

Legal Accountability in Medical Negligence: Addressing Gaps and Challenges in the Indian Healthcare Framework

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Abstract- Medical negligence has become a major issue in both the Indian legal and healthcare systems. The current shortcomings have come to light as a result of a rise in litigation, increased public awareness, and media coverage [1]. Patients still have difficulty getting fair compensation, even after efforts to close gaps in the Indian Penal Code [8], applicable tort liability principles, and the Consumer Protection Act [9] were made.

As more and more people focus on medical negligence, it is important to look at how well the Indian legal system handles the issue [2]. This paper uses case law analysis and procedural analysis to look at the problem by focusing on important court decisions and flaws in the system. Using a doctrinal approach and content analysis of landmark cases, the study points out a number of ongoing issues, such as the uneven and slow pace of court activity [3], the lack of enforcement of the law [7], and the inconsistent use of the Bolam test [4].

In India, medical negligence has emerged as a complex problem intertwined with the country's health and legal frameworks [6]. This imbalance is due to a surge in litigations, increasing public concern, and media attention in the area. Even though there are some avenues for medicolegal justice through the Consumer Protection Act [9], tort liability, and some IPC provisions [8], access to justice is not a reality for most patients.

This paper answers the question whether India's legal system is capable of providing the justice in the case of medical negligence by looking into some of the important judicial pronouncement [12][13] and case management failures. This study is empirical in nature and complemented with systematic literature review of key judicial pronouncement [1][2][4]. It was noted in this analysis the failure to consistently apply the Bolam standard of care [4], insufficient enforcement action [7], and protracted delay in case disposition by the courts [3]. The proposed reforms include the establishment of specialized medical tribunals [7], greater jurisdiction of the National Medical Commission [6], and elevating the

legal awareness of the citizenry [6]. Addressing the breach of the medical-legal interface will be crucial in developing an equitable, reliable, and open healthcare system.

Index Terms- Medical negligence, legal accountability, Bolam test, Bolitho principle, Indian healthcare system, Consumer Protection Act, Indian Penal Code (IPC), National Medical Commission (NMC), regulatory oversight, medical tribunals, judicial delays, patient rights, defensive medicine, tort law, medico-legal framework, rural health access, legal reforms, case law analysis, public health law, alternative dispute resolution.

I. INTRODUCTION

The issue of medical negligence, defined as the inability of a healthcare professional to provide proper care and service to a patient, has become one of the most concerning issues in India [1]. The medical negligence rate has increased over the years as individuals become more aware of their legal rights and claim procedures [3]. Legal statutes such as the Consumer Protection Act [9], torts, and relevant sections of the IPC [8] provide normative frameworks for addressing these issues. The actual scenario, however, is plagued by delays and inequities, especially among marginalized communities [6].

Some of the problems are the strain on the Indian judicial system [2], the lack of knowledge regarding the rights of citizens [6], and the lack of accessibility to health care in rural places. A lot of people in rural areas don't report cases of medical negligence because they don't know how to do it or don't have the resources to do it [6]. Although the law may be changing, the stark truth is that having access to justice in these cases is still a challenging endeavor [1].

This paper reviews the available legal frameworks for cases of medical negligence [2][3] and analyzes pertinent judicial decisions that shaped the Indian legal landscape in this regard [11][12][13]. Systemic shortcomings are addressed alongside suggested reforms which include the creation of specialized medical courts [7], mandating indemnity insurance, and bolstering the jurisdictional competence of the courts to deal with these matters. The core objectives remain to be having the law safeguard proper medical practices and defend the rights of patients simultaneously [1].

II. LITERATURE REVIEW

A combination of laws, court decisions, and scholarly debates have shaped India's body of work on medical negligence law. Desai (2020) highlights procedural and interpretive difficulties while offering a strong foundation in the application of tort law to medical practice [2]. According to Srivastava (2022), patients find it challenging to demonstrate a violation of standard care, particularly in cases where medical protocols are unclear [3]. As demonstrated by Sharma et al. (2021), who discovered that case outcomes differ significantly even when facts are similar, Indian courts have had difficulty consistently applying the Bolam test, which was initially derived from English law [4]. Furthermore, the Bolitho principle, which maintains that expert opinions must also be logically sound, has not yet been embraced by Indian jurisprudence [5]. In order to expedite resolution and bring in domain-specific expertise, the Law Commission of India (2019) has suggested the establishment of independent medical tribunals [7]. Regretfully, the law has not yet enacted this. Rural residents have a harder time getting justice, according to Narayan and Thomas (2019), who point to a lack of awareness and inadequate legal infrastructure as key obstacles [6]. Regulation was taken over by the National Medical Commission (NMC) following the dissolution of the Medical Council of India [7]. Scholars assert that disciplinary measures are infrequent and enforcement is still lax. These regulatory agencies continue to lack independence and transparency, according to critics [6][7]. The current study builds on this body of literature by providing a thorough analysis of court rulings, regulatory flaws, and structural obstacles that impede the efficient resolution of medical negligence cases [1][3][4].

III. MATERIALS AND METHODS

Using a doctrinal legal approach, this study examines Indian laws, case law, and regulations pertaining to medical negligence in detail [2][3]. Key rulings from the Supreme Court and High Courts [11][12][13], as well as provisions from the Indian Contract Act [10], CPA [9], and IPC [8], are examples of primary sources. Peer-reviewed articles, Law Commission reports [7], official notifications, and scholarly publications [1][2][4] are examples of secondary sources. Finding recurrent themes, legal ambiguities, and enforcement gaps was made easier with the aid of a qualitative content analysis. Important rulings were chosen for their influence on legal norms and their interpretations of the Bolam test, duty of care, and causation [4][5][12].

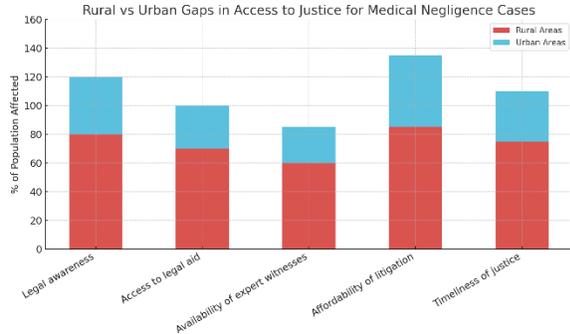
Ethical clearance was not necessary because there were no human subjects or patient data involved. The study was carried out independently, free from institutional bias and outside funding. This methodological framework makes it possible to fully comprehend how medical negligence is treated by Indian law, including its strengths and weaknesses and the necessary modifications.

IV. RESULTS

The analysis revealed a number of important issues. First, the Bolam test is frequently used by courts to determine medical negligence, although they do so in a variety of ways [4]. While some examine the logical validity of any professional medical opinion, others choose to accept it [5]. Even in cases that are similar, this results in erratic decisions [4]. Second, it is difficult for regular patients to establish a compelling legal case because the complainant has the entire burden of proof [3]. Expert testimony is typically needed, which raises expenses and delays [6]. Third, regulatory agencies play a minimal role. Strong disciplinary action is rarely taken by the National Medical Commission [7]. A lot of complaints result in little accountability and internal departmental investigations [6].

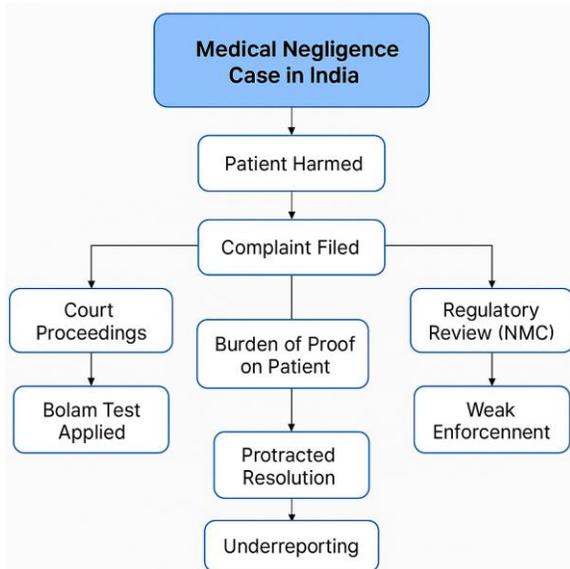
Fourth, there are major obstacles in rural areas. Many times, people are deterred by the drawn-out and expensive process, lack the resources to pursue cases, or are unaware of their legal rights [6]. Consequently, a large number of cases go unreported. Finally, defensive medicine is growing in popularity.

Sometimes doctors order unnecessary tests or referrals to avoid lawsuits [14]. Without enhancing care, this raises patient expenses. These results highlight the pressing need for structural and legal changes to India's approach to medical malpractice [1][7].



V. DISCUSSION

The findings point to a significant discrepancy between India's medical litigation reality and the promise of justice [1][2]. The antiquated Bolam test is still frequently used by courts without adequately assessing the logic underlying medical opinions [4]. This leads to ambiguous decisions and might enable professional prejudice to take precedence over patient care [5]. Complex medical matters are not a good fit for the adversarial legal system that exists today [3]. Alternative processes that can provide quicker and more contextually aware solutions, such as medical arbitration panels or mediation, are gaining popularity. These substitutes aren't used very often yet, though [7].



The National Medical Commission and other regulatory bodies must move from passive oversight to proactive enforcement. They should allow third-party audits, publish reports on violations, and clearly differentiate between criminal negligence and ethical misconduct. This would ensure accountability and help build public trust. Another key area is public awareness. Patients often do not know their rights or how to seek legal help, especially in rural areas. To run educational campaigns about medical rights and legal processes, collaboration between NGOs, government organizations, and civil society is essential.

Seldom is the emotional cost of litigation discussed. While patients reliving traumatic medical events often face secondary harm, doctors under legal pressure may feel mental exhaustion [14]. Systems of prompt, humane resolution that prioritize healing over punishment are required.

Looking overseas, no-fault compensation models are used in countries like Scandinavia. In these systems, patients receive compensation without needing to prove fault. This approach holds systems accountable and reduces legal disputes. While India's healthcare system is different, it could benefit from some of these ideas. Technology can also play a significant role. Access to justice can improve with online complaint filing, case status tracking, and legal assistance websites. Strong data privacy rules and standardized digital health records can help gather evidence and support patients' claims.

In summary, tackling medical negligence in India requires a broad approach. Justice needs to be real and accessible through a mix of better regulations, patient education, legal reforms, and smart use of technology.

VI. CONCLUSION

When it comes to handling medical negligence, India is at a critical juncture. Even though there are many laws, such as criminal statutes and tort and consumer protection laws, practical issues like delays, inconsistent court rulings, and weak regulation often hinder fair outcomes. Key problems include low patient awareness, the overuse of the Bolam test, and the National Medical Commission's limited influence. This paper advocates for a reform agenda. Laws need to evolve, judicial procedures should become more consistent, and regulatory agencies must gain more authority.

Key initial steps include setting up medical tribunals, improving oversight, promoting alternative dispute resolution, and expanding digital legal services. Justice in medical negligence cases must honor the dignity of patients and the integrity of healthcare providers. Only a balanced, patient-centered approach can truly protect the right to health in a meaningful way.

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