MEDICO-LEGAL RESPONSIBILITIES OF MEDICAL PRACTITIONERS IN ROAD TRAFFIC ACCIDENT CASES: A STUDY OF MEDICAL ETHICS, DOCUMENTATION AND EVIDENCE PRESERVATION IN INDIA

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ABSTRACT

Road traffic accidents raise significant medical, ethical and legal concerns. Medical practitioners have an important responsibility not only to provide immediate treatment to accident victims but also to fulfil medico-legal obligations relating to clinical examination, accurate documentation and preservation of relevant medical and forensic evidence. This article examines the medico-legal responsibilities of medical practitioners in road traffic accident cases, with particular emphasis on medical ethics, professional accountability, emergency medical care and evidence preservation. It analyses the constitutional and statutory framework under Indian law, including the Motor Vehicles Act, 1988, the Bharatiya Nagarik Suraksha Sanhita, 2023 and the Bharatiya Sakshya Adhiniyam, 2023. It also examines government initiatives such as the PM-RAHAT Scheme and Tamil Nadu's Innuyir Kaappom – Nammai Kaakkum 48 Scheme. Particular Attention is given to the Golden Hour, maintenance of medical records, forensic evidence and chain-of-custody procedures. Adopting a doctrinal research methodology, the article critically analyses relevant judicial decisions, professional regulations and practical challenges. It concludes by recommending institutional reforms, standardized documentation and professional training to strengthen medico-legal practices, protect accident victims and promote the effective administration of justice.

Keywords: Road Traffic Accidents; Medico-Legal Responsibilities; Medical Ethics; Golden Hour; Emergency Medical Care; Medical Documentation; Evidence Preservation; Chain of Custody; Professional Accountability; Criminal Justice.

INTRODUCTION

Road traffic accidents are a major public health concern and frequently involve important medico-legal issues. When an injured person is brought to a hospital following an accident, the primary responsibility of the medical practitioner is to provide immediate and appropriate medical treatment. However, the role of a medical practitioner is not restricted to clinical treatment. The examination of injuries, recording of the accident history, preparation of medico-legal reports and preservation of relevant evidence may also become important during police investigation and judicial proceedings.

Medical practitioners occupy an important position between the healthcare system and the criminal justice system. Their clinical observations and professional opinions may assist investigating authorities in understanding the nature and extent of injuries, the possible cause of death and other circumstances surrounding an accident. Inaccurate documentation, incomplete injury descriptions or improper preservation of forensic materials may create difficulties during subsequent legal proceedings.

At the same time, medical practitioners must observe ethical principles relating to duty of care, informed consent, confidentiality, patient dignity and professional integrity. These obligations become particularly significant when accident victims are unconscious, critically injured or unable to communicate.

In India, the Motor Vehicles Act, 1988 provides the statutory framework concerning road accidents, emergency treatment and compensation. The Bharatiya Nagarik Suraksha Sanhita, 2023 governs relevant aspects of criminal investigation, while the Bharatiya Sakshya Adhiniyam, 2023 deals with the admissibility and evaluation of evidence. Professional regulations prescribe additional ethical obligations for registered medical practitioners.

Government initiatives, including the PM-RAHAT Scheme and Tamil Nadu's Innuyir Kaappom – Nammai Kaakkum 48 Scheme, further seek to improve access to emergency treatment.

This article adopts a doctrinal approach to examine the legal and ethical responsibilities of medical practitioners in road traffic accident cases. It focuses on the relationship between emergency medical care, professional accountability, medico-legal documentation and

evidence preservation, with particular reference to India and Tamil Nadu.

LEGAL FRAMEWORK GOVERNING ROAD TRAFFIC ACCIDENT CASES IN INDIA

Constitutional Perspective – Article 21

"Article 21 of the Constitution of India guarantees the right to life and personal liberty[1]". The Supreme Court has interpreted this right to include the protection of human life and access to necessary medical assistance. ***In Parmanand Katara v. Union of India, (1989) 4 SCC 286***[2], the Supreme Court emphasized that preservation of human life is of paramount importance and that medical assistance should not be delayed by procedural or legal formalities. The judgment establishes an important constitutional foundation for emergency treatment. Medical practitioners must prioritize the life and health of injured persons before completing non-urgent medico-legal formalities.

Motor Vehicles Act, 1988

The Motor Vehicles Act, 1988 is the principal legislation governing motor vehicle accidents, insurance, compensation and related responsibilities[3].

Section 134 – Duty of driver in case of accident and injury to a person

Section 134 imposes duties on the driver or person in charge of a motor vehicle involved in an accident resulting in injury. These include taking reasonable steps to secure medical attention for the injured person and reporting the accident to the appropriate authorities.

Although the provision primarily concerns drivers, it forms part of the legal framework through which accident victims are brought to hospitals.

Section 134A – Protection of Good Samaritans

Section 134A provides statutory protection to Good Samaritans who voluntarily assist road accident victims. It seeks to encourage members of the public to provide immediate assistance

[1] Constitution of India, art. 21.
[2] Parmanand Katara v. Union of India, (1989) 4 SCC 286.
[3] Motor Vehicles Act, 1988.

without fear of unnecessary legal harassment. This provision is important because bystanders and other persons who assist victims may play a significant role in securing timely medical treatment.

Section 161 – Special provisions as to compensation in case of hit-and-run motor accidents

Section 161 provides for compensation in specified hit-and-run motor accident cases where the identity of the offending vehicle cannot be ascertained despite reasonable efforts. It protects victims and their families in situations where the responsible vehicle or driver cannot be identified.

Section 162 – Scheme for Golden Hour

Section 162 provides the statutory framework for cashless treatment of road accident victims, including treatment during the Golden Hour. It requires the Central Government to formulate a scheme for cashless treatment and permits the creation of a fund for that purpose.

The provision recognizes that financial difficulties should not prevent accident victims from receiving timely medical assistance.

Section 164B – Motor Vehicle Accident Fund

Section 164B provides for the establishment of the Motor Vehicle Accident Fund. The Fund supports the statutory arrangements concerning compensation and cashless treatment of accident victims.

Section 164C – Power of Central Government to make rules

Section 164C provides the relevant rule-making power of the Central Government. Collectively, these provisions demonstrate the legislative recognition of the need to protect accident victims through emergency treatment and financial assistance.

Central Motor Vehicles (Motor Vehicle Accident Fund) Rules, 2022

The Central Motor Vehicles (Motor Vehicle Accident Fund) Rules, 2022 were notified through G.S.R. 162(E), dated 25 February 2022, and came into force on 1 April 2022.

The Rules provide the administrative and financial framework for the Motor Vehicle Accident Fund. They deal with its accounts, administration, constitution and functions of the Trust, sources of income and disbursement of funds[4].

The principal accounts include:

- Account for insured vehicles.
- Account for uninsured vehicles or hit-and-run motor accidents.
- Hit-and-run compensation account.

The Rules are relevant to the implementation of the statutory cashless treatment framework.

Relevance to medical practitioners: Hospitals participating in the applicable treatment arrangements must maintain appropriate admission details, clinical findings, treatment records and claim-related documents. These records assist in patient care and the administration of financial assistance. However, the Rules primarily regulate the Fund's financial and administrative framework. They do not independently establish a complete code for clinical documentation or forensic chain-of-custody procedures.

Bharatiya Sakshya Adhiniyam, 2023

The Bharatiya Sakshya Adhiniyam, 2023 (BSA) governs the relevancy and admissibility of evidence in judicial proceedings. In road traffic accident cases, medical reports and expert opinions may serve as important evidence in determining the nature and severity of injuries.

Section 39 – Opinions of Experts

Section 39 provides that the opinions of persons especially skilled in science or other specialized fields are relevant when the Court has to form an opinion on such matters[5]. Medical practitioners may provide expert opinions regarding the nature, severity and possible cause of injuries sustained by accident victims.

[4] Central Motor Vehicles (Motor Vehicle Accident Fund) Rules, 2022, G.S.R. 162(E), dated 25 February 2022.
[5] Bharatiya Sakshya Adhiniyam, 2023, s. 39

Section 45 – Grounds of Opinion

Section 45 provides that the grounds supporting a relevant opinion are also relevant. Therefore, the clinical findings, investigation reports and medical observations forming the basis of a doctor's opinion may be considered by the Court while assessing medical evidence.

MEDICAL ETHICS AND PROFESSIONAL RESPONSIBILITIES

Medical practitioners must observe professional standards while treating road traffic accident victims. Their responsibilities include providing appropriate treatment, maintaining confidentiality, obtaining consent where required and preparing accurate medical records.

The Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 provide the relevant professional framework. The National Medical Commission placed the 2023 Professional Conduct Regulations in abeyance in August 2023, with the 2002 Regulations continuing as the operative framework.

Duty of Care:

A medical practitioner has a professional obligation to provide appropriate treatment. In road traffic accident cases, this includes prompt examination, diagnosis, necessary investigations and suitable medical intervention. The practitioner must act according to accepted professional standards and the patient's clinical condition. The urgency of treatment should be determined by the medical needs of the patient rather than administrative convenience.

Maintenance of Medical Records:

Regulation 1.3 of the 2002 Regulations **concerns the maintenance of medical records**[6].

Medical records should contain relevant information relating to medical history, clinical examination, investigations, diagnosis, treatment and subsequent developments. Regulation 1.3.2 also addresses preservation of indoor patient records for the prescribed period and their supply to patients or authorized persons upon request within the stipulated time. In road traffic accident cases, these records serve two important purposes: continuity of medical care and

[6] Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, regs. 1.3.

assistance in subsequent legal proceedings.

Professional Integrity in Medical Reports:

Regulation 7.7 concerns professional misconduct relating to improper or misleading professional certificates and reports[7].

A medico-legal report must contain accurate and objective information. The medical practitioner should distinguish between the history reported by the patient or accompanying person, injuries personally observed, investigation results, treatment administered and professional medical opinion. Exaggeration, unsupported conclusions and alteration of medical findings may affect the credibility of the report and create legal consequences.

Consent and Emergency Treatment:

Consent is an essential principle of medical ethics. Patients should ordinarily receive adequate information about proposed treatment and have an opportunity to make decisions concerning their healthcare. However, road traffic accident victims may be unconscious or incapable of providing immediate consent. Where urgent intervention is necessary to protect life or prevent serious harm, emergency treatment should not be unnecessarily delayed.

In ***Samira Kohli v. Dr. Prabha Manchanda, (2008) 2 SCC 1[8]***, the Supreme Court explained the importance of informed consent and patient autonomy. The principles are relevant to accident cases where the medical practitioner must balance the patient's autonomy with the immediate need for emergency intervention.

Confidentiality and Lawful Disclosure:

Confidentiality is an important professional obligation. ***Regulation 7.14 of the 2002 Regulations addresses disclosure of professional secrets and recognizes circumstances in which disclosure may be permitted or required by law.***

In road traffic accident cases, medical records may be required by investigating authorities or courts. Such information should be disclosed through appropriate legal procedures while

[7] Ibid.,reg.7.7.
[8] Samira Kohli v. Dr. Prabha Manchanda, (2008) 2 SCC 1.

maintaining confidentiality as far as legally possible.

Professional Accountability:

Medical practitioners may face professional consequences for failure to maintain required records, issuing misleading reports or engaging in professional misconduct. Depending on the nature of the conduct and the applicable legal requirements, consequences may include professional disciplinary action, civil liability or criminal liability. Mere involvement in a medico-legal case does not automatically establish negligence or misconduct; the relevant legal requirements must be proved.

EMERGENCY MEDICAL TREATMENT AND THE GOLDEN HOUR

The Golden Hour is an important concept in the treatment of road traffic accident victims. It refers to the critical early period following traumatic injury during which prompt medical intervention may significantly improve the chances of survival.

The expression is statutorily defined under ***Section 2(12-A) of the Motor Vehicles Act, 1988.***

During this period, medical practitioners may need to control bleeding, manage shock, secure the airway, stabilize fractures, conduct emergency investigations and undertake other life-saving procedures. In ***Parmanand Katara v. Union of India***, the Supreme Court emphasized that preservation of human life must receive priority over procedural requirements.

In ***S. Rajasekaran v. Union of India***[9], 2025 INSC 45, the Supreme Court considered the implementation of the statutory framework relating to cashless treatment of road accident victims under Section 162 of the Motor Vehicles Act.

The Golden Hour is therefore not merely a clinical concept. It requires effective coordination between ambulance services, hospitals, police authorities and government agencies. Medical documentation and evidence collection must be organized in a manner that does not unnecessarily interfere with emergency treatment.

[9] S. Rajaseekaran v. Union of India, 2025 INSC 45.

GOVERNMENT SCHEMES FOR ROAD TRAFFIC ACCIDENT VICTIMS IN INDIA AND TAMIL NADU

Prime Minister – Road Accident Victims' Hospitalization and Assured Treatment (PM-RAHAT) Scheme

The cashless treatment framework under Section 162 of the Motor Vehicles Act was notified through the Cashless Treatment of Road Accident Victims Scheme, 2025[10]. The initiative was subsequently launched as the Prime Minister – Road Accident Victims' Hospitalization and Assured Treatment (PM-RAHAT) Scheme in February 2026.

Its principal features include:

- Cashless treatment up to ₹1.5 lakh per eligible victim.
- Treatment coverage for a maximum period of seven days from the date of accident.
- Coverage for eligible motor vehicle accident victims on different categories of roads.
- Prescribed arrangements for stabilization treatment.
- Financial support through the Motor Vehicle Accident Fund.

The scheme provides an implementation framework involving hospitals, police authorities and designated agencies.

Relevance: PM-RAHAT connects emergency treatment with the financial and administrative responsibilities of hospitals. Accurate admission details, injury descriptions, clinical findings and treatment records are important for implementation. Financial and administrative requirements must not become a reason for delaying necessary emergency care.

Good Samaritan Protection

Section 134A of the Motor Vehicles Act provides protection to persons who voluntarily assist

[10] Ministry of Road Transport and Highways, Cashless Treatment of Road Accident Victims Scheme, 2025.

road accident victims[11].

In ***Save life Foundation v. Union of India***, (2016) 7 SCC 194, the Supreme Court addressed the need to protect Good Samaritans and encourage members of the public to assist accident victims without fear of unnecessary legal harassment. This framework recognizes that immediate assistance from members of the public can play an important role in saving lives.

Emergency Response Support System – 112

The Emergency Response Support System provides the common emergency number 112 for requesting emergency assistance[12]. It facilitates access to emergency services and supports coordination among relevant authorities. In road traffic accident cases, timely ambulance assistance and transportation to suitable hospitals may significantly influence the outcome of emergency treatment.

Tamil Nadu Government Scheme –Innuyir Kaappom–Nammai Kaakkum 48

The Government of Tamil Nadu introduced the Innuyir Kaappom – Nammai Kaakkum 48 Scheme on 18 December 2021 to provide emergency treatment to road traffic accident victims during the first 48 hours following an accident[13]. The scheme seeks to reduce preventable deaths by ensuring that financial difficulties do not prevent injured persons from obtaining immediate medical treatment.

It's important features include:

- Emergency treatment during the first 48 hours following an accident.
- Cashless treatment for eligible accident victims.
- Treatment through designated government and private hospitals.
- Coverage irrespective of possession of a Chief Minister's Comprehensive Health Insurance Scheme card, subject to applicable conditions.

[11] Motor Vehicles Act, 1988, s. 134A.
[12] Government of India, Emergency Response Support System, Emergency Number 112.
[13] Government of Tamil Nadu, G.O. (Ms.) No. 564, Health and Family Welfare Department, dated 17 December 2021.

- Financial assistance for specified emergency treatment procedures.

The initial treatment ceiling was ₹1 lakh per individual. The Government of Tamil Nadu increased the ceiling to ₹2 lakh through G.O. (Ms.) No. 419, Health and Family Welfare Department, dated 23 December 2024[14].

The scheme was also extended under assurance mode for the 2025–2027 policy period through G.O. (D) No. 1110, dated 7 October 2025[15].

Relevance: The scheme demonstrates the State Government's responsibility to improve access to emergency medical treatment. It also highlights the need for coordination between hospitals, medical practitioners and implementing authorities.

Tamil Nadu Accident and Emergency Care Initiative (TAEI)

The Tamil Nadu Accident and Emergency Care Initiative aims to strengthen emergency medical services in government hospitals. It focuses on improving emergency infrastructure, introducing systematic triage procedures, standardizing emergency treatment and strengthening referral arrangements for critically injured patients. Effective emergency-care arrangements and systematic medical documentation contribute to patient safety and medico-legal accountability.

Comparative Analysis of Central and Tamil Nadu Schemes

- PM-RAHAT and Nammai Kaakkum 48 represent important initiatives for the protection of road traffic accident victims.

- PM-RAHAT provides a Central Government framework for cashless treatment, whereas Nammai Kaakkum 48 is a Tamil Nadu initiative focusing on emergency treatment during the first 48 hours.

Their respective legal and administrative frameworks must be considered when examining the implementation of cashless treatment. The two schemes should not automatically be treated as

[14] Government of Tamil Nadu, G.O. (Ms.) No. 419, Health and Family Welfare Department, dated 23 December 2024.
[15] Government of Tamil Nadu, G.O. (D) No. 1110, Health and Family Welfare Department, dated 7 October 2025.

providing cumulative benefits for the same treatment. The applicable scheme, hospital eligibility, treatment package and payment arrangements must be verified.

MEDICO-LEGAL DOCUMENTATION AND MAINTENANCE OF MEDICAL RECORDS

Medico-legal documentation is an essential responsibility of medical practitioners in road traffic accident cases. Medical records serve both clinical and evidentiary purposes. They support continuity of treatment and may assist investigating authorities and courts in understanding the nature and extent of injuries.

Recording of Accident History:

The medical practitioner should record the history provided by the patient or accompanying person. Relevant details include:

- Date and approximate time of the accident.
- Place of occurrence, if known.
- Mode of transportation.
- Nature of the reported accident.
- Time of arrival at the hospital.
- Person who brought the victim.
- Information regarding loss of consciousness or other complaints.

The practitioner should clearly distinguish the reported history from facts personally observed during examination.

Recording of Injuries:

The medical examination should identify and describe injuries accurately. Relevant details include the type of injury, anatomical location, size and dimensions where appropriate, appearance, severity, associated clinical findings, investigations and treatment provided. The

description should remain objective and should not contain unsupported assumptions about the way the accident occurred.

Preparing Medico-Legal Reports:

A medico-legal report should be prepared in clear and professional language. It should contain relevant identification details, accident history, examination findings, investigations, treatment details and the medical practitioner's opinion. The report should be completed contemporaneously as far as possible. Subsequent corrections should be transparent and made according to proper record-management procedures.

Electronic Medical Records:

Electronic medical records are increasingly important in modern healthcare. They may include digital admission records, electronic treatment charts, X-ray and CT images, laboratory reports, digital injury photographs, prescriptions and discharge summaries. The authenticity, integrity and proper preservation of these records are important when they are required for judicial proceedings.

PRESERVATION OF MEDICAL AND FORENSIC EVIDENCE

Evidence preservation is an important component of medico-legal responsibility in road traffic accident cases. Materials generated or collected during treatment may have evidentiary value. Depending on the circumstances, these may include biological samples, clothing, foreign materials, diagnostic images, laboratory specimens, photographs and medical records.

Identification and Collection of Evidence:

Relevant materials should be identified and collected according to applicable medical and forensic protocols. Collection should be undertaken by authorized and appropriately trained personnel. Patient treatment must not be unnecessarily delayed for evidence collection.

Labelling and Sealing:

Where forensic materials are collected, they should be appropriately labelled and sealed according to the applicable protocol. Identification details should establish the connection between the material, the patient and the relevant medico-legal case.

Storage and Preservation:

Collected materials should be stored under suitable conditions to prevent contamination, deterioration, loss or alteration. Different biological and forensic materials may require different storage conditions.

Transfer to Investigating Authorities:

Where materials are required for investigation, their transfer should be documented. The records should identify the material, the person handing it over, the receiving authority, the date and time of transfer and other relevant particulars.

Protection of Medical Evidence:

Original medical records, diagnostic images and relevant investigation reports should be properly maintained. Requests for access, copying or transfer of records should be handled according to applicable legal requirements and confidentiality obligations.

CHAIN OF CUSTODY AND EVIDENTIARY VALUE OF MEDICAL RECORDS

Chain of custody refers to the documented history of the collection, handling, storage and transfer of evidence. It is important because the reliability of forensic material may be questioned if its identity, integrity or continuity cannot be established.

In road traffic accident cases, the process may involve the following stages:

- Identification of relevant material.
- Collection by authorized personnel.
- Labelling and sealing.
- Documentation of collection.
- Secure storage.
- Transfer to the investigating authority or forensic laboratory.

- Production before the competent court, where required.

The documentation should identify every person who handles the material and record the relevant date, time and purpose of each transfer. Medical records and forensic materials may assist courts in determining the nature of injuries, possible causes of death and other relevant circumstances.

Section 39 of the Bharatiya Sakshya Adhiniyam, 2023 recognizes expert opinion in matters requiring specialized knowledge. Sections 61 and 63 provide the relevant framework for electronic records and their admissibility[16]. Therefore, proper documentation and chain-of-custody procedures contribute to the reliability and evidentiary value of medical and forensic materials.

JUDICIAL DECISIONS RELATING TO MEDICO-LEGAL RESPONSIBILITIES

Parmanand Katara v. Union of India (1989):

The case concerned the need to provide immediate medical assistance to injured persons without allowing legal and procedural formalities to delay treatment. The Supreme Court emphasized that preservation of human life is of paramount importance and that doctors must provide necessary medical aid to preserve life[17].

Relevance: The judgment establishes the importance of emergency medical treatment and the priority of human life in road traffic accident cases.

Savelife Foundation v. Union of India (2016):

The case concerned the protection of Good Samaritans who voluntarily assist road accident victims. The Supreme Court recognized the need for a supportive legal framework to encourage members of the public to assist injured persons without fear of unnecessary harassment[18].

Relevance: The judgment supports immediate public assistance and cooperation between members of the public and healthcare institutions.

[16] Bharatiya Sakshya Adhiniyam, 2023, s. 63.
[17] Parmanand Katara v. Union of India, (1989) 4 SCC 286.
[18] Savelife Foundation v. Union of India, (2016) 7 SCC 194.

Samira Kohli v. Dr. Prabha Manchanda (2008):

The case concerned informed consent in medical treatment. The Supreme Court explained the importance of obtaining valid consent before undertaking medical procedures, subject to recognized exceptions[19].

Relevance: The principles of informed consent are important in accident cases, particularly where victims are unconscious or incapable of communicating their decisions.

State of H.P. v. Jai Lal (1999):

The Supreme Court discussed the evidentiary value of expert opinion and the role of experts in assisting courts on matters requiring specialized knowledge[20].

Relevance: Medical practitioners may provide expert opinions concerning the nature, severity and possible cause of injuries sustained in road traffic accidents.

S. Rajasekaran v. Union of India (2025):

The Supreme Court considered the issue of cashless treatment for road traffic accident victims and the implementation of the statutory framework under Section 162 of the Motor Vehicles Act[21].

Relevance: The decision is important for understanding the development of cashless treatment arrangements and the responsibility of authorities to ensure effective emergency medical assistance.

PRACTICAL CHALLENGES AND CRITICAL ANALYSIS

Although India has developed a legal and institutional framework for protecting road traffic accident victims, several practical challenges affect the effective implementation of medico-legal responsibilities.

[19] Samira Kohli v. Dr. Prabha Manchanda, (2008) 2 SCC 1.
[20] State of H.P. v. Jai Lal, (1999) 7 SCC 280.
[21] S. Rajaseekaran v. Union of India, 2025 INSC 45.

Inadequate Medical Documentation: Incomplete injury descriptions, missing clinical details and inaccurate accident histories may create difficulties during investigation and judicial proceedings. Medical practitioners must maintain clear, objective and contemporaneous records.

Delay in Emergency Treatment: Administrative requirements, financial concerns and inadequate emergency infrastructure may create obstacles to timely treatment. Such difficulties must not result in unnecessary delay in providing essential medical assistance.

Improper Preservation of Evidence: Failure to identify, label, seal, store or transfer forensic materials properly may affect their reliability. Hospitals should follow standardized evidence-preservation procedures and provide appropriate training to personnel.

Lack of Coordination: Coordination gaps between hospitals, ambulance services, police authorities and forensic laboratories may result in missing information, delayed transfer of evidence and incomplete records. Effective communication and clear institutional procedures are therefore necessary.

Challenges in Electronic Documentation: Electronic medical records improve accessibility and record management, but issues relating to authentication, unauthorized access, alteration and secure storage may arise. Appropriate technical and administrative safeguards are necessary.

Limited Awareness of Government Schemes: Accident victims and their families may not be fully aware of available cashless treatment arrangements. Hospitals and government agencies should improve public awareness and ensure that eligible victims can access the applicable schemes without unnecessary procedural barriers.

Need for Professional Training: Medical practitioners and hospital personnel require regular training in medico-legal documentation, forensic evidence handling, confidentiality and communication with investigating authorities. The absence of standardized training may affect the quality of medico-legal practices.

The critical issue is that the healthcare and criminal justice systems must operate together without allowing investigative requirements to interfere with the primary duty of saving human life. A medical practitioner should not be expected to sacrifice emergency treatment for the

sake of completing documentation. Instead, hospitals must develop procedures that enable treatment, documentation and evidence preservation to function simultaneously wherever clinically possible.

SUGGESTIONS AND RECOMMENDATIONS

The following measures may strengthen medico-legal responsibilities in road traffic accident cases:

- **Standardized documentation:** Hospitals should adopt uniform medico-legal formats covering accident history, injury descriptions, clinical findings, investigations and treatment details.

- **Regular professional training:** Medical practitioners, nurses and hospital personnel should receive periodic training in medico-legal documentation and evidence preservation.

- **Digital record management:** Hospitals should strengthen secure electronic medical record systems to improve accuracy, accessibility and accountability.

- **Evidence-preservation protocols:** Standard operating procedures should govern the identification, collection, labelling, sealing, storage and transfer of forensic materials.

- **Effective coordination:** Hospitals should establish clear communication procedures with investigating authorities, ambulance services and forensic laboratories.

- **Implementation of government schemes:** Central and State Government cashless treatment initiatives should be implemented effectively, with clear guidance for designated hospitals and eligible victims.

- **Protection of patient confidentiality:** Medical information should be disclosed only through appropriate legal and professional procedures, subject to applicable law.

- **Institutional accountability:** Hospitals should conduct periodic audits of medico-legal records and evidence-management procedures.

- **Emergency-care infrastructure:** Government hospitals should be equipped with

adequate trauma-care facilities, trained personnel and necessary diagnostic equipment.

- **Clear legal guidelines:** Institutional guidelines should clarify the respective responsibilities of medical practitioners, hospital administrators and investigating authorities in handling medico-legal cases.

CONCLUSION

Medical practitioners play an important role in road traffic accident cases, not only as healthcare providers but also as professionals whose examination, documentation and expert opinions may contribute to the administration of justice. The legal framework under the Motor Vehicles Act, 1988, the Central Motor Vehicles (Motor Vehicle Accident Fund) Rules, 2022, the Bharatiya Nagarik Suraksha Sanhita, 2023 and the Bharatiya Sakshya Adhiniyam, 2023 provides important mechanisms relating to emergency treatment, investigation and evidence. Professional medical regulations further establish obligations concerning patient care, confidentiality, record maintenance and professional integrity.

Government initiatives such as PM-RAHAT and Tamil Nadu's Innuyir Kaappom – Nammai Kaakkum 48 Scheme demonstrate the importance of timely and financially accessible treatment for accident victims.

However, the effectiveness of the existing framework depends on proper implementation at the hospital level. Inadequate documentation, improper preservation of evidence, insufficient training and poor coordination may create difficulties in subsequent legal proceedings. Medical practitioners must therefore maintain a balance between their primary duty to protect human life and their professional obligations concerning medico-legal documentation and evidence preservation. Strengthening institutional procedures, professional training, digital record management and interdepartmental coordination is essential to protect accident victims and ensure the effective administration of justice.