

Medical Bail in Pakistan: Supreme Court Restates Test for Serious Illness and Specialized Treatment

The Supreme Court granted post-arrest bail where severe hypertension and cardiac disease required specialized treatment unavailable in jail and continued detention threatened the prisoner's health and life.

Supreme Court of Pakistan judgment analysis
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Case: Zeeshan Majeed Bhatti v The State through D.A.G. Islamabad and another
Proceedings: Crl.P.L.A. Nos. 1200 and 1208 of 2026
Court: Supreme Court of Pakistan | Decided 17 September 2026
Bench: Justice Shahid Waheed, Justice Naeem Akhter Afghan and Justice Ishtiaq Ibrahim
Result: Medical bail granted in both FIA cases; separate surety bonds of Rs 500,000 in each case

The ruling in one sentence

The Supreme Court of Pakistan granted post-arrest bail on medical grounds after official jail reports established that the under-trial prisoner suffered from serious uncontrolled hypertension, diabetes and ischaemic heart disease, required specialized cardiac investigation and treatment unavailable in the jail hospital, and faced a risk to health and life from continued detention without that care.

The order is Zeeshan Majeed Bhatti v The State through D.A.G. Islamabad and another, Criminal Petitions for Leave to Appeal Nos. 1200 and 1208 of 2026. Justice Naeem Akhter Afghan authored the order for a three-member bench comprising Justice Shahid Waheed, Justice Naeem Akhter Afghan and Justice Ishtiaq Ibrahim. It was heard and decided on 17 September 2026 and approved for reporting.

Why this is a medical-bail ruling, not a decision on guilt

The petitioner was an under-trial prisoner in two FIA Corporate Crime Circle cases registered in Islamabad. The allegations involved sections 406, 409, 419, 420, 467, 468, 471, 477-A, 34 and 109 of the Pakistan Penal Code, 1860, read with section 5(2) of the Prevention of Corruption Act, 1947.

The trial court and Islamabad High Court had refused post-arrest bail on medical grounds. The Supreme Court did not determine whether the prosecution allegations were true, whether the evidence was sufficient for conviction or whether the petitioner was otherwise entitled to ordinary bail on the merits.

The Court addressed a narrower question: whether the official medical material showed a serious condition that could not properly be treated within jail and made continued detention without specialized care hazardous.

The medical evidence before the Court

The Supreme Court examined reports dated 4 April and 27 August 2026 prepared by the Medical Officer of Central Jail Rawalpindi. The later report recorded that the 43-year-old prisoner had a history of hypertension, diabetes mellitus, atypical chest pain and ischaemic heart disease.

The medical history recorded repeated specialist examinations and materially high blood-pressure readings. An electrocardiogram showed ischaemic changes. Consultants advised cardiac consultation, CT coronary angiography, fresh echocardiography, an exercise tolerance test, blood-pressure charting and, at one stage, a plan for coronary angiography with possible percutaneous coronary intervention.

The exercise tolerance test could not be performed when the petitioner's blood pressure was 170/120 mmHg. Other examinations recorded readings of 180/120 mmHg even after medication and 190/120 mmHg with exertional chest pain.

Most importantly, the Medical Officer expressly reported that the ailments could not be fully treated through the facilities available at Central Jail Hospital Rawalpindi. The prisoner required referral to a tertiary-care cardiac hospital for specialized evaluation, control of blood pressure, completion of cardiac investigations and further management advised by consultant cardiologists.

The controlling test for bail on medical grounds

The Court applied a settled test rather than treating every illness as an automatic reason for release. Medical bail becomes justified where the sickness or ailment:

- cannot properly be treated within the jail premises;
- requires specialized treatment or monitoring that the jail cannot provide; and
- makes continued detention likely to impair the prisoner's condition or hazardous to life.

The focus is therefore not only the name of a disease. The court must assess its seriousness, the actual medical needs, the treatment realistically available in custody and the probable effect of continued detention.

An accused does not obtain bail merely by producing a prescription, alleging discomfort or preferring treatment outside jail. Conversely, the criminal process cannot require detention at the cost of a medically established danger where the custodial system cannot provide the necessary specialized care.

Banaras v The State: serious disease and inadequate jail care

The Supreme Court relied first on *Banaras v The State*, 1978 SCMR 191. Bail was granted there to an accused suffering from idiopathic epilepsy. The Court had taken into account the seriousness of the disease, the occurrence of fits and the difficulty jail authorities would face in providing suitable care.

The authority supports the proposition that the practical ability of the jail to manage the illness is a central consideration. A diagnosis alone does not answer the bail question; the adequacy of custodial treatment must also be examined.

Malik Muhammad Yousafullah Khan: the established medical-bail formula

The leading formulation came from *Malik Muhammad Yousafullah Khan v The State*, PLD 1995 SC 58. It states that, in a non-bailable case, medical bail may be granted where the illness cannot properly be treated inside jail, specialized treatment is required, and continued detention is likely to affect the prisoner's capacity or prove hazardous to life.

The Zeeshan Majeed Bhatti order directly applied that test to the current jail reports. Those reports did not merely list hypertension and diabetes. They documented persistent and dangerously elevated blood pressure, cardiac symptoms, incomplete investigations and an express institutional inability to provide the required level of care.

Zakhim Khan Masood and Manzoor Wattoo: cardiac disease in custody

In *Zakhim Khan Masood v The State*, 1998 SCMR 1065, the accused suffered from ischaemic heart disease. Medical material showed that stress and strain could aggravate the disease and have hazardous effects on his life. The Court considered treatment in conditions free from custodial pressure material to recovery and granted bail.

The present order also relied on *Mian Manzoor Ahmad Wattoo v The State*, 2000 SCMR 107. Bail in three cases was granted after the Court concluded that continued jail detention was hazardous and the required specialized treatment could not be provided within jail.

Together, these precedents show continuity in the Supreme Court's approach. Cardiac illness does not generate an automatic rule of release, but documented risk, inadequate custodial facilities and the need for specialist intervention may make continued detention legally untenable.

Why the Court granted bail in both FIA cases

The decisive facts were cumulative:

- the petitioner's illnesses were documented in official reports from the jail medical system;

- repeated consultants recorded uncontrolled hypertension and cardiac concerns;
- important investigations remained incomplete;
- the Medical Officer stated that the jail hospital could not fully treat the conditions;
- tertiary-care cardiac evaluation and specialized management were required; and
- continued detention without that care was likely to affect the petitioner's capacity and could be hazardous to life.

The Supreme Court converted both petitions into appeals and accepted them. It granted post-arrest bail in FIR No. 17 of 2024 and FIR No. 19 of 2024, both registered at FIA Corporate Crime Circle Islamabad.

The petitioner was required to furnish separate surety bonds of Rs500,000 in each case, with personal recognizance bonds in the same amount, to the satisfaction of the trial court.

The 35-day filing delay was also condoned

Before deciding the bail petitions, the Court allowed Criminal Miscellaneous Applications Nos. 987 and 989 of 2026. It found sufficient and cogent reasons for condoning a delay of 35 days in filing the two petitions.

This procedural ruling removed the limitation obstacle but did not itself determine the medical-bail question. The Court then separately considered the jail reports and the governing precedents before granting relief.

What defence lawyers must prove in a medical-bail application

A strong medical-bail application should go beyond naming illnesses. It should place before the court current and verifiable material showing:

- the diagnosis and its seriousness;
- symptoms, objective readings and relevant tests;
- the treatment already provided in jail;
- specialist recommendations and investigations still required;
- the precise facilities or monitoring unavailable in custody;
- the medical effect of delay or continued detention; and
- a clear professional opinion on whether the condition is likely to worsen or endanger life.

Where possible, the record should come through the official jail medical system or a court-directed examination. An unexplained private certificate carrying broad conclusions will ordinarily be weaker than a detailed report that records examinations, test results, treatment attempts and the limits of jail facilities.

What prosecutors and jail authorities should address

The prosecution should not respond to a medical-bail request only by emphasizing the seriousness of the alleged offences. It should test whether the medical evidence is genuine, current and linked to an actual custodial deficiency.

If the State maintains that treatment is available in custody, it should identify the facility, relevant specialists, required investigations, monitoring arrangements and realistic timetable. A general assurance that treatment can be provided may carry little weight against an official report expressly stating that the jail hospital cannot provide it.

Jail authorities should also ensure that referrals and specialist recommendations are implemented promptly. Delay in a prescribed investigation can itself become relevant where the prisoner's condition remains uncontrolled and the medical record identifies a risk from continued detention.

Limits of the judgment

The ruling does not create a general right to bail for every prisoner with hypertension, diabetes, chest pain or another chronic illness. The result depended on unusually high blood-pressure readings, cardiac findings, repeated specialist advice and the Medical Officer's express conclusion that the jail could not provide the required treatment.

It does not establish the petitioner's innocence and does not weaken the prosecution cases. Bail regulates custody pending trial; it is not an acquittal.

The order also does not hold that every prisoner may demand treatment from any doctor or hospital of personal choice. Its controlling concern was the medically demonstrated need for specialized treatment that was unavailable within the existing jail facilities and the danger created by continued detention without that care.

Finally, the judgment should not be read as replacing the individual assessment required in every medical-bail case. Courts must evaluate the illness, evidence, available custodial care and risk on the record before them.

Practical significance

The judgment provides a current and concise Supreme Court application of Pakistan's medical-bail test. It is particularly useful where an under-trial prisoner has a cardiac condition, uncontrolled hypertension or another illness requiring investigations and monitoring beyond the jail hospital's capacity.

Its strongest lesson is evidentiary. The petitioner succeeded not on a bare claim of sickness but on detailed official reports documenting the disease, specialist recommendations, failed or incomplete investigations, persistently dangerous readings and the jail's inability to provide full treatment.

This commentary is independent legal analysis for research and general information. The complete order, current medical condition, jail facilities, prosecution record and later judicial treatment should be checked before reliance in proceedings.