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Standard of Care and Legal Remedies: A Judicial Analysis of Medical Malpractice in India

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ABSTRACT

The evolution of medico-legal jurisprudence in India reflects a dynamic interplay between judicial interpretation and legislative silence. Rooted in the common law tradition, Indian courts—particularly the Supreme Court and the National Consumer Disputes Redressal Commission (NCDRC)—have played a pivotal role in establishing legal standards on medical negligence and patient rights. In the absence of specific statutory provisions, the judiciary has extended constitutional mandates, such as Article 142, to deliver complete justice in sensitive medical disputes. Landmark rulings such as Indian Medical Association v. V.P. Shantha and Kunal Saha v. Dr. Sukumar Mukherjee have redefined the legal status of medical services under the Consumer Protection Act and imposed a duty of care on healthcare professionals. These cases underscore the courts' willingness to recognize both civil and criminal liability in cases of gross negligence. Judicial doctrines like res ipsa loquitur and negligence per se have been invoked to strengthen patient claims. Despite these advances, the medico-legal framework in India suffers from inconsistencies, particularly in determining compensation and the absence of a clear regulatory mechanism for judicial reliance on expert medical opinion. The lack of uniform standards has led to widely fluctuating awards in damages, raising concerns of judicial arbitrariness. This study highlights the judiciary's dual role as a protector of patient rights and a cautious guardian of the medical profession. It calls for structured reforms, including independent medico-legal tribunals, clearer definitions of the doctor-patient relationship, and standardized compensation guidelines. A balanced and systematic approach is essential to ensure justice for patients while maintaining the integrity and accountability of medical practitioners in India's evolving healthcare landscape.

Keywords: *Medico- legal, Judiciary, Negligence*

I. INTRODUCTION

The common law regime, which was established in England, is followed by the Indian Legal System, which consists of statutes and court rulings or precedents, that are incorporated into

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the nation's law. The Indian court system is highly involved in covering the delicate subject of medical malpractices. The judiciary has attempted to protect patients and physicians from defamatory allegations by establishing laws to handle such matters over the years. The judiciary has attempted to address all of the legislative deficiencies, starting with its attempts to bring medical services under the purview of consumer protection Act and provide guidance on doctor's liability and compensation amounts.

Every Indian citizen must get complete justice, according to the Indian judiciary and the constitution. Under section 142 of the Indian constitution, the Supreme court has the authority to issue any decree in order to carry out full justice. In recent years, the aforementioned Article 142 has grown to be a significant component of the Supreme Court, which is frequently used to decide cases and administer complete justice. The law doesn't specify any rules or standards that would explain when, where or under what conditions the Apex court can use the Article 142 to provide complete justice.

After considering the aforementioned, we realize that the Apex court has been empowered by our constitution with a very strong sword for ensuring complete Justice in every case or matter. Examining the rulings rendered by the Apex Court under Art 142, we discovered that the Supreme Court considers that it must step in to address some of the intricate situations pertaining to the environment, health and legislation that were insufficient for the current situation. We must have to squash the childish fiction that the judiciary does not create laws. In C. Ravichandran Iyer v. Justice A. M. Bhattacharjee[2], Sabyasachi Mukherji C. J said that in order to give the principles embodied in the constitution and to make them a reality, judges are not only responsible for interpreting the law; they are also responsible for establishing new legal standards and modifying it to fit the evolving social and economic landscape. Active judicial functions, which were once regarded as extra ordinary but now normal, and are demanded by the society. In S. P. Gupta v. President of India[3] the court held that every statutory provision must be interpreted in accordance with the evolving concepts and values. It must, also to the extent that its language permits or does not forbid it, undergo judicial interpretation in order to meet the needs of the rapidly evolving society that is going through social and economic transformation. The court continued by stating that the law does not function in a vacuum. As a result, it is meant to fulfil a social function, and its interpretation is impossible without considering the social, political, and economic context in which is to function. In this situation, the judge is asked to exercise creativity. Through a process of

[2] Ravichandran Iyer v. Justice A.M. Bhattacharjee, (1995) 5 S.C.C. 457
[3] S.P. Gupta v. President of India, A.I.R. 1982 S.C. 149

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dynamic interpretation, he must give the legislature's dry skeleton flesh and blood through dynamic interpretation. This will give the law a meaning that aligns it with the dominant ideas and values.

II. CASES UNDER CONSUMER PROTECTION

- **Indian Medical Association V. V. P. Shantha[4]**

In 1995 the case of Indian Medical Association v. V. P. Shantha, one of the most significant rulings pertaining to medical litigation in India was rendered. In 1986 the Consumer Protection Act was passed, which lead to the case. The main purpose of the Act to give consumer relief when they receive subpar products or inadequate services. The Act did not address the question of whether the services rendered by medical professionals to patient qualified as services under the Act's definition. The Supreme Court addressed the issues at hand after considering many special leave petitions on the matter and deciding to consider all of the petitions as part of the same procedures. If a doctor or hospital may be considered to be giving service under the Act, and under what conditions, that was the primary question in the case. If a doctor or hospital may be considered to be giving service under the Act, and under what conditions, that was the primary question in the case. Since medical services were professional services provided by professionals rather than occupational services, which the Act was supposed to address, the Indian Medical Association said that they did not fit under the heading of services as defined by the Act. The Supreme Court adopted the standard set forth in Bolam v. Friern Hospital Management Committee[5] Which establishes the requirement for medical malpractices to evaluate this issue. After applying the Criteria, the court came to the conclusion that careless behaviour might occur in the delivery of both professional and occupational services, and that there was no distinction between the two in terms of malpractice or negligence. Consequently, the court dismissed the IMA's argument. The court also rejected the respondent's claim that the medical profession would not be covered by the strict and restrictive definition of deficit, which was used to construct it.

The Supreme Court also examined at the issue of when medical services do not qualify as services under the Act. The court ruled that medical services would not be considered services if they were offered to everyone for free by a hospital or doctor. However, a service would be considered service under the Act if a doctor usually charges his or her patients for services performed but does not charge a certain class of patients. Additionally, free medical care

[4] Indian Medical Association v. V.P Shantha, AIR 1996 SC 550
[5] Bolam v. Friern Hospital Mgmt. Comm., [1957] 2 All E.R. 118.

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provided by hospitals does not qualify as a service. Consequently, the case of V. P. Shantha provides precise criteria about when a medical professional can be considered to be offering services under the Consumer Protection Act. The case gave thousands of people who were harmed by medical malpractice the chance to pursue prompt and effective justice.

- **Poonam Verma V. Ashwin Patel[6]**

In this case the respondent no.1, a homeopathic physician, diagnosed the appellant's husband with fever. He administered allopathic medication and viral fever, and later on for typhoid. On the instruction of the first respondent, the appellant's husband was promptly sent to the respondent no. 2 hospital after his health worsened. He was taken to Hinduja hospital in an unconscious state two days later, and he passed away at there.

The appellant accused the defendants of carelessness and demanded damages for her husband's death in a lawsuit she filed with the Consumer Dispute Redressal Forum. However, the appellant's plea was denied by the forum. The forum's judgment was contested before the Supreme Court. The Court discussed the issue of carelessness and its expression in its evaluation of the case facts. The court ruled out that there are several forms of negligence such as active, passive, deliberate, reckless, criminal, negligence per Se and gross negligence.[7]

The court ruled that no more evidence is required to prove that a person is guilty of negligent per Se. The court's ruling stated that the practice and prescription of allopathic medicine by respondent no.1, a qualified homeopathic physician, amounted to negligent per Se. This meant that the appellant did not need to provide any additional evidence to prove the respondent's negligence.

- **Samira Kohli V. Dr. Prabha Manchand & Ors[8]**

In this case the appellant went to the respondent's clinic because she was experiencing heavy menstrual flow. After doing an ultrasound, a laparoscopic test was recommended. The following documents were signed by the appellant:

- Card of admission and release.
- Consent for doing surgery.

The appellant fainted out during the laparoscopic test. The respondent's assistant then hurried out of the operating room and requested to the mother of the appellant for signing a consent form for a hysterectomy under general anaesthesia, which resulted in the removal of her

[6] Kalyani Rajan v. Indraprastha Apollo Hospital & Others (2024) 3 SCC 37
[7] Id para 40
[8] Samira Kohli v. Dr. Prabha Manchanda, AIR 2008 SC 138 at para 14

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reproductive organs.

The Supreme Court ruled that consent for a total hysterectomy with bilateral salpingo opherectomy does not equate to consent for diagnostic and surgical laparoscopy and, if necessary, laparotomy. The appellant was not an unsound person or a minor. Since the patient was an adult with the capacity to give consent, it was not necessary for someone else to do so. And there was no emergency, the appellant was momentarily unconscious while under anaesthesia. Until the appellant regained consciousness and provided the required consent, the respondent ought to have wait. Without an emergency, the issue of obtaining the patient's mother's approval does not come up. Her mother's consent is nether genuine nor valid. Because doing surgery without obtaining the consent of appellant amounts to an unauthorized invasion and interference with the appellant's body.

The court held that protecting the right to life of the person's is the responsibility of State. India lacks a common law for consent, so Indian courts must rely on the Indian Contract Act. The patient should be duly informed about the treatment before making a decision. The court's rule aligns with the reasoning of US and UK courts as well as Indian precedents. Although the courts had a valid cause to prevent taking advantage of India's impoverished and uneducated citizens, they should have instituted the idea of proxy consent.[9]

- **Balram Prasad v. Kunal Saha & Ors[10]**

The Balram Prasad v. Kunal Saha & Ors case produced one of the seminal rulings in India's medical litigation sector. The facts of the case was on a visit to their home state, the respondent and his wife, Anuradha Saha, departed the United States and arrived in Calcutta. The respondent, who works as a doctor, observed that his wife had a temperature and sore throat. Her health quickly deteriorated, leading to a high-grade fever, infection and skin rashes. She was taken by the respondent to receive treatment from the opposing party's physician. After the first course of treatment, it appeared to be effective. Anuradha's condition quickly deteriorated, and she kept getting high fevers. Anuradha was diagnosed with Angio – neurotic oedema with allergic vasculitis after seeing the opposing party physician once more. To treat the same, depomedrol was given to her. However, this did not appear to be effective, and Anuradha was admitted to the Advanced Medical Research Institute (AMRI) for additional care under the appellant's supervision. She was diagnosed with toxic epidermal necrosis by a dermatologist who was also called in for the procedure. Anuradha was sent to Breach Candy Hospital in Mumbai because the medications and treatment provided to

[9] Id
[10] Balram Prasad v. Kunal Saha, (2014) 1 SCC 384

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Anuradha had failed to work.

The respondent demanded more than Rs. 77,00,00,000 in compensation and filed consumer and criminal complaints against the physicians who treated Anuradha. He said that the physicians had given Anuradha an excessive amount of medication without any reason. Additionally, he said that the hospitals and physicians treated Anuradha carelessly. In evaluating the allegations put out by each party, the National Commission evaluated whether the actions of a reasonable and competent medical professional had been violated.[11] According to its conclusion the commission ultimately found that the hospitals and doctors have been negligent in their treatment of the patient and ordered them to provide the sum of Rs.1, 300,000 as compensation to the complainant. The parties filed an appeal to the Supreme Court by hearing the order.[12]

After hearing arguments from both sides, the Supreme Court granted the respondent an enhanced compensation of Rs.6,08,00550, payable jointly by the hospitals and doctors, plus 6% interest bringing the total amount to Rs. 11,00,00,000. The court made the crucial point that there was a rise in medical litigation due to doctor's carelessness, which indicates the necessity of stringent guidelines for the conduct of physicians and suitable sanctions for careless treatment. According to the court granting a large sum of amount as compensation will always create a warning and a deterrent to medical professionals and institutions who failed to take their duty to patients seriously.[13] The case is significant because it was the first time the court had granted huge sum as compensation to serve as a warning to other medical professionals. In this case, the prospective income of the deceased was also calculated for the fist time up to 30 years, rather than customary 10- 18 years, when determining compensation. As a result, the Kunal Saha case remains a seminal case in the medical litigation field since it establishes new guidelines for determining medical negligence compensation.

- **M. A. Bivji V. Sunita[14]**

This case began when Mrs. Sunita complained to the National Consumer Disputes Redressal Commission (NCDRC) about medical malpractice under Sections 12 and 21 of the Consumer Protection Act, 1986. She was first treated at Gondia Hospital after suffering several fractures in a catastrophic traffic accident on May 5, 2004. To make breathing easier, a tracheostomy was done. She was subsequently sent to Suretech Hospital in Nagpur, where she continued to

[11] Dr.KunalSaha v Dr.Sukumar Mukherjee, (2006) 3 CPJ 142
[12] Id
[13] Id para 149
[14] M.A. Bivji v. Suntia AIR 2023 SC 5527

get care under the direction of Dr. Nirmal Jaiswal, the ICU in-charge, with help from Dr. M.A. Biviji, a radiologist, and Dr. Madhusudan Shendre, an ENT specialist. A nasotracheal intubation (NI) was carried out after the tracheostomy tube (TT) was withdrawn on May 13, 2004, even though a bronchoscopy report showed normal airways. The complainant claimed that this needless treatment caused septicemia, subglottic stenosis, aspiration of food into the respiratory tract, and eventually irreversible voice loss.

Mrs. Sunita also alleged that a subsequent Barium Swallow Test—used to investigate the abnormal passage of food—was forcefully conducted without her consent or the presence of a radiologist, causing further respiratory distress. She underwent several additional procedures in Mumbai and Nagpur, including a tracheoplasty, and lived with a shortened windpipe and permanent voice loss. She sought ₹3.58 crore in compensation. The NCDRC held that the forced NI constituted negligence but concluded that the other complications, including thrombocytopenia, vision loss, and the Barium Swallow Test, were not directly caused by the doctors' actions. Accordingly, the NCDRC awarded ₹6,11,638 with 9% interest as compensation and ₹50,000 for litigation expenses.

The Supreme Court rejected Mrs. Sunita's appeal but granted the appeals of Dr. M.A. Biviji, Dr. Nirmal Jaiswal, Dr. Madhusudan Shendre, and Suretech Hospital. The Court noted that the NCDRC had erred in blaming the replacement of the tracheostomy tube with NI alone for negligence. After a failed decannulation, the Court determined that the NI technique was a medically recognized substitute to strengthen the tracheal wall, particularly in light of the tracheal injuries and stridor that were discovered after the accident and previous surgeries.

According to the court, the complainant was unable to demonstrate that the NI procedure was carried out carelessly or that it was not a recognized practice. The Court did not find any proof from later medical facilities or physicians that the NI was directly responsible for the difficulties. The NI technique was not blamed by the RML expert medical board. The Court determined that causation could not be solely linked to the alleged negligent act because of the numerous treatments carried out in different hospitals, the length of time between the NI and subsequent difficulties, and periods of home care.

The Supreme Court came to the conclusion that neither the doctors nor the hospital had violated their duties. It rejected Mrs. Sunita's appeal for improvement and overturned the NCDRC's decision, granting the doctors' and hospital's appeals. All parties were instructed to cover their own expenses.

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- **Kalyani Rajan V. Indraprastha Apollo Hospital & Others**[15]

Indraprastha Apollo Hospital and its physicians were accused for medical negligence by the appellant, Kalyani Rajan, in a complaint she filed under Section 2(c)(iii) of the Consumer Protection Act, 1986, after her husband, Sankar Rajan, passed away. Under the supervision of Dr. Ravi Bhatia, a renowned was referred the appellant's husband for surgery due to Chiari Malformation (Type II) with Hydrocephalus. The patient was moved from the intensive care unit to a private room following the surgery on 29.10.1998. He started having neck ache shortly after, but it was written off as a side effect of the surgery. Although medications were given and phone consultations were conducted, no senior doctor physically attended to him until 11 p.m., when he experienced a heart arrest and was pronounced brain dead on 31.10.1998. The pain worsened and was accompanied by perspiration and dizziness. On life support, he passed away on November 6, 1998. The appellant claimed that this series of events amounted to gross medical negligence, including the failure to transfer the patient to the intensive care unit after surgery and the lack of prompt medical supervision.

The Supreme Court affirmed the National Consumer Disputes Redressal Commission's (NCDRC) decision to reject the complaint, ruling that there was no evidence of medical negligence against the respondents. After carefully considering the claims and supporting documentation, the Court came to the conclusion that the post-operative treatment given was in line with the hospital's regular operating procedure. It concluded that the patient's transfer to a private room was appropriate because there were no post-operative problems and no indication of a previous cardiac condition. The Court also cited the evidence of top neurosurgeon Prof. Gulshan Kumar Ahuja, who examined the case files and said that symptoms such as nausea, sweating, and neck pain did not signify a cardiac arrest and that the complications that resulted in death had nothing to do with the surgery. The Court stressed that there was no direct or indirect evidence connecting the patient's death to any medical staff negligence, making the res ipsa loquitur (the thing speaks for itself) theory inapplicable.

The court dismissed the appeal, stating that the doctors and hospital had complied with standard procedure and that they could not be held liable for medical negligence because there was no proof that the surgery or its aftermath caused the cardiac arrest.

[15]Supra note 6

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III. CASE LAWS ON TORT LAW

- **Joseph V. Dr George Moonjerly[16]**

"Those who run hospitals have the same responsibilities as the humblest doctor; when they accept a patient to be treated, they must take the necessary care and skills to alleviate the patient," the Kerala High Court declared. The hospital management, of course, is unable to accomplish it alone; they do not have the hands to touch the surgeon's knife or the ears to listen to the stethoscope. They are just as guilty as anyone else who hires people to perform their duties for them if they treat the personnel they hire carelessly.

- **Achutrao & Others V. State of Maharashtra Others[17]**

"The hospital administration is a welfare activity carried out by the government, it is not an exclusive duty or activity of the government such that it may be regarded as exercising sovereign power," the Honourable Supreme Court said. Consequently, the State would be held vicariously liable for any damages brought about by the negligence of its physicians or other staff.

- **Rajmal V. State of Rajasthan[18]**

A Committee of Inquiry appointed by the Supreme Court concluded that the doctor was not negligent during the procedure and that there were no concerns regarding its competence, integrity, or efforts in the case of the patient who died of neurogenic shock after a laparoscopic tubal binding at a primary health centre. The State Government was found liable vicariously and ordered to compensate the deceased's husband for the death, because the death was attributed due to lack of competent personnel.

- **Aparna Dutt V. Apollo Hospital Enterprises Ltd.[19]**

A complainant's relative was experiencing lower abdominal pain in this case. She was recommended to have surgery to remove the cysts in her uterus after consulting with the physician in the hospital. Despite the good outcome of the procedure, the complainant's relative passed away after experiencing further lower abdominal pain. It was initially thought that she passed away naturally, but after her cremation, it was discovered that a pair of scissors had been discovered in the ashes. Therefore, the plaintiff realized that the surgeons had left the scissors behind during the procedure.

[16] Joseph v. Dr. George Moonjerly, 1994 (1) K.L.J. 782 (Ker. H.C.)
[17] Achutrao v. State of Maharashtra, JT 1996 (2) SC 664
[18] Rajmal v. State of Rajasthan, A.I.R. 1996 Raj. 80
[19] Aparna Dutt v. Apollo Hospital Enterprises Ltd, (2002) ACJ 954

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The complaint filed a suit against the hospital, claiming damages for her relative's death. The hospital was the provider of medical services, the Madras High Court concluded in this case. It is up to the hospital and its doctors and surgeons to decide how to hire them, but the hospital cannot avoid responsibility when it comes to patients who are not its own. Such medical services should be provided by the hospital, and if the service is subpar or the surgery is done negligently, the hospital should be held accountable. The hospital cannot avoid responsibility by arguing that there is no master-servant relationship between the hospital and the survivor. When negligence is shown, the hospital is liable, and the fact that the surgeon is no longer employed by the hospital, etc., is not an excuse.

- **Devenra Madan and Others V. Shakuntala Devi[20]**

The courts have imposed stringent guidelines on physicians' liability and the duty of care they owe to their patients, they have also created protections for physicians that shield them from unwarranted harassment or discrimination. The respondent's spouse was experiencing nausea and vomiting in this case. The appellants treated him for his pain after he was brought to the hospital. Three days after being admitted to the hospital, showed that he had a gall bladder stone in it. The patient was released from the hospital after receiving standard medical care. But the pain persisted, so he sought treatment at another hospital. He then passed away within hours after receiving treatment.

The owner of the hospital's Diagnostic and X-ray Division was among the appellants that the respondent filed a complaint against him also. She claimed that she was not given access to the sonography report's contents and that she was not made aware about her gall bladder had stones in it. However, the appellants contended that the respondent and other family members of the patient were the ones who disregarded the doctor's advice and that they were not negligent. The court noted that the respondent made contradictory comments at various points during the hearing. The Court ultimately decided that, in order for the complainant to succeed, it would be necessary to demonstrate that the doctor had violated his or her duty and that the patient's sufferings was caused by the violation. As a result, this judgment raises the bar for doctors to be found negligent by demonstrating a breach of duty. The Court also referenced this ruling in Mrs. Savitri Devi v. Union of India.[21]

[20] Devendra Madan v. Shakuntala Devi, (2003) 1 CPJ 57
[21] Mrs Savitri Devi v Union of India, (2003) 4 CPJ 164

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- **Paschim Bangal Khet Mazdoor Samity & Others V. State of Bengal[22]**

One essential component of the government's responsibility under the welfare state was to provide people with adequate medical services. "The right to life guaranteed by Article 21 of the Indian Constitution is violated when government hospitals fail to provide timely medical treatment to those in need of it."

- **State of Punjab V. Surinder Kaur[23]**

In this case the court held a doctor employed by a state hospital performs their obligations while they are employed by the State, and under these circumstances, the master bears vicarious responsibility for the employee's acts while on the job. The state is in charge of determining whether or not negligent physicians are at fault. Although it is their personal matter, the patient may be able to get the money back from the state government. The primary responsibility of the hospital authorities is to ensure that the hospital or its officers are not irresponsible; the absence of a doctor, anaesthetist, or assistant is essentially a loss of responsibility on the part of the hospital authorities. The State authorities are responsible for making sure that their personnel are available in the hospital on time; if a doctor or expert is unavailable for any reason, the hospital authorities should have been informed beforehand.

IV. CASES UNDER IPC

- **Dr. Laxman Balkrishna Joshi V. Dr. Trimbak Bapu Godbole[24]**

In this case, the respondent's son sustained injuries to his left leg after falling. He consequently suffered a fracture to one of his bones, and the respondent took him to the hospital of the appellant. After diagnosing the respondent's son, the appellant determined that the fracture required treatment, and plaster splints were applied to the wounded leg using morphia and hyoscine hydro bromide. The boy then started having breathing issues, and even though the appellant's hospital was providing emergency care, his health rapidly deteriorated and he died. Fat embolism was determined to be the cause of death. Being a medical professional himself, the respondent realized that if the treating physician had taken better care of his son's injury, his condition might have been under control.

The respondent's only choice, given that the incident happened prior to the Consumer Protection Act's passage, was to file a tortuous damage lawsuit against the appellant in the trial court, claiming that the appellant ought to have given general anesthesia before applying

[22] Paschim Banga Khet Mazdoor Samity v. State of West Bengal, AIR 1996 SC 2426
[23] State of Punjab v. Surinder Kaur, 2001 ACJ 1266
[24] Dr. Laxman Balkrishna Joshi v. Dr. Trimbak Bapu Godbole, AIR 1969 SC 128 para 11

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plaster splints to the boy's fractured leg. The appellant was penalized when the trial court and Bombay High Court determined that the respondent's allegations were legitimate. The Supreme Court upheld the lower courts' conclusions after receiving an appeal from the appellant. The Court ruled that when someone says he is willing to offer medical advice and treatment, it is assumed that he has the necessary expertise and understanding to do so. A duty of care is owed to the patient when they arrive for treatment before such a person. Choosing whether to take on the case, what kind of treatment to provide, and how to provide it are all covered by the duty of care. The Court ruled that a patient may initiate medico-legal procedures against a medical professional if any one of the aforementioned responsibilities is broken. The court decision is based on Halsbury's Laws of England and held that, depending on the specifics of each case, a reasonable level of skill and understanding is required for the medical practitioner.[25]

This case gave rise to a landmark decision that established the idea that doctors had a duty of care to their patients. It created a sense of accountability for healthcare professionals and emphasized patients' rights to file lawsuits against care providers who fail to uphold their duty of care. The case enabled courts to reach well-reasoned conclusions and set the standard for a number of subsequent medico-legal trials.

- **A.S. Mittal & Others v. State of U.P.& Others[26]**

The facts of the case is for offering ophthalmic surgery services to the residents of Khurja village in Uttar Pradesh, an organization organized an eye camp. The organization invited Dr. R.M. Sahay from Jaipur and his team of medical professionals to conduct the surgical service at the camp after securing the required approvals and clearances. The team of doctors lead by Dr. R.M. Sahay treated around 108 of the 122 individuals that were diagnosed, primarily doing cataract procedures. However, the patients experienced excruciating eye discomfort a few hours following the surgery, to the point where the eyes were irreparably and totally ruined. After being informed of this, Dr. R.M. Sahay and his medical staff continued to treat the afflicted areas. The patients' symptoms, however, did not improve, and there was no improvement.

The petitioners brought a public interest lawsuit, claiming the state had failed to ensure proper procedures were established for the organization of eye camps. The Supreme Court took up the issue and looked into whether the government had failed to establish guidelines and requirements for the operation of eye camps. The Court cited the ruling in Dr. Laxman

[25] CF. Halsbury's Law of England 233–42 (3d ed. 2019)
[26] A.S. Mittal v. State of U.P., (1992) 2 SCR 815 (India).

Balakrishna Joshi v. Dr. Trimbark Babu Godbole in considering the case's merits and reiterated the strict duty of care that physicians have to their patients.

- **Calcutta Medical Research Institute V. Bimalesh Chatterjee[27]**

According to a basic legal concept, the party presenting the matter before the court often bears the burden of proving negligence. This guarantees that the complainant has a legitimate claim against the other party and that the person against whom the lawsuit is brought is not harassed by the complainant. This idea was reaffirmed in this case, where Calcutta Medical Research Institute and other opposing parties appealed the lower court's ruling requiring the opposing parties to reimburse the complainant for damages incurred as a result of the opposing parties' negligence. In the aforementioned appeal, the court determined that the complainant had failed to discharge the burden of proof, holding that "the onus of proving negligence and resultant deficiency in service was clearly on the complainant".[28] As a result, the lower court's order was partially overturned and the appeal was granted.

- **Bhalchandra Alias Bapu & Another V. State Of Maharashtra[29]**

carelessness is punishable under criminal law; it became unclear whether the action should be civil or criminal in nature once it was determined that it was necessary and sufficient for patients to file a lawsuit against doctors. It is crucial in these situations to comprehend the distinction between criminal and civil carelessness, as established by the court in this case. In this case, the Court made the following observations:

"Criminal negligence is the egregious and culpable neglect or failure to exercise that reasonable and proper care and precaution to guard against injury either to the public generally or to an individual in particular, which, given all the circumstances surrounding the charge, the accused person had an imperative duty to have adopted. While negligence is defined as the failure to do something that a reasonable man, guided by those considerations which ordinarily regulate the conduct of human affairs, would do."[30]

In light of this, the ruling makes it clear that not all instances of carelessness would be categorized as criminal negligence. More than just a simple violation of the duty of care is required for criminal negligence; there must be some element of gross neglect for the obligation a medical professional has to a patient to ensure that the patient is not harmed.

[27] Calcutta Medical Research Institute v. Bimalesh Chatterjee, CPJ 1999 N.C 13
[28] Id, para 3
[29] Bhalchandra Alias Bapu v State of Maharashtra,(1968) SCR 766
[30] Id

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- **Jacob Mathew V. State of Punjab & Another**[31]

This case not only upheld but also reinforced the high bar of criminal negligence. In this instance, the complainant's elderly father was admitted as a patient in the private hospital ward. After being admitted, the patient had trouble breathing and called the doctor to get a diagnosis. The doctor, who is the appellant in this case, took over twenty-five minutes to show up to see the plaintiff. An oxygen mask was put over the patient's lips and nose per the doctor's instructions to administer oxygen to the patient through it. However, the patient's suffering persisted, and when he attempted to get out of bed, the medical team restrained him. The oxygen cylinder was quickly discovered to be empty and not supplying the patient with oxygen. The patient passed away from his incapacity to breathe before another oxygen cylinder could be brought into the room.

The complainant accused the doctor for criminal negligence that resulted in his father's death and filed a formal complaint against him. The doctor petitioned the High Court to have the FIR against him to getting quashed. However, because the appellants failed to provide adequate grounds for quashing, the High Court dismissed the appeal and did not quash the FIR. The appellant then requested special leave to address the Supreme Court. The appellant contended that there was no evidence of criminal negligence on his part in treating the patient and that his detention was arbitrary. The Court pointed out that physicians do not guarantee that their patients would recover from their illnesses. They simply claim to possess the necessary abilities to provide treatment with a decent level of competence. Therefore, it would be inappropriate for a doctor to treat patients while constantly fearing criminal prosecution. The Supreme Court noted in its final ruling that:

"A private complaint cannot be considered unless the complainant has presented the court with prima facie evidence—a reliable opinion from another qualified physician—to substantiate the allegation of haste or carelessness on the part of the accused physician. An independent and qualified medical opinion should be obtained by the investigating officer, ideally from a government-employed physician who is typically required to provide an unbiased and objective judgment."[32]

In light of the aforementioned observations, the Court determined that no medical professional may be arrested unless it is absolutely required to gather evidence or conduct additional investigation, or unless the investigating officer believes the professional will not turn himself in for prosecution. The Court then dismissed the allegations against the appellant and granted

[31]Supra note 6
[32]Id

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the appeal. As a result, this case illustrates the process that must be followed when medical personnel are charged with criminal negligence.

V. JUDICIAL ACTIVISM IN MEDICO - LEGAL MATTERS

Medical personnel hold significant positions in society, and the medical field is a noble one. Nonetheless, medical personnel are not exempt from carelessness or from failing to fulfil their obligations to their patients. Medical personnel who behave carelessly may face both civil and criminal legal action. The aforementioned cases rank among the most significant and frequently referenced cases in India's medico-legal system. Their landmark rulings have established the norms that physicians, patients, hospitals, attorneys, and courts must adhere to while hearing medico-legal disputes. To create a suitable legal framework that tackles medico-legal matters, it is vital to examine the rulings and pinpoint the elements that are genuinely innovative and progressive. A review of the rulings yields some significant guidelines, which are outlined below:

- Every doctor has a responsibility to take good care of their patients. As a result, physicians who violate their duty of care will be held negligently accountable. It must also be demonstrated that the patient's suffering was brought on by the doctor's negligence.
- The standard of care in the medical field is typically higher due to its skill and high level of risk, and this should be taken into account in medico-legal matters.
- In addition to positive acts like giving patients the wrong care, negligence can also arise from negative acts like failing to keep track of a patient's case file, failing to warn them of the risks involved in risky medical procedures, and failing to assist them in getting a second opinion.[33]
- A lawsuit for deficiency cannot be filed against a doctor who offers free medical care to all of their patients since the treatment cannot be categorized as a service under the Consumer Protection Act. However, the treatment given by such doctors will be categorized as service under the act if they charge certain people for their services while offering a particular class of patient's free care.
- In order to serve as a reminder or deterrent to medical practitioners to take their responsibilities seriously, compensation granted in medico-legal situations might be both standard and exemplary. The courts have established the aforementioned concepts.

[33] Malay Kumar Ganguly v Sukumar Mukherjee, (2009) 9 SCC 219

- In addition to other criminal charges, doctors who make false statements about their qualification in the medical field may also be charged with negligence.

Indian courts have established the aforementioned principles, which are still used in medico-legal issues. The examination of the rulings rendered by India's numerous courts demonstrates that the judiciary has played a significant role in the development of the medico-legal system of laws. This has primarily resulted from the legislature's disregard for the medico-legal regime. When it comes to medico-legal cases, the courts have frequently been compelled to create laws.

VI. ISSUES WHICH HAVE TO BE ADDRESSED BY THE LEGISLATURE OR COURT

Even while the Indian judiciary has made a number of significant contributions to the evaluation of medico-legal matters, there are still many problems that the courts have either ignored or have not sufficiently clarified. In India, there are many gaps in medical law, and the judiciary has frequently helped to widen some of these. Therefore, the following issues are identified in this chapter as needing the attention of the legislature or the courts.

- The judiciary has not put in place a suitable system to determine the damages that negligent medical professionals should be subjected to. Courts have recently been known to award damages in crore of rupees, but up until the early 2000s, the maximum damages granted to victims of medical negligence was between 1 and 10 lakh rupees. The obvious problem is that compensation in medico-legal situations in India is frequently awarded inconsistently. In recent rulings, the multiplier method which courts most frequently employ to award compensation has come under scrutiny.[34]

- The highest amount of damages that courts can impose on medical providers is unlimited. The Supreme Court and the National Consumer Disputes Redressal Commission have the authority to award medical professionals any quantity of money for medical malpractice. This encourages inconsistent damage awards even more. In order to prevent medical professionals from becoming targets of consumer activism, courts must set a maximum amount of damages that can be awarded in medico-legal disputes. In many affluent nations, restrictions on doctors' maximum liability have been put in place.[35]

[34] Nizam Institute of Medical Sciences, Hyderabad v Prasanth S. Dhananka (2009) 6 SCC 1
[35] David Goguen, *State-by-State Medical Malpractice Damages Caps*, NOLO,https://www.nolo.com/legal-encyclopedia/state-state-medical-malpractice-damages-caps.html.(Last visited on June 10 2025)

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- Many legal and medical experts have questioned the courts' lack of knowledge about medical procedures and treatments. In medico-legal cases, the courts typically rely on the advice of other medical professionals or the Medical Council of India, both of which have been charged with showing bias in favor of the medical practitioners. Medical practitioners almost seldom oppose members of their own fraternity. Courts can address this matter by proposing the creation of a unique medico-legal tribunal or by assembling an unbiased panel of medico-legal experts from the medical community.
- Although courts have frequently addressed the problem of medical professionals' carelessness and patients' rights, they have not given much thought to defining the relationship between doctors and as well as patients. For the purposes of the Consumer Protection Act, patients are regarded as consumers, while doctors are recognized to play the role of service providers. This does not, however, address the ambiguity surrounding the relationship that arises when patients receive free medical care during medical camps, when medical students treat patients as part of their internship, or when untrained individuals administer medical care. Reaffirming the doctor-patient relationship is a crucial issue that courts should focus on more.

VII. CONCLUSION

The study of judicial interpretation in medico-legal matters in India demonstrates the shifting character of the legal landscape involving medical malpractice. In the absence of special statutory provisions, Indian courts in particular, the Supreme Court and the National Consumer Disputes Redressal Commission (NCDRC) have been essential in forming the jurisprudence on this issue. Courts have repeatedly emphasized the significance of patient rights, medical professionals' accountability, and the need for informed consent through seminal rulings. The cases included, such as V.P. Shantha[36] and Kunal Saha[37] are significant because they establish high standards for medical care and acknowledge that medical services are covered by the Consumer Protection Act. These rulings demonstrate that physicians have a duty of care to their patients, and depending on the extent of the carelessness, a breach of this duty may result in either civil or criminal culpability. In order to promote justice in complicated instances, the concepts of res ipsa loquitur and negligence per Se have been adopted. However, courts have been careful not to excessively demonize the medical field and have shielded physicians from pointless lawsuits by demanding a high standard of proof,

[36] Supra note 4
[37] Supra note 11

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particularly in criminal cases.

The uneven distribution of compensation in medico-legal conflicts is among the most obvious problems. Without a set procedure, the damages granted have varied widely, from a few millions to many crore, creating uncertainty and what is thought to be judicial arbitrariness. Despite being widely utilized, the multiplier approach is inconsistent, and the lack of a statutory cap makes matters worse. Because courts have not established a set method or cap for determining compensation, victims and healthcare providers are left in the dark. Furthermore, there are questions about impartiality and possible bias in favor of the medical professionals raised by the use of medical expert panels, which are frequently selected from within the medical community.

In conclusion, by filling in legislative gaps and bolstering medical practitioners' accountability, the judiciary has unquestionably helped to establish medico-legal jurisprudence in India. Nevertheless, a number of systemic problems still exist in spite of these contributions. Establishing independent medico-legal tribunals, defining doctor-patient relationships more precisely, and imposing set compensation criteria are all urgently needed ways for the government and court to work together to address these problems. Even while the current regime is changing, it can still lack consistency, predictability, and fairness in the absence of such reforms. In order to guarantee justice for victims and clarity for medical professionals, the future calls for a more organized, uniform, and comprehensive strategy, even though the courts have established important principles and judicial precedents. In addition to protecting patient rights, the Indian medico-legal framework must strike a balance between the safety and sanctity of the medical field under an equitable legal system.

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