
CRIMINAL LIABILITY IN MEDICAL NEGLIGENCE: A CRITICAL EXAMINATION OF THE TENSION BETWEEN PROFESSIONAL AUTONOMY AND JUDICIAL ACCOUNTABILITY UNDER INDIAN LAW

Ankita, SRM University, Delhi NCR

Dr. Shubham Singh Bagla, Assistant Professor, SRM University, Delhi NCR.

ABSTRACT

Medical profession is considered as noble profession in India. Medical professionals are important pillars who help to build nation healthy and strong. Medical professionals promote well-being in society. But sometimes, things take unexpected turn and amounts in medical negligence. Medical profession is 24/7 service. Though, doctor is considered as God in India but when instances of medical negligence came then people can make doctors accountable. Recently, India has witnessed emerging instances of medical negligence and criminal cases are filed not just against doctors but also against hospitals.

This research paper critically examines the issue of criminal liability of doctor in medical negligence cases. It discusses the overall concept of medical negligence under Indian laws and also changes brought by new criminal laws which can directly impact on medical professionals. The concept of autonomy and accountability in medical profession is also discussed. Legal provisions, judicial decisions and rights and responsibilities of doctors are also discussed in this paper. The statutory laws along with comparative analysis of global rules has been critically studies in this paper to better understand the challenges and drawbacks in our medical laws and policies which we can improve to provide better medical facilities to patients and also protect the interests of doctors. This paper also provides suggestions which we can consider to adopt in future to serve justice to patients and also protect the rights and dignity of medical profession in India.

Keywords: Healthcare Liability, Causation, Autonomy, Culpability, Medical Profession

Introduction

In any community, medical professionals are considered to be among the most respected and trustworthy groups. Medical professionals are seen as life-savers, and their work is guided by civic responsibility, morality, and dedication. With their lives in their hands, patients desire the best care possible from their doctors. Sometimes, however, medical treatment goes wrong and the patient is injured or even murdered. When a doctor's carelessness or negligence causes such harm, there are serious moral and legal issues. This is known as medical negligence. It is a situation where a doctor fails to use reasonable care and caution, causing injury to a patient.¹

Medical negligence can lead to both civil and criminal sanctions. While civil negligence deals with reparations for the injured party, criminal negligence carries consequences such as jail time and fines. When a doctor is accused of criminal negligence, their reputation, employment, and mental health are all at jeopardy. Criminal liability in cases of medical malpractice is therefore a serious worry. Protecting patients' rights and ensuring that doctors are not unfairly punished for making honest mistakes in the course of their difficult duties require careful consideration.²

Medical negligence occurs when a doctor or other healthcare provider fails to provide the standard of care expected of them in their field. Errors that clearly lack knowledge, attention, or thought are the focus, not all mistakes. For example, if a doctor is careless and gives the wrong injection or performs surgery on the wrong part of the body, it might be considered carelessness. Whether a qualified and reasonable physician would have reached the same decision in the same situation is the legal standard.³

The issue of criminal culpability in medical negligence has drawn more attention lately as a result of growing public awareness, media coverage, and litigation.⁴ When more patients and families come forward to allege abuse or negligence, the legal system needs to act swiftly and fairly. Meanwhile, doctors are increasingly being pressured and intimidated, sometimes via

¹Shashi Rekha H and Dr. Chethana Prakash M, 'A study on issues and challenges of Indian healthcare system and proposed solution' 9 *International journal of management, technology and engineering* 4165-4172 (2019).

²Prof. I. Ramabrahman and RamyaChitrapu, 'An overview of health policy in India' 1 *Indian journal of health studies* 41-63 (2018).

³Nassir UIHaqWani, Kanchan Taneja and Nidhi Adlakha, 'Health System in India: Opportunities and Challenges for Enhancements' 9 *Journal of Business and Management (IOSR-JBM)* 74-82 (2013).

⁴Renu, Dr., and Shailja Chauhan. "Judicial approach towards right to health in India." 5(4) *International Journal of Law* 121-125 (2019).

physical attacks and sometimes baseless lawsuits.⁵

This problem is crucial because it affects both public health and the judicial system. If physicians start practicing in fear, young people won't want to become doctors. Disregarding actual cases of medical negligence, however, might erode public trust in the healthcare system. Therefore, in order to create a reasonable solution that shields patients from unfair prosecution while yet guaranteeing justice for them, it is essential to examine present legislation and how it is being used.

Definition of Medical Negligence

The term 'negligence' comes from the Latin word 'neglegentia', which denotes carelessness. According to Black's Law Dictionary, negligence is the failure to exercise the standard of care that a reasonably prudent person would have exercised in a similar situation. It refers to any conduct that falls below the legal standard established to protect others from unreasonable risk of harm, excluding intentional, wanton, or wilful disregard for others' rights.⁶

People interpret "negligence" in two ways: one as what the individual was thinking and the other as what the person actually did. The subjective approach holds that carelessness stems from a person's mindset. This suggests that someone is neglectful when they are unconcerned about the consequences of their conduct. For example, if a doctor is aware that omitting a safety precaution might harm the patient but does not care enough to follow it, this is considered negligence. It's like claiming the doctor was very reckless in their reasoning.

The second viewpoint, known as the objective hypothesis, holds that negligence is determined by whether the doctor's conduct met the ordinary norms, rather than what they were thinking. According to this theory, if a doctor does not behave as most careful and skilled doctors would in the same scenario, they are negligent even if they did not intend to do injury. For example, if a doctor fails to sterilize their equipment before surgery and the patient contracts an infection, it is still negligence even if the doctor did their best but simply did not follow the right procedure.

⁵Dipanwita De, 'Status of healthcare infrastructure in Indian sundarba' *International journal of research in social science* 600-613 (2018).

⁶Subodh K. Singh, Satya Prakash, "Legal Aspect of Medical Negligence in India" 13(1&2), *Indian Internet Journal of Forensic Medicine and Toxicology*, 39-47 (2015).

Literature Review

1. **The Law of Torts**⁷ by Laxminath and M Sridhar

This textbook is thorough and analytical, providing a clear and extensive explanation of Indian tort law. The book successfully covers the essential principles of tort law, including detailed explanations of subjects such as carelessness, nuisance, defamation, and strict responsibility. The part on carelessness under torts, which has been fundamental to our study, is fully investigated, with both theoretical and practical aspects.

2. **Consumer Protection Act and Medical Profession**⁸ by M.K. Balachandran

The book is an informative analysis of the Consumer Protection Act and its consequences for the medical industry, with a special emphasis on patients' rights as consumers and medical practitioners' obligations in providing quality treatment. Balachandran covers major court judgments, legal concepts, and the changing role of consumer protection in healthcare.

3. **Law & Medicine**⁹ by Nandita Adhikari

This book has grown throughout time to meet modern legal difficulties in the medical sector, such as medical malpractice, patient rights, informed consent, and the regulatory frameworks that regulate healthcare in India. The author's ability to clarify complicated legal principles while keeping academic rigor makes the book especially beneficial to students, legal professionals, and healthcare practitioners.

4. **Law Relating to Medical Negligence and Compensation**¹⁰ by KPDA Prabakar and J Paulraj Joseph

The authors present a methodical study of the statutory requirements, judicial precedents, and procedural features of medical negligence litigation in India. The book is particularly useful for its practical focus, which covers both civil and criminal liability for medical practitioners, as well as the developing importance of consumer protection legislation in this arena. For this

⁷Laxminath and M Sridhar, *The Law of Torts* (LexisNexis Butterworths, Ninth Edn, 2003).

⁸M.K. Balachandran, *Consumer Protection Act and Medical Profession* (Department of Consumer Affairs, Govt. of India in association with I.I.P.A., New Delhi, 2006, Reprint 2008).

⁹Nandita Adhikari, *Law & Medicine* (Universal Lexis Nexis, 1st Edn, 2015).

¹⁰KPDA Prabakar and J Paulraj Joseph, *Law Relating to Medical Negligence and Compensation* (Vinod Publications, 2023).

dissertation, the book provided valuable insights into compensation structures, the concept of gross negligence, and judicial trends impacting responsibility in the healthcare sector.

5. Handbook of Research Methodology¹¹ by Dr. Shanti Bhushan Mishra and Dr. Shashi Alok

This book provides comprehensive knowledge about research design, selecting a topic for research, collection of data, interpretation of data, preparation of thesis, etc. Designed for those new to research, this step-by-step guide provides accessible information on essential aspects such as research design, data collection, analysis, and writing for beginners. Widely used in academic contexts, this book provides comprehensive coverage of diverse research methods and techniques, presenting concepts in a clear and straightforward manner.

6. Medical negligence: Criminal prosecution of medical professionals, importance of medical evidence: Some guidelines for medical practitioners¹² by M S Pandit and Shobha Pandit

This article provides a critical review of the relationship between criminal law and medical practice, with a particular emphasis on the evidence standards necessary in medical negligence trials. The authors emphasise how the criminal prosecution of medical practitioners necessitates a higher standard of proof, particularly when showing gross negligence as compared to simple error in judgment. The paper highlights the importance of medical evidence in such prosecutions, as well as the necessity for impartial expert judgments and meticulous documentation to guarantee fair adjudication.

7. Medical malpractice: the effect of doctor-patient relations on medical patient perceptions and malpractice intentions¹³ by Philip J Moore , Nancy E Adler and Patricia A Robertson

The authors claim that, in addition to clinical results, the quality of communication, empathy,

¹¹Dr.ShantiBhushan Mishra and Dr.ShashiAlok, Handbook of Research Methodology, (Educreation Publication, 2017).

¹²M S Pandit and ShobhaPandit, "Medical negligence: Criminal prosecution of medical professionals, importance of medical evidence: Some guidelines for medical practitioners" 25(3) *Indian Journal of Urology* 379–383 (2009).

¹³Philip J Moore , Nancy E Adler and Patricia A Robertson, "Medical malpractice: the effect of doctor-patient relations on medical patient perceptions and malpractice intentions" 173(4) *Western journal of medicine* 244-250 (2000).

and interpersonal trust between doctors and patients have a substantial impact on how patients perceive bad occurrences. Poor communication or perceived apathy by a physician frequently intensifies unhappiness and raises the likelihood of malpractice lawsuits, even when there is no real wrongdoing.

8. Balancing autonomy and beneficence: Exploring the complexities of health ethics¹⁴ by Ricci Grasso

Grasso investigates real-world circumstances in which these values clash such as when patients decline therapy that may save or dramatically enhance their lives and critically reviews how medical practitioners handle such ethical quandaries. The article underlines that, while autonomy is an important aspect of modern medical ethics, it must be carefully balanced with the need to act in the patient's best interests.

“Although previous studies have examined civil and criminal liability in medical negligence, limited scholarship has critically analysed the tension between professional autonomy and criminal prosecution under the newly enacted Bharatiya Nyaya Sanhita, 2023. This research attempts to fill that gap.”

Research Objectives

- To investigate the legal framework controlling criminal liability in medical negligence cases in India, including legislative provisions, judicial precedents, and comparative legal views.
- To examine the notion of professional autonomy in medical practice and how it is protected under Indian law, including ethical rules and regulatory requirements.
- To critically assess the judiciary's involvement in interpreting and implementing criminal culpability in medical negligence cases, notably the threshold of gross negligence.

¹⁴Ricci Grasso, “Balancing autonomy and beneficence: Exploring the complexities of health ethics” 7(3) *Journal of Public Health Policy Plan* 1-2 (2023).

Research Questions

1. What are the legal rules and levels for determining criminal liability in situations of medical negligence under Indian law?
2. How does the Indian judiciary understand and apply the idea of "gross negligence" in criminal cases involving medical professionals?
3. How much does the fear of criminal liability impact medical decision-making and the practice of defensive medicine in India?
4. How is doctors' professional autonomy protected under the Indian legal and regulatory system, and how is it contested in criminal proceedings?

Research Methodology

This research relies on both primary and secondary sources. Primary sources include the analysis of statutory laws and court decisions, forming the backbone of our study. I have also delved into secondary sources such as books, articles, journals, websites, and newspapers. The approach involves analytical, evaluative, and descriptive methods, allowing us to derive meaningful inferences and conclusions. By combining these research techniques, I aim to provide a comprehensive understanding of the subject matter, leveraging legal frameworks and court precedents alongside a broader array of literature and information sources.

1. Criminal liability and its impact on medical practice

Criminal culpability in medical negligence implies that if a doctor or healthcare worker behaves in an excessively reckless manner beyond a mere mistake and causes major damage or death, they can be prosecuted under criminal law. This might result in arrest, prosecution, or possibly incarceration. The goal of criminal responsibility is to guarantee that doctors do not behave carelessly and always provide a basic and anticipated level of care while treating patients.¹⁵

While keeping doctors accountable is crucial, criminal responsibility may instil fear among medical practitioners. Doctors may become unduly cautious, fearful that if something goes

¹⁵Zaid Ibrahim Yousef Gharaibeh, "The Impacts of Applications of Criminal Law on Medical Practice" 76(5) *Medical Archives* 377-382 (2022).

wrong, they may wind up in court or behind bars even if they have done their best. This fear can induce stress and worry in the medical profession, and it may hinder doctors from making risky judgments that could save lives in high-pressure circumstances.

One significant consequence of the fear of criminal prosecution is the growth of defensive medicine. This means that doctors begin to take extra precautions, not necessarily because the patient requires them, but to protect themselves against potential legal action. They may conduct needless tests, avoid certain treatments, or refer patients to experts when not necessary. While this appears to be safe, it raises treatment costs and occasionally delays appropriate therapy, which may have long-term consequences for the patient's health.

A good medical system is based on trust between physicians and patients. However, criminal cases against doctors, particularly those highlighted in the media, might raise patient suspicion. They could begin to believe that doctors are reckless or dangerous. At the same time, doctors may believe that patients are always seeking for an excuse to criticize or sue them. This reciprocal anxiety undermines the trust and openness that should exist in healthcare, reducing treatment effectiveness and weakening communication.

Criminal responsibility is relevant in circumstances of severe negligence, where the medical professional's acts are manifestly irresponsible and inappropriate. It serves as a warning and puts experts on alert. However, this tool should be used with caution. Not every mistake becomes a crime. Doctors are human, and even when everything is done correctly, mistakes can occur. The legislation should safeguard patients while also ensuring that doctors are not unduly penalized for legitimate efforts or unanticipated consequences.

2. Concept of Professional Autonomy

Professional autonomy in the medical sector refers to doctors' and healthcare workers' independence to make judgments based on their medical knowledge, experience, and ethical duties without being obliged to accept orders from non-medical authority. This autonomy is inextricably linked to the essential principles of the medical profession, which include saving lives, caring for the ill, and promoting general health. These principles influence the way the profession functions and how medical practitioners are supposed to behave.¹⁶

¹⁶ Mustafa Kilic *et al.*, "Managerial Control Vs Professional Autonomy: An Empirical Study on Perceptions and

Medical practitioners follow a shared set of ethical principles and norms that govern their practice. Typically, the professional community such as medical councils and associations sets the criteria for credentials, best practices, licensure, and conduct. These experts also supervise their colleagues to verify that standards are met. While specialists manage the technical and ethical issues, society must determine if these medical techniques fulfill public expectations, are cost-effective, and actually necessary.

Traditionally, professionals worked either alone (random) or in teams (clustered), but we are now seeing a move toward controlled professional groups, where doctors and healthcare managers are collaborating more often. While managing such groups can be difficult, particularly because professionals cherish their independence and academic freedom, there is increasing cooperation.

Doctors and healthcare management are increasingly collaborating to align their aims and build a common view of what constitutes effective treatment. This collaboration contributes to the development of a better, more patient-centered healthcare system that strikes a balance between professional principles and organizational demands.¹⁷

3. Balance between autonomy and accountability in medical profession

One of the primary ethical quandaries that healthcare practitioners face is balancing autonomy and accountability. These two values, while both important, can occasionally clash, resulting in difficult ethical dilemmas in the medical profession. Autonomy refers to an individual's right to make informed healthcare decisions. It is regarded as a core ethical concept in medicine, highlighting the need of giving patients choice over their health decisions, whether they accept to or refuse treatment.¹⁸

Informed consent, which ensures that patients understand the risks, benefits, and alternatives to proposed therapies, is an important strategy for protecting autonomy. Patients must be given the required information in a clear and intelligible way, allowing them to make decisions based

Expectations of Physicians at Teaching Hospitals in Turkey" 32(2), *Journal of Medical Systems*, 157–165 (2008).

¹⁷Gabriele Finco, "Physician autonomy and patient rights: lessons from an enforced blood transfusion and the role of patient blood management" 116(6), *VoxSanguinis*, 601–607 (2021).

¹⁸ Tomi J. Kallio *et al.*, "Balancing between accountability and autonomy: the impact and relevance of public steering mechanisms within higher education Balancing between accountability and autonomy" 34(6) *Journal of Public Budgeting* 46-68 (2021).

on their particular beliefs and interests. Healthcare practitioners have an ethical duty to accept these decisions, even if they contradict their personal convictions or what is deemed optimal medical practice.

However, the notion of responsibility makes healthcare workers accountable for the treatment they deliver. This implies that healthcare practitioners must act in the patient's best interests while adhering to legal and professional standards. Medical practitioners must make judgments based on the most recent medical knowledge, research, and evidence, ensuring that the therapy they give is safe and effective.

Beneficence (doing good) and non-maleficence (avoiding damage) influence these choices. Accountability in the medical profession necessitates that healthcare practitioners be alert about patient safety and quality of care, even when patients make decisions that do not follow medical recommendations.¹⁹

The balance between autonomy and accountability is most visible when a patient's autonomy conflicts with the healthcare provider's obligation to act in the patient's best interests. An important example is when a patient declines life-saving therapy. While the patient has the freedom to reject, the healthcare provider may feel obligated to ensure the patient receives treatment that will avoid damage or death.

The balance of autonomy and responsibility in the medical profession necessitates respect for patient rights while simultaneously guaranteeing responsible, evidence-based treatment. Healthcare practitioners must respect patients' autonomy while also taking responsibility for ensuring that their decisions are consistent with the highest standards of medical ethics and patient care. This delicate balance is crucial for ensuring that healthcare personnel give care that is both morally sound and professionally responsible, promoting a culture of trust, respect, and ethical integrity in medicine. Finally, healthcare workers must always seek methods to encourage patient autonomy while fulfilling their responsibility to deliver the best possible care.

¹⁹Mrayyan, M. T *et al.* ,”Professional Autonomy in Nursing: A Concept Analysis 14(4) *Sage Journal* 3-9 (2024).

4. Important legal provisions

i. Medical negligence under Indian Penal Code

Section 304A²⁰ of the Indian Penal Code This section is concerned with causing death via carelessness. If a medical practitioner causes a patient's death via carelessness, they may face up to two years in prison, a fine, or both. Section 337²¹ of the Indian Penal Code: This section deals with inflicting harm by an act that endangers life or personal safety.²² If a medical practitioner endangers a patient's life or safety by carelessness, they may face up to six months in jail, a fine, or both.

Section 338²³ of the Indian Penal Code: This section deals with causing severe harm by an act that endangers life or personal safety. If a medical practitioner causes serious harm to a patient via carelessness, they may face up to two years in jail, a fine, or both.

ii. Medical negligence under Consumer Protection Act

The Consumer Protection Act of 2019²⁴ in India provides consumers with a cost-effective and convenient quasi-judicial framework for resolving disputes over goods and services. The Act, under section 2(1) (d),²⁵ defines who is a consumer? Section 2 (1) (o)²⁶ defines what a service is. Although professional regulating agencies exist, if health services are not expressly listed in a provision, it is assumed to cover them.

Section 11(1)(d): If a customer suffers damage as a result of another party's carelessness, they can seek compensation for their losses.

In *Indian Medical Association v. Shantha*,²⁷ the Supreme Court ruled that medical treatments are considered "services" under Section 2(1)(o) of the Consumer Protection Act. Paid services are covered, even those paid for by a third party. Individual physicians also provide free treatments. However, free treatment in hospitals or nursing

²⁰The Indian Penal Code 1960 (Act 45 of 1960), Sec 304A

²¹The Indian Penal Code 1960 (Act 45 of 1960), Sec 337

²² James RI and Khandekar, "Doctors, FIRs and Arrest in Alleged Medical Negligence Cases in India: Demystifying the Legal Tenability" 72(3) *Journal of Associate Physicians India* 87-92 (2024).

²³The Indian Penal Code 1960 (Act 45 of 1960), Sec 338

²⁴The Consumer Protection Act 2019 (Act 35 of 2019).

²⁵The Consumer Protection Act 2019 (Act 35 of 2019), Sec 2(1)(d)

²⁶The Consumer Protection Act 2019 (Act 35 of 2019), Sec 2(1)(o)

²⁷ 1995 (6) SCC 651.

homes is not included. If some patients are charged while others are treated for free owing to financial constraints, all are considered customers under Section 2(1)(d).

iii. The Indian Medical Council Act, 1956

A person can only practice medicine in India if they have been recognized by the Indian Medical Council Act of 1956. The Indian Medical Council has established necessary standards that all physicians must follow, including the Code of Medical Ethics, doctor roles and obligations, adherence to ethical medical practices, adequate record-keeping, and prescription medications by their generic names. These standards also specify a doctor's responsibilities to patients, other professionals, and during consultations. Any act of professional misconduct, violation involving moral turpitude, or criminal infraction may result in the doctor's conviction by a court of law.

iv. Changes introduces under new criminal laws

The Bharatiya Nyaya Sanhita (BNS) of 2023²⁸ makes substantial revisions to the legal handling of medical malpractice, replacing the colonial-era Indian Penal Code (IPC) of 1860. Previously, similar instances were handled under Section 304A of the IPC, which established a broad penalty for causing death via carelessness. The BNS has revised this rule in its new Section 106,²⁹ increasing fines and offering a more sophisticated approach for medical practitioners. One of the most significant modifications is the increase in penalty for general acts of carelessness resulting in death to up to five years in jail plus a fine, up from the two-year limit under the IPC.

Recognizing the intricacies of medical processes and the vital role performed by healthcare experts, the BNS makes a special provision for certified medical practitioners. If the death was caused by a doctor's negligent act while performing a medical operation, the sentence is lowered to a maximum of two years in jail and a fine. This distinction demonstrates a balanced approach, retaining responsibility while recognizing the limitations inherent in medical practice.

The BNS defines a "registered medical practitioner" as someone with qualifications

²⁸The Bhartiya Nyaya Sanhita 2023 (Act 45 of 2023).

²⁹The Bhartiya Nyaya Sanhita 2023 (Act 45 of 2023), Sec 106

recognized under the National Medical Commission Act of 2019 and registered with either the National or State Medical Registers. The updated legislative framework therefore assures stronger responsibility through obligatory penalty requirements while shielding medical practitioners from over- criminalization if they behave within professional norms.

5. Important Court Decisions

Andrews v. Director of Public Prosecutions³⁰

In the well-known case of “Andrews v. Director of Public Prosecutions,”³¹ Lord Justice Atkin recognized a crucial distinction between civil and criminal carelessness. He argued that simply being reckless (which may be enough to hold someone liable under civil law) is insufficient to penalize someone under criminal law. In other words, civil responsibility occurs when someone fails to take adequate care and causes loss or harm to another person, such as in a personal injury lawsuit. But under criminal law, it is more severe. To be criminally accountable for negligence, a person's level of carelessness must be significantly higher what the law refers to as a “very high degree of negligence.”

This implies that the mistake or negligence must be so severe that it demonstrates a complete disrespect for the safety and lives of others, rather than a minor error or lapse in attention. For example, a doctor who overlooks a minor information in a report may be held civilly accountable, but only if the error is significant or demonstrates a major lack of duty would criminal charges be brought.

John Oni Akerele v. The King³²

In this case, a trained doctor, Dr. John Oni Akerele, administered an injection called Sobita (containing a substance used in medicine) to a patient. Unfortunately, he administered too much medicine (an overdose), and the patient died. As a result, he was charged with manslaughter, which means he was suspected of caused the death by carelessness or recklessness.

The lower court condemned him, but the case was appealed to the Privy Council (the highest

³⁰ [1937] A.C. 576.

³¹ [1937] AC 576.

³² AIR 1943 PC 72.

court at the time), and the verdict was overturned (quashed). The court ruled that doctors cannot be prosecuted as criminals just because they committed a mistake that caused injury. For criminal culpability, the doctor must have demonstrated severe negligence, which is defined as recklessness that endangers people's lives and is regarded a crime against the state rather than a private wrong.

The courts clarified that not every carelessness is illegal. Just because someone says it's "gross negligence" doesn't make it so. There is a significant distinction between a mistake that results in compensation (civil case) and one that warrants criminal prosecution.

The court also stated that there is no clear line for determining when carelessness turns criminal. We must look at actual instances from earlier cases. Also, judges should be cautious not to be overly severe on physicians, as this may deter them from doing their jobs effectively. No doctor should feel as if they had a "noose around their neck" every time they treat a patient.

Jacob Mathew v. State of Punjab³³

In the seminal decision of *Jacob Mathew v. State of Punjab* (2005), the Supreme Court of India highlighted that only extreme carelessness may result in criminal culpability for medical personnel. The matter occurred when the informant's father was brought to the hospital and had difficulties breathing. Despite repeated pleas, no doctor saw him for more than 30 minutes.

When a doctor came, an oxygen cylinder was attached, but it was discovered to be empty, with no replacement readily accessible. Efforts to give functional oxygen were delayed for another 5-7 minutes, during which time the patient died. A complaint was filed alleging criminal negligence under Sections 304A/34 IPC, and charges were brought against the physicians.

However, the physicians contested this, claiming that there was no specific act of gross negligence attributed to them. After the High Court declined to dismiss the charges, they petitioned the Supreme Court, which cited its previous decision in *Dr. Suresh Gupta's* case and granted the appeal. The Court dismissed the accusations and stressed that mere carelessness or mistake in judgment by a doctor is insufficient for criminal prosecution; there must be reckless or extreme negligence.

³³ (2005) 6 SCC 1.

It also acknowledged the growing number of civil and criminal complaints against doctors, particularly under the Consumer Protection Act of 1986, and emphasized the importance of protecting medical professionals from unfounded criminal proceedings, recommending that expert medical advice be obtained before initiating criminal cases against doctors.³⁴

6. Conclusion

The problem of criminal culpability in medical malpractice under Indian law poses a serious challenge to the delicate balance between professional autonomy and judicial oversight. The investigation revealed significant inadequacies in the present legal framework, notably in how medical negligence is defined and punished in the criminal justice system.

While the need for accountability in the medical profession is undeniable, particularly in protecting patient rights and ensuring that healthcare providers fulfill their professional responsibilities, criminalizing medical errors frequently goes beyond its intended purpose and infringes on medical practitioners' professional independence.

The study found that the ambiguity between gross negligence and medical negligence causes confusion, making both medical practitioners and patients subject to possible injustices. The absence of precise and uniform legal definitions exacerbates the problem, making it impossible for doctors to carry out their professional obligations without fear of criminal punishment.

The study also underlined the critical need for a more comprehensive approach to medical negligence cases one that considers not just the legal concerns, but also the ethical and professional norms that govern medical practice. The conflict between safeguarding patient rights and retaining professional autonomy is more than just a legal problem; it is a question of ethical integrity in the healthcare system. As medical research and technology advance, so must the legal systems that regulate them. As new treatment methods, innovative technology, and complex medical procedures arise, the law must evolve to better represent the reality of modern healthcare.

Overall, the findings of this study highlight the importance of revising India's legal approach to medical negligence. The current legislative structure, although intended to protect patients

³⁴Dilraj Kaur and Simranpreet Kaur, "Medical negligence and the Indian law" 2(2) *International Journal of Criminal, Common and Statutory Law* 89-90 (2022).

and maintain faith in the healthcare system, has unintentionally produced an environment that stifles doctor autonomy and fosters defensive measures. By implementing precise definitions, improved judicial interpretation, legislative reforms, and supporting educational frameworks, India may achieve a more effective and equitable balance between judicial responsibility and medical professionalism. Such changes are required not merely to improve the legal landscape, but also to develop a healthcare system that values patient safety, professional integrity, and ethical practice.

In conclusion, this research emphasizes the need for a legal framework that is dynamic, patient-centric, and respectful of medical autonomy. This will allow healthcare providers to deliver the highest standard of care without the constant fear of criminal repercussions while ensuring that patients are protected from negligence and harm. The recommendations offered in this study aim to provide a comprehensive blueprint for addressing these challenges, ensuring that both medical professionals and patients benefit from a system that is just, fair, and capable of adapting to the evolving needs of healthcare in India.

7. Suggestions

i. Introducing Legislative Reforms to Protect Professional Autonomy

The findings strongly support the need for legal reforms that acknowledge medical practitioners' professional autonomy while maintaining patient safety and fairness. There should be a provision in the law to safeguard doctors from unjustified criminal prosecution where their activities were within the acknowledged norms of medical practice. This might involve establishing a medical board to review cases of medical negligence before filing criminal charges, ensuring that the judiciary does not overstep its authority by meddling with expert medical choices. These measures would assist to create a balanced environment in which patients' rights are maintained without jeopardizing the independence of medical practitioners.

ii. Focus on education and training in medical ethics and law

Given the strong impact of defensive medicine on clinical practice, the study suggests that medical practitioners receive more training in medical ethics and legal awareness. This will ensure that healthcare practitioners are aware of the limits of their legal duties and the ethical problems that may arise in clinical practice. Programs that focus on the application of medical

law, ethical decision-making, and the implications of criminal responsibility might help reduce the fear of criminal repercussions while promoting better educated, patient-centered decisions.

iii. Improvements in Judicial Accountability Mechanisms

The judiciary must develop a more consistent approach to the interpretation of medical negligence. Courts should rely more largely on medical practitioners' expert judgments when deciding matters involving medical negligence, ensuring that legal rulings are based on medical fact rather than subjective interpretations. The establishment of specialized courts or tribunals dedicated entirely to medical negligence claims might provide a more informed and consistent legal framework for resolving these concerns. This method would improve clarity, eliminate ambiguity in judicial decision-making, and protect both patient justice and doctors' professional autonomy.

iv. Implementation of Patient Protection Mechanisms.

There should be a more strong mechanism in place to defend patients' rights while not jeopardizing medical practitioners' autonomy. This can be accomplished by setting more specific rules for informed consent and ensuring that patients are fully informed of their rights, including the ability to seek legal remedy if negligence occurs. Furthermore, healthcare organizations must engage in patient safety standards, promote openness in treatment, and foster a no-blame culture that benefits both patients and practitioners.

v. Promote Mediation and Alternative Dispute Resolution (ADR):

Implementing mediation and alternative dispute resolution methods in medical negligence cases can lessen the judicial system's workload and allow for faster outcomes. This would allow for a more collaborative approach between patients and doctors, resulting in negotiated settlements rather than long criminal trials. In circumstances when malpractice or carelessness is asserted, mediation may assist both parties to find an agreeable resolution, eliminating the need for criminal prosecution while protecting patients' rights.

vi. Improving the Role of Medical Expert Testimony in Court:

Because medical negligence trials rely significantly on expert testimony, it is critical to create a more rigorous system for choosing and assessing expert witnesses in such cases. Establishing

a panel of certified medical specialists to offer expert witness might assist the judiciary in better understanding medical processes and ensuring that judgments are based on factual, rather than subjective evidence. This might assist to reduce unfair verdicts while preserving professional autonomy.

vii. Clear Consent Guidelines for High-Risk Procedures:

The adoption of clear, uniform protocols for getting informed consent for high-risk medical operations will assist to decrease uncertainty in patient consent. These recommendations should address the amount and breadth of information to be offered to patients, ensuring that they are completely aware of the risks and that their consent is really informed. Improving the informed consent procedure can reduce legal responsibilities while reinforcing the ethical ideal of autonomy.

viii. Creating a national database for medical malpractice cases:

The establishment of a national database for documenting medical malpractice cases may aid in spotting patterns, enhancing regulatory control, and holding medical personnel responsible for their conduct. This database might give useful insights into reoccurring challenges in medical practice, allowing legislators to address systemic concerns while also providing a resource for doctors to learn from their mistakes.