 DOI: *https://doij.org/10.10000/IJLMH.1110429*

INTERNATIONAL JOURNAL OF LAW MANAGEMENT & HUMANITIES

[ISSN 2581-5369]

Volume 8 | Issue 4

2025

Doctor-Patient Relationship and the Erosion of Trust: A Socio-Legal Study of Medical Negligence in India

RAGINI BHARDWAJ[1]

ABSTRACT

The relationship between doctors and patients is the foundation of the healthcare system, built on trust, secrecy, and professional accountability. Nonetheless, the rising incidence of medical negligence in India has had a significant influence on this relationship, resulting in legal disputes, social unrest, and a climate of distrust. This study investigates the socio-legal aspects of the doctor-patient relationship, healthcare professionals' ethical and professional responsibilities, the implications of lost trust, and the legal choices open to patients under Indian law. The article calls for the need to reconcile patient rights with the protection of medical personnel while proposing policy changes that increase openness, ethics, and accountability in healthcare delivery, drawing on key statutes, case law, and scholarly perspectives.

Keywords: *Medical Negligence, Informed Consent, Ethics, Doctor-Patient Relationship, Care, Indian Law.*

I. INTRODUCTION

The medical profession is held in high esteem due to its focus on saving and caring for lives. The term "doctor" originates from the Latin word “docere”, which means "to teach." Physicians play multiple roles, acting not only as healers but also as guides, confidants, and often as a supportive presence for their patients. The relationship between a doctor and patient has traditionally been based on mutual trust and a strong ethical framework. Patients expect their doctors to be skilled, compassionate, and brave, adhering to the highest ethical standards. Some even regard physicians as "visible gods" due to the hope and healing they provide. However, it is vital to remember that doctors are human and capable of making mistakes, which can be overlooked by patients who may impose unrealistic expectations of perfection on them. In making decisions related to diagnosis, treatment plans, or emergency responses, doctors are urged to apply their knowledge judiciously, prioritizing patient health, ensuring that every choice is thoughtful, transparent, and made with informed patient consent.

[1] Author is a Research Scholar at Himachal Pradesh National Law University, Shimla, India.

 [ISSN 2581-5369]

Recently, the commercialization of healthcare has posed challenges to the ethical foundations of the profession. The longstanding personal bond between doctors and patients is diminishing, often being replaced by a system that prioritizes profits over patient welfare. This shift has led some practitioners to engage in questionable practices, such as recommending unnecessary tests, overcharging for treatments, or forming financial partnerships with labs and pharmaceutical companies. These actions not only compromise patient care but also threaten the essential trust that underpins effective healing.[2]

Patients deserve competent and compassionate care; however, the rise in malpractice and negligence has led to an increase in court cases where doctors are held accountable for their failures. The integrity of the medical field has been compromised by the shift from patient-centered care to profit-driven medicine. Once viewed as selfless healers, doctors are now often seen as profit-driven individuals. To restore honor to the profession, medical professionals must recommit to ethical practices, prioritize patients over profit, and rebuild the trust that has been damaged. In India, poor communication and commercialization exacerbate these issues within an already overburdened healthcare system, where many patients remain unaware of their legal rights. This essay examines the evolution of the doctor-patient relationship in India, the legal consequences of negligence, and the responses of the courts.[3]

II. EVOLUTION OF THE DOCTOR-PATIENT RELATIONSHIP IN INDIA

Ancient India took medical negligence seriously, long before the existence of modern laws. Texts such as the *Manu Smriti* (800-600 BCE) not only warned careless doctors but also imposed fines on them, especially if their mistakes harmed patients. Similarly, *Kautilya's Arthashastra* (400-300 BCE) required royal approval for doctors to practice and held them to strict standards. If a doctor made an error during an emergency, there were serious consequences.[4] The punishment was severe.[5] Later, the *Yajnavalkya Smriti* (300-100 CE) cracked down on quacks and fake medicines, while the *Brihaspati Smriti* (200 CE) bluntly called unqualified doctors 'thieves.' Back then, healing wasn't just a job—it was a tightly regulated duty. Physicians needed proper training, official permission, and a strong moral compass. Classics like the *Sushruta Samhita* and *Charaka Samhita* stressed precise diagnosis and banned reckless human experimentation. Treat the wrong patient without approval? Face fines—paid to the state, not the victim. This wasn't just about punishment; it was about

[2] Phatnani ,Pentum, P, Medico-Legal Aspects of Doctor – Patient Relationship, (1995).
[3] DayalArvind, *Legal Aspects of Health Care*, VIIIIJCP 68 (2001).
[4] Mahalwar K.P.S., Medical Negligence And The Law 20 (1991)
[5] Dikshi P.C., HMV Cox's, Medical Jurisprudence And Toxicology, (2002).

 [ISSN 2581-5369]

protecting people and keeping medicine trustworthy.[6]

When the Unani system arrived with Arab traders, rulers like the Mughals embraced it, but with rules. Doctors had to pass exams, register, and get licensed. Officials even checked prescriptions to ensure quality care. In the 10th century, Caliph Mukhtadir Billah made negligent *Hakims* retake exams if their mistakes turned fatal. Islamic teachings reinforced this accountability, with a *Hadith* warning: *An untrained healer harms at their own peril.* Then came the British, pushing Western medicine. Laws like the *Medical Act (1858)* and *Bombay Medical Act (1912)* required registration, weeding out quacks. The *Indian Medical Councils Act (1933)* set up a central watchdog, while the *Medical Degree Act (1916)* stopped fake degrees.[7] Courts borrowed English tort law, like in *Morris v. Winsbury-White* [8], where a surgeon's neglect of post-op care was ruled malpractice. But World War II left healthcare in chaos.

After independence, India rebuilt. The *Central Council of Health (1952)* and the *Indian Medical Councils Act (1956)* put patients first. States like Maharashtra passed laws to regulate Ayurveda and Unani. A game-changer came in 1986, the *Consumer Protection Act* made doctors accountable to patients, a stance the Supreme Court backed in *Indian Medical Association v. V.P. Shantha (1995)*.[9] Yet, justice moved slowly. When Johnson & Johnson's faulty hip implants ruined lives, Indian victims got pennies compared to U.S. payouts. Courts often sided with doctors, like in *Vinitha Ashok v. Lakshmi Hospital*,[10] where a disputed hysterectomy wasn't deemed negligent. Unlike the West, India rarely enforces strict 'informed consent,' blaming literacy gaps and weak malpractice laws. The result? A tug-of-war between global standards and local realities, one that demands reform to protect patients without paralyzing healthcare.

At its heart, medicine is a sacred pact, not a transaction. When you sit across from a doctor, you're handing them your fears, your body, and your trust. That bond rests on four pillars: mutual agreement turning strangers into allies; skilled care blending science with compassion; honest talks where risks aren't sugarcoated; and confidentiality letting patients speak freely. But today, profit-driven healthcare strains this promise. Rushed appointments, unnecessary tests, and corporate pressures drain the humanity from healing. We must fight to keep medicine *human*, where accountability doesn't crush compassion, and every patient feels

[6] Sternbach L., Judicial Studies In Ancient India Law 320 (1965).
[7] Gledhill Alan, The Republic Of India, The Development Of Its Laws Its Laws And Constitutions, (1964).
[8] Morris v. Winsbury-White 1937 (4) A.L.L. ER 494.
[9] Indian Medical Association v. V.P. Shantha, A.I.R. 1995 S.C. 530(India).
[10] Vinitha Ashok v. Laxshmy Hospital, (1992) 2 C.P.J. 372 N.C (India).

 [ISSN 2581-5369]

seen, not just processed. The best doctors know: they don't treat diseases; they heal *people*. And that starts with trust.

III. DOCTOR-PATIENT RELATIONSHIP (LEGAL AND ETHICAL DUTIES)

Worldwide, the medical field is regarded as the most devout of all professions. The only higher authority is the Almighty God. He is content in his role as an angel. The medical field provides humanitarian services. It is a liberal, service-oriented profession with an ethical code that is self-regulatory. A medical practitioner works with the human body, which is made up of both flesh and emotions. He works with people, not machines. Over the past ten years, there has been a significant shift in the patient-doctor dynamic. The trusting, holy, and confident connection between the two has become a thing of the past and now seems empty. Commercialization has permeated almost every industry, and the medical area is no different. The doctor-patient dynamic has become much worse.[11] But nowadays the medical profession has remained unsuccessful to fulfill its moral and ethical responsibilities towards patient. A patient trusts his/her doctor and expects a sensitive response in return. The key of harmonious relationship is mutual understanding between the two. However, changes in societal norms and transition in the social, ethical and moral values have made adverse impact on the patient-doctor relationship. People who choose to practice a sacred profession have been held to a set of obligations and responsibilities from ancient times, as demonstrated by the Hippocratic Oath (460 BC) and Charak's oath (1000 BC). The foundation of the legal ramifications arising from medical practice is the patient-physician connection and the duties that follow. A doctor-patient connection necessitates the fulfillment of any duties and ensuing liabilities on the part of the physician. The development of a patient-doctor connection is essential to the development of a legal connection and the ensuing rights and obligations, which serve as the foundation for medical professionals' responsibility.[12] Important legal duties consist of:

1. Duty to Obtain Consent:

A key element of the doctor-patient relationship is informed consent. Before performing any diagnostic or therapeutic procedure, especially one that carries a significant risk, a doctor is required by law and ethics to get the patient's voluntary and informed consent. Consent could be:

- Express (written or verbal)
- Implied (in cases of routine physical examination)

[11] S.S.Rana& Co, Medical Negligence India and Lexology(2021).
[12] K.P.S Mahalwar, Medical Negligence And The Law, 4-5(1991).

- Substituted (in emergencies, or when the patient is incapacitated)

Failure to obtain valid consent can lead to a claim for battery, irrespective of whether the procedure was beneficial or successful. [13]

2. Duty of Care:

Medical professionals have a duty of care to act with the level of expertise, understanding, and diligence that a reasonable practitioner would have in comparable circumstances. This duty arises once a doctor-patient relationship is established and continues until the conclusion of treatment. The scope of this duty includes:

- Accurate diagnosis of the condition
- Appropriate and timely treatment
- Monitoring and follow-up care
- Referring to specialists when necessary
- Avoidance of experimental procedures without disclosure

A breach of this duty, especially if it leads to injury or worsens the patient's condition, may amount to medical negligence, actionable under tort law or the Consumer Protection Act, 2019

3. Duty of Confidentiality:

Doctors are legally and ethically required to maintain confidentiality about a patient's medical condition, diagnosis, and treatment. The obligation persists even after the termination of the doctor-patient relationship or the patient's death. Unauthorized disclosure can lead to:

- Civil liability (for breach of confidentiality)
- Criminal charges under privacy-related provisions
- Disciplinary action from regulatory bodies

Courts have also recognized this duty in the broader context of the right to privacy, a fundamental right under Article 21 of the Indian Constitution as affirmed in Justice K.S. Puttaswamy v. Union of India .[14]

4. Legal Consequences of Breach

Failure to fulfill any of these duties can expose medical professionals to legal consequences

[13] Tapas Kumar Koley, Medical Negligence And The Law In India (Duties, Responsibilities, Rights)(2010)
[14] K.S.Puttaswamy *v* Union of India 2017 S.C.C.10.

 [ISSN 2581-5369]

under:

- Tort Law: For compensation due to negligence or breach of confidentiality.
- Contract Law: For violation of the implied or express terms of the service agreement.
- Criminal Law: Under Section 304A IPC for causing death by negligence, and Section 337/338 IPC (BNS) for causing hurt or grievous hurt.
- Consumer Protection Law: For deficiency in service, as per the Consumer Protection Act, 2019.[15]

The judiciary has emphasized the need to balance accountability with the protection of genuine medical practice. In Jacob Mathew v. State of Punjab [16]the Supreme Court held that doctors should not be held criminally liable unless there is gross negligence or recklessness, as frivolous litigation could deter medical professionals from performing their duties effectively.[17]

IV. INFORMED CONSENT AND ITS ROLE IN TRUST-BUILDING

Informed consent is a critical legal and ethical requirement that strengthens the doctor-patient relationship by upholding patient autonomy and promoting transparency. Legally, it means that a patient must voluntarily agree to a medical procedure after being fully informed about its nature, purpose, risks, benefits, and alternatives. The Supreme Court's landmark judgment in Samira Kohli v. Dr. Prabha Manchanda [18]clarified that valid consent must be specific and informed. In this case, the court held that performing a hysterectomy during a diagnostic procedure without explicit consent violated the patient's rights. The ruling established that general or blanket consent is not legally sufficient for procedures involving substantial risk. Except in life-threatening emergencies, no treatment should proceed without clear and informed patient approval.

The Consumer Protection Act, 2019 further recognizes the absence of informed consent as a "deficiency in service," allowing aggrieved patients to seek compensation. Additionally, medical professionals may be held liable under tort law or disciplined by the National Medical Commission (NMC).Ethically, informed consent reflects the principles of autonomy, beneficence, and non-maleficence. It transforms the patient from a passive recipient to an active participant in decision-making. The Indian Medical Council's Code of Ethics requires

[15] K.P.S Mahalwar, Medical Negligence And The Law, 4-5(1991).
[16] Jacob Mathew v. State of Punjab, 2005, 6 S.C.C. 1(India).
[17] Anoop K. Kaushal, Medical Negligence & Legal Remedies, 267(1998).
[18] Samira Kohli v. Dr. Prabha ManchandaA.I.R2008SC1385.

doctors to explain procedures in language the patient understands and to obtain express written consent for significant interventions. When doctors fail to engage in meaningful consent discussions, it not only increases the risk of litigation but also erodes trust. Effective communication and consent practices are thus essential not just for legal compliance, but for restoring the credibility and integrity of the medical profession.[19]

V. MEDICAL NEGLIGENCE AND THE BREAKDOWN OF TRUST

Medical negligence, often known as medical malpractice, happens when a healthcare worker does not deliver the level of care that a qualified medical practitioner would in identical circumstances. It involves a deviation from accepted medical standards, causing harm or injury to the patient. Negligence in this context means a breach of the legal duty of care by a doctor, nurse, hospital, or other healthcare provider. It may result in physical injury, mental distress, loss of income, or even death. The Four Ds of Medical Negligence-To prove medical negligence, four key element known as the Four Ds must be established:

- Duty – The medical care provider had a professional obligation toward the patient.
- Dereliction – The provider breached this duty by failing to follow accepted medical standards.
- Damage – The patient suffered harm or injury.
- Direct Cause – The harm was directly caused by the provider's breach of duty.

Medical negligence is categorized into:

- Civil Negligence: Involves compensation for harm caused due to breach of care. Handled in civil courts and is primarily based on tort law.
- Criminal Negligence: Occurs when gross negligence results in death or severe harm. The act is punishable under criminal law due to its serious nature.

Components of Medical Negligence: As outlined by Winfield, there are three essential elements:

- Duty of Care: A doctor-patient relationship must exist. A duty arises once a doctor agrees to treat a patient or responds in an emergency.
- Breach of Duty: A failure to provide the level of care expected of a reasonably skilled professional. The Bolam Test is used here if the doctor acted by a practice accepted by a responsible body of medical professionals, there's no negligence.

[19] Shalu Nigam, Consumerism, Medicine And The Law New Delhi 4(2004).

 [ISSN 2581-5369]

- Damage: The breach must have directly caused injury or loss. The damage must be real and provable, such as loss of life expectancy, physical or mental suffering, or financial loss.[20]

VI. FACTORS CONTRIBUTING TO TRUST EROSION IN INDIA

The erosion of trust in the doctor-patient relationship in India is the result of several systemic, ethical, & communicative failures. These factors, individually and collectively, weaken the foundation of ethical medical care and contribute to the growing perception of healthcare as impersonal, inaccessible, and exploitative.

1. The commercialization of medicine:

The Indian healthcare industry has experienced substantial commercialization and privatization in recent decades. Physician recommendations are biased due to incentive referrals, and patients from lower-income backgrounds are turned off by high urban fees. These actions undermine public trust by implying that healthcare is turning into a business rather than a service.

2. Communication Error:

In any medical relationship, effective communication is essential. But due to the work pressure or lack of training, many doctors are unable to engage patients in a meaningful way. Patient feel ignored and undervalued as a result of the failure to listen to their concerns.

3. Insufficient legal awareness:

Many patients are not aware of their legal rights about healthcare, such as the right to a second opinion, informed consent, and nondiscriminatory treatment. It's very difficult to identify negligence because of this ignorance, which also extends to the expected standard of care.

4. Compensation Inadequacy and Delays:

Many insufficiencies and backlogs make it difficult for people to obtain legal remedies in the Indian legal system. This results in prolonged cases that deplete the victim's financial and emotional resources.[21]

VII. LEGAL REMEDIES FOR BREACH OF DOCTOR-PATIENT RELATIONSHIP

The breach of legal or ethical duties by a medical professional can give rise to multiple remedies under Indian law. These remedies-civil, consumer-based, criminal, and disciplinary

[20] RatanLalDhirajLal, The Law Of Torts, 441 (2005).
[21] M. N. Shukla, The Law Of Torts 1990 (2016).

are aimed at ensuring accountability, justice, and redressal for aggrieved patients. Under tort law, patients can file civil suits for compensation when medical negligence results in physical injury, mental trauma, or financial loss. Courts apply the concept of res ipsa loquitur (the item speaks for itself) in obvious circumstances, for instance, when surgical instruments are left inside the body. The patient must prove that the doctor breached a duty of care and caused actual damage.[22]

The Consumer Protection Act, 2019 treats patients as consumers and doctors as service providers, enabling complaints to be filed in the District, State, or National Consumer Disputes Redressal Commissions. This mechanism is faster and less formal than civil courts. Although the burden of proof lies on the complainant, successful cases can result in compensatory and even punitive damages. The Act empowers consumers to challenge not just individual negligence but also systemic lapses in hospital administration. From a criminal law standpoint, the Bharatiya Nyaya Sanhita (BNS), 2023, has replaced previous IPC provisions. Doctor faces legal charges under: Clause 106(1) of BNS (replacing IPC Section 304A) for causing death by negligence, and Clauses 122 and 124 (replacing IPC Sections 337/338) for causing hurt or grievous hurt by acting negligently.[23]

VIII. RECOMMENDATIONS AND REFORMS

Rebuilding the doctor-patient relationship and addressing medical negligence in India require a combination of legal, institutional, and cultural reforms. The following measures are recommended to restore trust, enhance accountability, and ensure that healthcare remains patient-centered:

- Mandatory Ethics Training in medical colleges is crucial for preparing future doctors for ethical decision-making.
- To lessen the load of courts, independent medical tribunals should be set up at the state and federal level to decide cases involving alleged medical negligence.
- The Ministry of Health's legal awareness campaign should educate patient about their rights and available remedies, especially in unreserved areas, enabling them to seek assistance.
- To improve quality, facilitate audits and increase transparency, and minimize errors, digital medical records or EHRs ought to be required in healthcare facilities.

[22] Mark Lunney & Ken Oliphant, Tort Law Text And Materials, l (2000).
[23] Dr. Pradeep Kumar, Medical Negligence And The Consumer Law, 140 (2019).

 [ISSN 2581-5369]

- All hospitals must have a grievance Redressal Cells with well-trained and qualified staff and procedures to guarantee prompt handling of patient complaints under fair surveillance.
- Whistleblower Protection mechanisms should be implemented to safeguard healthcare staff who report unethical practices, promoting accountability and safety. Together, these reforms aim to enhance patient safety and rebuild trust in Indian healthcare.

IX. CONCLUSION

A good and caring healthcare system relies on the relationship between doctors and patients. Due to errors in medicine, financial interests, inadequate communication, and system fails, this relationship is currently difficult in India. As patients become more aware of their rights, the medical field must promote transparency, accountability, and patient-centered care. Indian law offers ways to seek justice, but people often face delays and complicated processes. The courts try to balance patients' rights with protecting medical professionals, but the system needs to be faster and more sensitive.To rebuild trust, we need more than just legal changes; we need to transform how we teach and practice medicine. Doctors should be seen as good communicators and advocates for patients. Patients also need education and involvement in their care. To ensure fairness and trust in healthcare, we must focus on four key values: ethics, empathy, education, and enforcement. By integrating these values into laws and practices, India can create a more reliable and compassionate healthcare system.

*****

 [ISSN 2581-5369]