analyse evidence**	**Represent / complain**	**Seek remedy**	**Verify change**

Figure 1. Distribution of RTI applications by level of government.

8.2 Sectoral coverage

The summary sheet reports activity across nine broad sectors. For analytical comparison, the education figures for central and Rajasthan State institutions are combined (41 + 302 = 343), and railway and state transport figures are combined (22 + 34 = 56). The remaining categories are retained as reported. On this consolidated basis, education accounts for 343 applications, healthcare for 190, banking for 140, other state services for 59, transport including railways for 56, government buildings/construction for 37, employment/social justice for 20, and aviation for 10. These consolidated categories sum to 855.

Consolidated sector	**Applications**	**Share**
Education	343	40.1%
Healthcare	190	22.2%
Banking	140	16.4%
Other	59	6.9%
Transport (incl. railways)	56	6.5%
Government buildings	37	4.3%
Employment / social justice	20	2.3%
Aviation	10	1.2%

Figure 2. RTI applications across consolidated sectors (education and transport groupings explained above).

8.3 What the applications seek to document

The sector-wise entries show that the information sought is tailored to the functions of each institution. Banking applications address ramps, wheelchairs, Braille keypads, talking ATMs, assistive equipment, staff training and grievance redressal. Railway and transport applications address station access, lifts, escalators, accessible toilets, passenger assistance, wheelchair facilities and reservation arrangements. Education-related applications seek information about campus and school accessibility, special educators, accessible learning support, examination

accommodations, hostel facilities and grievance mechanisms. Hospital-related applications focus on ramps, wheelchairs, accessible toilets, separate counters, diagnostic services and communication support. Applications to public works and urban bodies seek records about accessibility standards, audits, footpaths, public toilets, reserved parking and budget provisions. Other entries cover police-station access and staff sensitisation, religious sites and tourist destinations.

8.4 Analytical significance and evidentiary limits

This organisational record gives practical content to the paper's argument that RTI can support disability-rights accountability. It identifies the types of institutional records that can be requested and the sectors in which accessibility questions are being pursued. It can also help structure follow-up representations, accessibility audits and complaints by identifying relevant authorities and the subject matter of their records. However, the summary sheet records applications filed and the objectives of those applications. It does not provide a consolidated account of replies received, deficiencies confirmed, corrective measures completed, budgets spent, or accessibility outcomes independently verified. Accordingly, this paper treats the figures as evidence of the organisation's RTI activity and sectoral reach—not as proof that all 85 offices are non-compliant, or that the requested facilities are absent. A subsequent outcome-based study could code replies, classify documented gaps, record follow-up action and verify changes on the ground.

8.5 RTI-to-accountability pathway

The initiative may be understood as a documentary accountability sequence: identify a disability-related accessibility issue; seek existing records through RTI; examine the response; identify any documented gap; submit a reasoned representation or complaint; seek corrective action; and verify implementation. RTI is an information mechanism within this sequence, not a substitute for statutory enforcement or a physical accessibility audit.

Figure 3. Illustrative RTI-to-accountability pathway derived from the paper's analysis; it is not a claim that every application has completed every stage.

Coverage category	RTI applications	Share of total
Central institutions	213	24.9%
Rajasthan State departments	642	75.1%

9. Findings and Discussion

- Formal legal recognition is necessary but insufficient. The existence of legislation does not establish that rights are accessible in daily life.
- Many forms of disability-related exclusion are institutional. Physical design, communication systems, digital interfaces, administrative practices and social attitudes can create barriers even without an express discriminatory rule.
- Accessibility is cross-cutting. It enables the exercise of rights relating to education, work, healthcare, mobility, information, political participation and justice.
- Reasonable accommodation requires individual assessment. Identical treatment may perpetuate inequality where a person needs an adjustment to participate on an equal basis.
- Autonomy must remain central. Support should facilitate the person's will and preferences and should not automatically become substituted decision-making.
- Judicial decisions can clarify rights and require institutional change, but their broader impact depends on implementation, training, resources and monitoring.

- Transparency mechanisms such as RTI can reveal what public authorities have recorded and done, but must be combined with substantive legal enforcement.

10. Recommendations

10.1 Strengthen Supported Decision-Making

Authorities should develop accessible support arrangements, including communication assistance, independent advocacy and trained supporters. Any guardianship arrangement should be applied strictly within the statutory framework, with safeguards and attention to the person's rights, will and preferences. Disability diagnosis alone should not be treated as proof of incapacity.

10.2 Make Accessibility Measurable and Enforceable

Public authorities should conduct periodic accessibility audits covering buildings, transport, information, communication and digital services. Audits should identify specific barriers, responsible officers, budgets, deadlines and corrective action. Compliance reports should be published in accessible formats.

10.3 Strengthen Inclusive Education

Schools, colleges and universities should provide accessible learning materials, assistive devices, appropriate communication support, trained personnel, examination accommodations and accessible campuses. Inclusion should be evaluated through participation, retention, learning outcomes and student experience, not enrolment alone.

10.4 Improve Employment Practices

Employers should adopt accessible recruitment and promotion procedures, publish and implement equal-opportunity policies, train human-resource personnel and assess accommodation requests individually. Public employment protections should be matched by workplace accessibility and effective grievance redressal.

10.5 Ensure Accessible Healthcare and Reproductive Services

Healthcare providers should offer accessible information and communication, respect informed consent, protect privacy and ensure that disability is not used as a reason to deny treatment or override reproductive choice. Staff training should address disability, gender and intersectional discrimination.

10.6 Make Justice Systems Accessible

Police stations, legal services authorities, tribunals and courts should provide accessible documents, communication support, assistive technology, accessible filing systems and barrier-free infrastructure. Accommodation should be tailored to the person's preferred communication method and support needs.

10.7 Integrate Accessibility into Digital Governance

Accessibility should be a procurement and design requirement for public websites, mobile applications, online education, banking and emergency services. Testing should involve persons with different disabilities and assistive technologies. Automated decisions should be monitored for discriminatory effects.

10.8 Strengthen Transparency and Participation

Public authorities should maintain and proactively disclose records of accessibility audits, action plans, complaints and compliance. Organisations of persons with disabilities should participate meaningfully in policy design, implementation and evaluation. The principle 'Nothing about us without us' should inform institutional practice.

11. Conclusion

The phrase 'disability versus human rights' is deliberately provocative, but the concepts are not in genuine opposition. Persons with disabilities do not possess a separate or lesser category of human rights. They are entitled to the same universal rights as everyone else. The real conflict lies between the promise of universal equality and the institutional failure to make that promise effective.

The CRPD and India's RPwD Act provide a substantial framework for dignity, autonomy, accessibility, non-discrimination and participation. Indian judicial decisions such as Suchita Srivastava, Ranjit Kumar Rajak and Rakesh Kumar Kalra illustrate how courts have addressed reproductive autonomy, employment exclusion and meaningful access to justice. Yet these decisions also show that rights require more than formal recognition. They require systems capable of delivering accessible information, accommodation, support and remedies.

The central conclusion is that disability-related exclusion is frequently produced by the way society is organised. Inaccessible buildings, inflexible institutions, discriminatory assumptions and inaccessible digital systems can prevent people from exercising rights that formally belong to them. The answer is not charity or paternalistic protection, but enforceable equality, individual autonomy, reasonable accommodation, public accountability and participation. The November 2026 RTI summary of Panacea Disability Rights Activists—855 applications across 85 departments/offices—also demonstrates how citizens and organisations can use access to recorded information to examine institutional attention to accessibility. The value of this activity lies in creating a documentary basis for scrutiny and follow-up; actual compliance and improvements must be established through response analysis and verification.

A democratic society should be judged not only by the rights it declares in its Constitution and statutes, but by whether people can actually exercise those rights in everyday life. Human rights cannot be meaningfully universal while their practical enjoyment remains inaccessible to persons with disabilities.

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