Promoting Socio-economic Right to Health Using Web 2.0 and Web 3.0 in Participatory Medical Cognition

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Abstract. *The Socio-economic Right to Health* is a quintessential phenomenon, having huge impact on to the lives of the people enabling humans to live with dignity and is a significant component of *Human Rights*. In this modern globalized international legal regime, every innovation is a subject of public trust and the people, existing therein, have the *Right* to enjoy every positive outcome coming out of the same. In this context, the innovative medical ideas are essential for ensuring *Right to Health* of the people at large at the social, economic and legal spectrum and in this arena *PaJR* can be an effective tool along with the Case Based Blended Learning Ecosystem *(CBBLE)* which can aid in participatory medical cognition through the users. The present conventional health care system is increasingly becoming expensive as it is going beyond the catch of the general people and is largely based on insurance. In this technologically advanced era of *Artificial Intelligence and other innovative technologies (Web 2.0 and Web 3.0),* it is also becoming difficult for the educationally and technologically backward people to access the benefits of the technologies, insurance, developed banking system, internet so on and so forth. This present Chapter intends to look into the theoretical aspects and existing data relating to *PaJR* and how the international medico-legal regime is perceiving this ecosystem of Web 2.0 and Web 3.0 in order to make it a mainstream health care providing tool. It further intends to look into the impact of *PaJR* in ensuring *Socio-economic Rights* of the people particularly belonging to a comparatively backward socio-economic background.

Keywords: User-driven Health Care (UDHC), Patient Journey Record (PaJR), Socio-economic Right to Health and Participatory Medical Cognition..

1. Introduction

Participatory Medical Cognition is the outcome of web 2.0 and web 3.0 development which have aided in the creation of a community known as ‘Users’ of web. This vast pool of ‘users’ have driven certain need based innovations involving social connectivity, content creation and evolving a new concept of ownership and decision making. Presently, every private information of individuals can be a matter of ‘privacy concern’ due to the development of web 3.0 algorithms which can lead a

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community into mass win or destruction. In this socio-legal and technological backdrop, medical cognition can also become an issue of raising concerns for data protection and decision making. In this context, medical cognition through equal participation of the patients and medical professionals can create a better inter-relationship between the two different variables. This ultimately has led to the idea of 'Telemedicine' has evolved where healthcare services can be made available remotely through telecommunications and without in-person visits.

Right to Health, as it is perceived today under the international legal regime, falls within the category of Second *Generation Human Rights.* The irony lies in the notion that though *Right to Life, Liberty, Equality and Fraternity* fall within the category of *Civil and Political Rights,* still the modern legal regime has not given a second thought in codifying the basic *Right to Health and availability of health care to the people* as primary on the matter of implementation.[1] In the modern socio-economic and political scenario, *access to health care* is an essential phenomena for the protection of the lives of the people as the general mass, un-alarmingly, are being subjected to fatal/life-taking diseases [like cancer, Covid 19 pandemic, Ebola outbreak, HIV/AIDS, any heart or lung or kidney disease and so on] the treatment of which causes huge amount of psychological as well as economical expenditure. In the recent past, during the *Covid 19 pandemic,* the whole world witnessed the crisis existing within the health service system where most of the hospitals are found under malpractice, facing shortage of medical staffs and equipment which ultimately resulted in disruption of *health care services.*

The expenses of the healthcare mainly paid either by the insurance provided by the employer or through the insurance policies sold by the individual companies, however, other than these, there are other category of people who cannot spend much in order to buy premium or their employment is of such a nature where the employer

[1] Article 12, 18, 19, 21 and 22 of 'the International Covenant on Civil and Political Rights, 1966' *inter alia* assert that the protection of *Right to Life, Liberty, Equality and Freedom* is essential in order to ensure "*public health, safety and morals of the people within a particular geo-political territory."* However, *Right to Health* as an integral part of *Right to Life* has not been mentioned anywhere. It is Article 12 of the 'International Covenant on Economic, Social and Cultural Rights, 1966' which talks about 'Right to enjoy the highest attainable standard of physical and mental health' which is an essential criteria of ensuring Dignity of Human beings.

does not provide any health care facilities. This category of the people [majority of the people of the world] are deprived of health care facilities as they cannot even afford the expensive visits of the medical practitioners and prescription of the expensive medicines as well. However, if they could be brought under the web 2.0 and web 3.0 spectrum they could have taken the advantages of user driven innovation like PaJR within the Case Based Blended Learning Ecosystem *(CBBLE)*.

In this given scenario, the *User-driven Health Care* mechanism intends to provide a thorough and enhanced health care service to the patients by creating a platform of two way learning[2] and generating medical literacy amongst the general mass. The present medical system has shifted vastly from *EBM [evidence-based medicine]* to *the machine based clinical support systems,* lacking human touch, knowledge and natural intelligence. In such situation, the basic demand is that the evidences of medical practices should come from humans and in order to access the same, the users of the machines and technologies (humans) are intended to bring into a single umbrella where they will communicate with the medical practitioners by updating their daily journey which will be the subject of documentation and is known as the *Patient Journey Record (PaJR).*[3] This innovative idea is the by-product of *User-driven Innovation* as it creates a path for unconventional approaches towards medical treatments and involves patient centred technologies as well as customized healthcare plans for each patients. Along with these, the advancement of the communication technologies and the rise of the number of users of the modern technologies leave a room for providing an easy accessible medical assistance system for the general public which may aid in the protection of *Socio-economic Right to Health* to the people, especially for the developing economies *viz. SAARC Countries, countries belonging to African continent and so on.*

[2] Learning of the medical practitioners as well as of the patients relating to the ways by which they can maintain their lives, medically.

[3] Biswas Rakesh, Martin Carmel M., Sturmberg Joachim, Shanker Ravi, Umakanth Shashikiran, Shanker Shiv, Kasturi A. S., User-driven health care- answering multidimensional information needs in individual patients utilizing post-EBM approaches: a conceptual model, Journal of Evaluation in Clinical Practices, Journal of Evaluation on Clinical Practice, 2008 Retrieved from 10.1111/j.1365-2753.2008.00998.x.

2. Conceptual and Theoretical Framework of Socio-economic Rights

The term 'Right' has two aspects, one is 'good or positive' the opposite of which is 'bad or negative' and the other is 'a standard of permitted actions authorized by a legitimate legal authority'. While the first one is specifically moral, the later is legal. A legal 'Right' is concerned with the interests of people which are subjects of protection and promotion by the Sovereign.[4] At the very initial stage of the evolution of 'Rights', the concept of 'basic inalienable Human Rights' were just a matter of mere theoretical and jurisprudential discussion based on the concept of 'Natural Law or Natural Rights'. However, with the course of time, specifically after the atrocities of the two World Wars, followed by the Cold War, the world community felt the need of legal recognition of 'the basic and inalienable Human Rights'. Finally, in 1948 the international community got the first international instrument recognizing these basic inalienable 'Natural Rights' as 'Human Rights' under 'the Universal Declaration of Human Rights, 1948' followed by 'the International Covenant on Civil and Political Rights, 1966' and 'International Covenant on Economic, Social and Cultural Rights, 1966'. These three instruments are the fundamental legal documents recognizing the 'Human Rights' under the international legal framework.[5]

In order to understand the generations of 'Rights', it is essential to understand the human history. The existence of human beings was not very much in harmony from the very beginning. There was conflict of interests between people on the basis of their naturally attributed powers, looks, sex and livelihoods. From the very beginning of the civilization, people could identify these differences and the most prominent manifestation of these differences could be found in the *varnashrama*[6] system under 'the Indus (Sindhu) Valley civilization'. There were four different *varna*, typically attributed to people on the basis of the different types of livelihoods they were

[4] Fitzgerald P. J., Salmond on Jurisprudence, Sweet & Maxwell.

[5] Das Sagnika, Transformative Constitutionalism and the Evolution of Socio-economic Rights in India: A Study through the Supreme Court Cases, HNLU Journal of Law & Social Sciences, 2024, retrieved from https://hnlu.ac.in/wp-content/uploads/2025/03/HNLU-JLSS-Vol-X-II.pdf.

[6] Brahman, engaged in educational sector along with the practice of Dharma; Kshtriya, usually engaged in rule making, ruling and warriors; Vaishya, engaged in agriculture and business;

engaged with. With each *varna,* different interests were attached and in case of conflict between any of the interests, the concept of *dharma*[7] used to come into play. The most important feature of this *varnashrama* system was that not a single person could be declared as a member of any *varna,* by birth. Everybody could be a part of any of the *varna* by acquiring the qualities matching that particular *varna.* This was the manifestation of an egalitarian society. Thus there was a mechanism to mitigate the conflict of interests between different classes of people and establish equity within the society.[8]

However, with the growing complexities and development of the society, the conflict of interests raised to a level which let to constant disagreement between people of different territories in the mediaeval period. The disagreements raised to more stringent level in the modern period that led to rapid colonization worldwide followed by two World Wars. The international community demanded for legal recognition of rights that are associated with civil and political rights as at this point of time only assuring right to vote, liberty, and equality was not enough to ensure dignity of all. It was essential to ensure education, nutrition, clothing, shelter, healthy environment and necessary health care to the people in order to ensure their dignity in this modern world.[9]

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[7] The ultimate concept of right and wrong, fairness and justice according to the Hindu Philosophy.

[8] Das Sagnika, Transformative Constitutionalism and the Evolution of Socio-economic Rights in India: A Study through the Supreme Court Cases, HNLU Journal of Law & Social Sciences, 2024, retrieved from https://hnlu.ac.in/wp-content/uploads/2025/03/HNLU-JLSS-Vol-X-II.pdf.

[9] The decisions made under the Indian judicial system sets good example before the international community in recognizing and implementing Socio-economic Rights of the people *viz.* suspension of internet services for an indefinite period of time is violates fundamental right, *Anuradha Bhasin v. Union of India, Writ Petition (Civil) No. 1031 of 2019*; No person can be denied emergency health care in any medical institutions irrespective of the nature of the hospital, *Parmanand Katara v. Union of India 1989 SCC (Cri) 721* and *Pravat Kumar Mukherjee v. Ruby General Hospital & Ors. 2005 CPJ 35 (NC);* the Apex Court of India recognized right to food as fundamental right in *Kishen Pattnayek & Anr. v. State of Orissa*, *1989 AIR 677*; the Supreme Court further upheld that right to livelihood and shelter are fundamental right and the State must ensure the same, *Olga Tellis v. Bombay Municipal Corporation, 1986 AIR 180;* the Apex Court upheld the rights of women against sexual harassment and directed the government to frame laws for the same in *Vishaka & Ors v. State of Rajasthan AIR 1997 SC 3011*; the Supreme Court of India upheld the rights of Transgender people of India and stated the transgender people are also entitled fundamental rights as enshrined under part III of the Constitution of India in the *National Legal Service Authority v. Union of India*, *AIR 2014 SC 1863*; the Supreme Court

During the enlightenment period in Europe (17th to 18th century) the learned scholars talked about certain inherent rights of human beings *viz.* right to life, liberty, equality, justice and democracy. These rights are inherent in nature *i.e.* every human beings are born with these rights. During the 19th to 21st century, with the rise of capitalism, growing number of employees/labours in industries and oppression of the States, the need of recognizing a different set of rights was needed which had to be associated with the first set of rights as they became essential to ensure the dignity of the people.[10] During the 20th century, with the growth of acute environmental degradation and exploitation, the need of recognition of a Third set of rights became a need of the hour and this is the time the world community received Community Rights *viz.* 'Right to Clean Environment and Right to Self Determination'. Apart from these rights a new set of rights like Equal Right to Cyberspace, Internet, technologies and so on. All these 'Rights' are interconnected and cannot be segregated from each other in order to ensure dignity of the people.[11]

If the Indian legal framework is taken into consideration, under Part III and Part IV of 'the Constitution of India', it is found that both the parts of the said document incorporates certain 'Rights'. Where Part III is talking about 'Fundamental Rights', mostly related to '*the Civil and Political Rights'*; the later part talks about '*the Directive Principles of State Policy'* mostly concerned with 'Socio-Economic and Cultural Rights'. While the first one is enforceable in any court of law[12], the later is

held that the people of India have the liberty to choose their intimate partners in *Navtej Singh Johar v. Union of India AIR 2018 SC 4321*; the Apex Court of India further held that the right to privacy is a part of fundamental rights of the people of India in Justice *K.S. Puttaswamy(Retd) v. Union of India AIR 2017 SC4161*; so on and so forth. Das Sagnika, Transformative Constitutionalism and the Evolution of Socio-economic Rights in India: A Study through the Supreme Court Cases, HNLU Journal of Law & Social Sciences, 2024, retrieved from https://hnlu.ac.in/wp-content/uploads/2025/03/HNLU-JLSS-Vol-X-II.pdf.

[10] Right to clean and healthy working environment, right to leisure and rest, right to be treated with dignity and respect, right to maternity benefit and proper maternity care and nutrition, right form Unions and freedom of associations, right to equality, justice and equity, right to free legal aid, right to just and humane conditions of work and so on and so forth.

[11] Das Sagnika, Transformative Constitutionalism and the Evolution of Socio-economic Rights in India: A Study through the Supreme Court Cases, HNLU Journal of Law & Social Sciences, 2024, retrieved from https://hnlu.ac.in/wp-content/uploads/2025/03/HNLU-JLSS-Vol-X-II.pdf.

[12] Under Article 32 And 226 of the Constitution of India.

not enforceable[13] as their enforcement requires the availability and management of social, economic and environmental resources which is not absolute in nature and thus 'Right to Health' becomes a secondary Right under the constitutional jurisprudence in India. However, *judicial activism* has taken this debate to the next level where 'Right to Dignity' has been closely attached to the notion of 'Right to Health'.[14]

3. Interrelation between the User-driven Health Care and Patient Journey Record (PaJR) and their function in creating a global patient centred learning ecosystem

User-driven Health Care is a documentation process of the clinical sufferings of the users of the modern social network where they enumerate their personal health records on daily basis. This enumeration involves the patients (primary beneficiaries) and the medical practitioners (secondary beneficiaries) as well where they get constant guidance according to their need. This creates a learning opportunity for either the patients or their care givers as well as for the medical practitioners which enables the patients to take better and informant medical decisions for themselves or their families. This two way sharing of information aids in medical assistance with minimum expenditure and adds value to the socio-economic and cultural life of the people on one hand and on the other, the medical practitioners get grass-root issues every day through the users which aids in *Level 5 and 6 learning*[15] and above all, the biggest positive outcome is that through this the medical stream can manage to collect a humongous qualitative and quantitative data about the divergent medical issues of a variable mass. The basic positive side of this system is that it undertakes to educate the patients and their care givers about the handling of the diseases of which they are suffering and in order to fulfil this objective, the functions of *PaJR* comes into being.

[13] As mentioned under Article 37 of the Constitution of India.

[14] Das Sagnika, Transformative Constitutionalism and the Evolution of Socio-economic Rights in India: A Study through the Supreme Court Cases, HNLU Journal of Law & Social Sciences, 2024, retrieved from https://hnlu.ac.in/wp-content/uploads/2025/03/HNLU-JLSS-Vol-X-II.pdf.

[15] Learning level according to the Bloom's Taxonomy. It had 6 level of learning goals *viz. 1. Remember, 2. Understand, 3. Apply, 4. Analyse, 5. Evaluate and 6. Create.* This *User-driven Health Care system creates a high level learning platform for the medical practitioners all over the world.*

PaJR is the other side of the same coin where the *User-driven Health Care system* exists. It is the mechanism, built in order to follow up and document the health journey of the patient. This journey includes the symptoms, experiences, treatment and most importantly outcome of the whole procedure. It is a time consuming journey of the patient or their care givers and monitors from the very beginning of the issue and to the end. During this time, the patients remain in constant touch with the medical practitioner in their social media to which they are user of. While in the *User-driven Health Care* the patients are active participants in self-care, *the PaJR* is the tool by which the patient data is collected and thoroughly monitored. Hence, it can be stated that the later is dependent on the earlier in order to structure and monitor the medical care of the patients which eventually becomes the basis of decisions making in order to provide a holistic picture of the health care. At this point, it is further essential that in order to collect the journey data from the patients, certain protective measures also to be followed in order to protect the privacy of the patients and their families in the vast pool of cyber space and in order to do so the medical community has maneuvered an *Authorization Form* for the patients before taking in their information.

Prior to take in such information, the patients or their families are duly informed about the nature of the data they have to be sharing in order to be a part of the *User-driven Health Care system* and post such intimation they are required to sign the said consent form. This consent form states that in order to address the issue of the patient and also for medical learning, the medical professionals may communicate with each other or share the clinical images of the patient with each other or in the social media (in necessary) in order to build up case report or E log of the patient, however, it is further stated that the name, photo of the patient, phone number or any other identification cards shall not be shared which may ensure the anonymity of the patients and their family members.[16] At this web 3.0 can be beneficial for the patients as well as for the medical care givers as well. Healthcare institutions manage vast amounts of patient data, ranging from symptoms and genetic profiles to insurance

[16] Informed Patient Consent and Authorization Form for Sharing De-identified Case Report, retrieved from https://medicinedepartment.blogspot.com/2025/02/informed-patient-consent-and.html?m=1.

details and treatment histories. Centralized data systems can become overwhelmed, especially when patients move between hospitals. In the current model, each hospital typically creates a new medical record for a patient, leading to data fragmentation and redundancy. But web 3.0 offers a solution through 'blockchain' technology: by storing patient data on a secure, decentralized ledger, healthcare professionals across institutions can access it using a public key or unique ID which can preserve the identity of the patient as well. This not only can ensure continuity of care but also can reduce the administrative burden of the medical care givers by eliminating the need to duplicate and manage extensive records.[17] These measure is an initiative to protect the *Right to Privacy* of the patients undertaking the *User-driven Health care mechanism* which is an essential step to protect the *Rights* of the patients involved therein. Hence, it can be stated that *PaJR* is the tool by which the *User-driven Health Care system* is maintained, the operation of which can play a significant role in ensuring '*Socio-economic Right to health of the people'*.

The interrelation between 'User-driven health Care' and the tool of 'PaJR' is that these two when combined create a vast medical education platform under the known arena of the 'users/consumers' where two sets of beneficiaries are borne. They also aid the medical professionals (secondary beneficiaries) to design their research as well by integrating and compiling the congregated data of the patients (primary beneficiaries) which ultimately aims towards creating a better global healthcare mechanism for the protection of 'Right to Health' of the international community.

4. Correlation between User-driven Health Care, PaJR and Socio-economic Rights and their functions in ensuring Sustainable Development Goals (SDGs)

The *User-driven Health Care* system and *PaJR,* if used properly, can be an outstanding tool for the protection of *Right to Health* of the general public who cannot afford to pay visit to a doctor either for their nature of the employment or for lack of

[17] Joe Cini Michael, Web 3.0 – A New Pathway for Health? Retrieved from https://med-tech.world/news/web-3-0-a-new-pathway-for-health/.

economical means as well as for those people who are into white collar jobs and are going through life style diseases. Thus it may have the capability to serve all the types of individuals according to their need. In the modern era of internet and social media, the *User-driven Health Care* system can become a boon for the people, if it is made a conventional way of learning and providing treatment. Along with this, as the basic objective of the system is to educate the mass about the medical science so that people can take care of their health by themselves or prevent any fatal disease by self-monitoring and thus, it aids in protecting the *Socio-economic Right to health, education and information* of the people as well as in serving the purpose of the *Sustainable Development Goals.*[18] These goals are the actual marks by which the development of a State can be judged and providing medical assistance to the people along with bare minimum medical education to the people is an essential criteria of ensuring and upholding the *Sustainable Development Goals.*

The data revealed by World Bank and World Health Organization (WHO), it is found that there are more than 100 million people who are living below the poverty level and cannot access the basic minimum health care services especially in Africa and Southern Asia.[19] Here, a vast number of households including children, women and vulnerable group of people cannot spend any amount of money for their necessary medical needs. As a result, they are deprived of both socio-economic protection which is an essential criteria of ensuring 'Human Rights' of the people. In order to overcome this issue, WHO brought forth the concept of 'Health for All' where it was stated that all the human beings irrespective of their socio-economic position, have *Right to Life and Right to Health* and in order to ensure the same, another path breaking concept ushered in which is known as 'the Universal Health

[18] There are 17 global goals established by the United Nations in conformity with all the States which are known as the Sustainable Development Goals (SDGs). Out of these 17 goals, good health and wellbeing and quality education are integral goals established under the International legal framework. These goals were undertaken in 2015 with the objective to be achieved by 2030.

[19] Half of the world lacks access to essential health services, retrieved from https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses.

Coverage (UHC)'.[20] It is a goal established on the objective of ensuring basic health care services to the people who are living below a certain standard of lifestyle. The WHO has stated in its report that the basic challenge behind the implementation of UHC is that the richer people tend to avail such health facilities more, in comparison to their poor counterpart which ultimately results into the deprivation of *Socio-economic Right to Health.*[21]

In such given scenario, *User-driven Health Care system* along with *PaJR* share immense potential for all the States, to serve for the protection of the *Socio-economic Right to Health* of the socio-economically backward people of the world. The reason behind such hypothesis is that, presently, majority of the population are dependent on internet and technologies like smart phones where they are becoming active consumers of 'social media' irrespective of social or economic status, by which they could easily take part in *Patient Journey Records (PaJR),* which could have aided them in getting day to day monitoring of their health related issues as well as they could also educate themselves in certain medical knowledge. Similarly, the medical practitioners also get day to day medical issues by which they could uplift themselves professionally. This two ways benefit ultimately may result in the positive development of mankind.

5. Possibility of the User Driven Health Care and Patient Journey Record (PaJR) System in Ensuring Socio-Economic Right to Health of the People in countries like India

While talking about the 'Universal Health Coverage or UHC' it is essential to talk about the available healthcare facilities in India. Though 'the Government of India' is the primary player in the health care sector in India, however, there are ample number of private players as well operating within the healthcare spectrum within India,

[20] UHC, retrieved from https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc).
[21] *Id.*

which is ultimately leading into two way issues for the general public; *viz.* [a] the Government sector, being comparatively cheap, has grown up to be the fertile area of multifaceted corruption which ultimately leading to the harassment of the comparatively poor mass of India; [b] the Private hospitals, which for the sake of its very nature, is more expensive and ultimate refuge to the vast pool of people who cannot manage efficient and effective health care from the Government sector. This two way issue is the fundamental driving force of existing corruption under the health care sector of India. According to the 'Lancet Report' published in 'the Hindu' in 2021, "Indian health care access and quality ranked 145th among 195 countries which keeps it behind its neighbouring countries *viz.* China, Sri Lanka and Bangladesh."[22] In such given socio-legal and economic scenario, the general people of India may use the medical assistance on the basis of 'User Driven Health Care' and PaJR which can aid in recording their daily activities on the basis of their medical needs.

The Indian health care sector witnessed a major setback during the Covid-19 (2020-2022) pandemic where a huge number of families suffered loss of lives, wealth and livelihoods which had created a massive hue and cry situation within the country and ultimately led the Government to adopt certain measures for the benefit of the general public in order to ensure the *Socio-economic Right to health of the people* and it created the 'Ayushman Bharat Digital Mission (ABDM)' in 2021 under the 'Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY)' came into being in 2018. This digital mission is wellness centric and focused on the mass education on the importance of health monitoring, digital record keeping and protecting the data privacy of the mass. This scheme is designed to construct a 'technological building block' by creating 'Ayushman Bharat Health Account (ABHA)', Health Facility Registry, Consent Manager and so on in order to secure all the data and information of the people relating to health and health facilities in India.[23] All these measures are significant in order to avail health care facilities from the Hospitals of India. However, at the very private level for every health issues arising in day to day lives, the

[22] India 145th among 195 countries in Healthcare access, retrieved from https://www.thehindu.com/sci-tech/health/india-145th-among-195-countries-in-healthcare-access-quality-lancet).

[23] ABDM components, retrieved from https://abdm.gov.in/abdm.

User-driven health Care along with PaJR can be of great help and should be promoted by every governmental health sectors of India. The people of India, the majority of whom are suffering from inequality, backwardness, intolerance and social-injustice in innumerable forms, there is need of adopting special affirmative actions for the protection of 'the Socio-economic Rights of the people' and the tool of PaJR can be of great help in such scenario in order to mitigate the disparity of available resources. User-driven Health Care has the potential to accelerate the medical advancement of the people of India both for the medical professionals as well as for the general public.

6. Conclusion and Suggestions

Since time immemorial, health and dignity have been a counterpart of each other and have received immense importance in the human civilization. The famous western proverb 'Health is Wealth' indicates to the concept that the physical and mental wellness of a human being can help him/her to achieve the highest goods of his/her life which can ensure a life with 'Dignity'. If looked into the most ancient scriptures of the world, under the ancient Hindu scriptures the importance of health has been manifested through several verses. *"Ārogyaṁ paramaṁ bhāgyaṁ, svāsthyaṁ sarvārthasādhanam"* is a well-known *Sanskrit verse* which means all the good omen of life can be achieved with the help of a healthy body and mind. Thus, it is found that the 'Dignity' of human beings is closely attached to the very notion of wellbeing and Health.

The modern socio-economic and medico-legal system also aim towards ensuring 'the Dignity of human beings' and while ensuring the same, the first obstruction the developing countries (like India) faces is the non-availability or shortage of resources which may be extended to shortage of hospitals, low number of health professionals, expensive medical amenities, lack of technological advancements so on and so forth. In such given scenario, innovating new ideas for making health care facilities more accessible to the general public is essential and in this quest, the 'User-driven Health Care' along with 'Pa JR' can help to build a 'utilitarian model' for the backward economies. It may help in building an ecosystem which can be effective to bring the

medical professionals and the common people into a single platform. From the abovementioned study, it becomes evident that the user-driven healthcare model, positions patients not as passive recipients but as active participants in healthcare decision-making which can play a transformative role in changing the existing medical care dynamics of the world. This approach well aligns with the Rights-based framework of health governance, where autonomy, informed consent, transparency, and accessibility becomes crucial. A user-driven model encourages participatory healthcare, wherein patients are more aware of their health conditions, actively involved in choosing their treatment paths, and better informed about healthcare providers and costs. It reinforces the dignity of the individuals which is in consonance with the core universal values.

While implementing the User-driven health care mechanism, the legal framework shall face the challenges of digital illiteracy, lack of infrastructure, data protection and data privacy concerns and above all there should be taken some local approach towards the implementation as well both at the point of language, food habits, weather and so on avoiding 'one size fits all' approach of all the Sovereigns of the world. If all these concerns are kept in mind, then achieving the positive outcomes of the User-driven health care ecosystem can be accessible for all. Keeping all these in mind, the following suggestions are recommended-

a) Legal recognition: in order to ensure 'User-driven Health Care' it is essential to recognize the digital handling of patient record and for the same it has to provide statutory mandate for the maintaining of such data of the patients, which the present international legal framework lacks.
b) Raising the number of digital literacy: Most of the people of the world are lagging behind in digital advancements. Most of the millennials of the world are not digitally literate. In order to create such literacy, worldwide workshops and training should be conducted by the world organizations to increase the number of the digital literacy.

If looked into Indian scenario, according to the data reported by the Ministry of Labour & Employment of India, it is found that only 38% households[24] are digitally literate, majority of which belong to the urban areas of India. This survey was based on the ability of one member of the family to access internet and computer, however, does not include the ability to handle 'Artificial Intelligence'; if included, the number would be lower than the found data.

c) Need of promoting Pilot Study at the local level: in order to create the 'User-driven Health care' ecosystem all the Governments of the world, together, should plan and inaugurate pilot studies focusing on the advantages of 'User-driven Health Care' at the very remote and local levels so that people get used to the system of PaJR.

d) Promoting partnership and peaceful correlation between the Private and Public players: the world community should take ample amount of initiatives to create a sustainable bridge between the private and public medical practitioners of the world so that they can cooperate with each other and help in developing the health care sectors which can be useful for the smooth running of the 'User-driven Health Care (UDHC)'.

e) Introducing the concept of 'Medical Record Monetization'[25]: The medical records of the primary beneficiaries are valuable for medical research and development. In the current system under web 2.0, it is the healthcare institutions, which own clinical data of the patients, routinely sell of which can make monetization for the institutions. However, in web 3.0, the patients can be able to take part within the monetization system by selling their data as they or their legal representative can become the owner of their medical data.

f) Good conscience of the Medical Practitioners: it can be stated that this PaJR and 'User-driven Health Care' is a benevolent and philanthropic innovation which is invented out of the exercise of bona fide good conscience of the medical professionals which should remain as the fundamental cornerstone

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behind this measures of health care. The torch bearer of this ecosystem cannot be the business minded 'leviathan'. At the same time, the general public also should come forward to imbibe all the positive outcomes coming out of this health care system which has the ultimate potential to generate good within the society.

g) Establishing a worldwide data base of the medical professionals for recommendation: at the last but not the least, it is essential for the medical professionals to established a worldwide database which shall enumerate the name and contact details of the medical professionals existing within the *UDHC* ecosystem which can be used while recommending medical professionals for the patients according to the needs or use of the patients (the primary beneficiaries).

If all these measures are adopted with proper planning and with certain need based variations, then the people of the international community may create a two way beneficial health care ecosystem which can ultimately be a tool to ensure and protect the 'Socio-economic Right to Health' of the people of the world which can aid in ensuring the dignity of the people of the world specifically for the backward people of the world.

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