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MEDICAL NEGLIGENCE IN THE HEALTHCARE SECTOR AND PROTECTION OF THE RIGHTS OF PATIENTS

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1. INTRODUCTION

The medical profession is esteemed for its role in preserving life. We hold the belief that life is bestowed by a divine being. Therefore, a doctor plays a significant role in God's plan as they are responsible for executing His instructions. A patient typically seeks out a doctor or facility based on their reputation. The expectations of a patient are twofold: firstly, doctors and hospitals are expected to provide medical treatment with utmost expertise and proficiency, and secondly, they are expected to refrain from causing any harm to the patient due to negligence, carelessness, or reckless behaviour of their staff. Although a doctor may not always be able to save a patient's life, they are expected to apply their specialized knowledge and skills in the most effective manner, always prioritizing the patient's well-being. Patients place their trust in doctors, and as such, physicians are required to conduct comprehensive assessments and, when appropriate, request detailed reports from patients. Furthermore, except in cases of emergency, doctors must obtain informed consent from the patient before proceeding with any significant treatment, surgical procedure, or invasive examination. Failure to uphold these responsibilities, whether by the doctor or the hospital, constitutes a breach of duty that can be legally challenged.

A tort is a type of civil wrongdoing that is distinct from a breach of contract. It refers to a violation that can be addressed by the court through the awarding of damages. Therefore, the entitlement of

a patient to obtain medical care from physicians and healthcare facilities is fundamentally a civic entitlement. The relationship between the parties involved can be likened to a contract to a certain degree due to the presence of informed consent, payment of a price, and the execution of operation or provision of treatment. However, it still maintains key aspects of tort law.

In the matter of *Dr. Laxman Balkrishna Joshi vs. Dr. Trimbark Babu Godbole and Anr.*¹ and *A.S. Mittal v. State of U.P.*², it was established that when a patient seeks consultation from a doctor, the doctor is obligated to fulfill certain responsibilities towards the patient. These responsibilities include:

- (a) the responsibility to exercise caution in deciding whether to take on the case,
- (b) the responsibility to exercise caution in determining the appropriate treatment to provide, and
- (c) the responsibility to exercise caution in the administration of that treatment.

If any of the aforementioned obligations are violated, it may result in a claim for negligence, allowing the patient to seek compensation from their doctor. In the mentioned case, the highest court noted that negligence can take various forms.

Negligence per se is a legal doctrine defined by Black's Law Dictionary that involves conduct deemed negligent without the need for further argument or evidence concerning the specific circumstances of the case. This concept applies when an individual's actions, whether through commission or omission, violate a statute or municipal ordinance designed to protect public safety and welfare. Essentially, negligence per se occurs when a person's conduct directly contravenes a legislative or regulatory requirement intended to prevent harm, thereby establishing a breach of duty as a matter of law. This legal standard eliminates the necessity for proving that the conduct was unreasonable under the particular facts of the case because the violation of the established legal duty itself is considered sufficient evidence of negligence. In this way, negligence per se focuses on whether the conduct aligns with or breaches specific legal mandates, underscoring the presumption of negligence when statutory obligations are not met.

¹ AIR 1969 SC 128

² AIR 1989 SC 1570

2. UNDERSTANDING MEDICAL NEGLIGENCE

Medical negligence refers to the failure of medical practitioners or doctors to provide enough care and take necessary precautions, resulting in a breach of their obligations and causing injury to patients. In the case of *Moni v. State of Kerala*³, it is said that, in the medical field, negligence is defined as a failure to adhere to the standards of care expected from reasonably competent professionals at the time of the treatment. A medical practitioner is not deemed negligent if they follow one or more accepted and rational standards of care.

For instance, in the event that an accountant commits an error, it will result in a financial loss, whereas if a doctor commits an error, there is a potential risk of a fatality. Doctors are held to a high standard of perfection because patients often view them as godlike figures and trust them with their lives. Any errors made by doctors can have fatal consequences.

Medical negligence arises from the provision of inadequate, inept, or careless treatment to patients. Medical negligence, commonly referred to as medical malpractice, happens when healthcare professionals fail to fulfill their responsibility with the required level of standard care. Negligence is a legal offence that is recognized under many laws, such as the law of torts, the Indian Penal Code, the Indian Contracts Act, and the Consumer Protection Act of 1986.

Negligence per se, in the case of *Poonam Verma vs. Ashwin Patel and Ors*⁴, the Supreme Court determined that a homoeopathic doctor who lacks the necessary qualifications to practice allopath is considered a quack if they still choose to practice in that field. If a person is found guilty of negligence per se, no other evidence is required.

2.1 Essentials/ ingredients of Medical Negligence

Negligence is simply the failure to exercise due care. The three ingredients of negligence are as follows:

1. The defendant has a duty of care towards the plaintiff.
2. The defendant has breached this duty of care owed to the plaintiff.
3. As a result of this breach, the plaintiff has experienced significant harm or loss.

Medical malpractice is indistinguishable. In a medical negligence case, the defendant is typically the doctor.

³ 2011

⁴ (1996) 4 SCC 322

When does a duty arise?

It is well recognized that a doctor has a legal obligation to provide a standard of care to his or her patient. This obligation can be either a responsibility established by a contract or a duty that arises from tort law. Occasionally, even without the establishment of a doctor-patient relationship, the courts have mandated that the doctor has a responsibility. As stated by the Supreme Court in the case of *Parmanand Kataria vs. Union of India*⁵, every doctor, whether working in a government hospital or elsewhere, has a professional duty to provide their services with the necessary knowledge to safeguard life. However, these circumstances are specifically limited to situations in which there is a threat to the individual's life. Consequently, in certain situations, the doctor is not obligated to fulfill a duty.

What is the duty owed?

According to the Supreme Court, a doctor has a responsibility to provide a fair level of ability and knowledge to their work and to exercise a reasonable level of care towards their patients. The doctor is not required to strictly adhere to the greatest or lowest level of care and competence, taking into account the specific circumstances. Consequently, a doctor is not obligated to guarantee the recovery of every patient who seeks their care. He must guarantee that he demonstrates a decent level of care and expertise.⁶

Reasonable degree of care

Reasonable degree of care and skill refers to the level of care and competence that a typical competent professional with the relevant skills would exercise in the specific situation. It is important to distinguish between the standard of care and the degree of care at this point. The standard of care is consistent and uniform across all cases. The doctor's conduct must be reasonable, but it does not have to adhere to the highest or lowest level of care. The level of care varies and is contingent upon the specific situation. It is employed to denote the concept of rationality or logical judgment in a specific circumstance.

Therefore, while both a generalist and a specialist are expected to meet the same standard of care, the level of care provided would vary. Put simply, both the specialist and the generalist are expected to exercise reasonable care. However, the definition of reasonable care differs for the

⁵ 1989 AIR 2039

⁶ WITH PATIENT RIGHTS COME PATIENT RESPONSIBILITIES: CONTRIBUTORY NEGLIGENCE IN MEDICAL NEGLIGENCE ACTIONS, Available at: <https://www.lerners.ca/wp-content/uploads/2007/08/With-Patient-Rights-Come-Patient-Responsibilities.pdf>

specialist compared to the level of reasonable care for the generalist. Legally, specialists are expected to demonstrate expertise specific to their field, rather than the general knowledge of a regular doctor. While the courts acknowledge the necessity of imposing a greater level of responsibility on an expert, they have declined to reduce it for a beginner.

Another inquiry that emerges pertains to the level of expertise that is anticipated from a medical practitioner. Should it incorporate the most recent advancements in the industry, therefore necessitating regular updates, or is it sufficient to adhere to established practices? The courts have acknowledged that the definition of reasonableness evolves with time. The aforementioned criteria explicitly mandates that the doctor possess a reasonable level of understanding. Therefore, it may be inferred that a physician must consistently enhance their knowledge in order to meet the desired level of proficiency. Moreover, given that only a moderate level of knowledge is needed, it may not be essential for him to be cognisant of all the advancements that have occurred.

Thus far, we have explored the responsibilities of a doctor in regards to providing medical treatment to patients and diagnosing their ailments. Doctors have an obligation to obtain the consent of a person/patient before carrying out actions such as surgical operations and, in certain situations, treatment as well. In summary, any action that necessitates physical interaction with the patient must be authorised by the patient. Doctors have a legal obligation to obtain the patient's consent, which is known as a duty of care. Undoubtedly, one may wonder about the nature of this responsibility of care. According to legal rulings, this obligation requires the disclosure of any information that is pertinent or essential for the patient to make a decision. Thus, the obligation does not encompass the disclosure of every conceivable piece of information on this matter. Moreover, this responsibility does not include the obligation to inform a patient of all the typical associated hazards of a surgical procedure. The level of care expected from a doctor when getting consent is the same as that expected from a reasonable clinician in other situations.

When does the liability arise?

A doctor is held liable not only when a patient has been injured, but specifically when the injury is a direct result of the doctor's behaviour that fails to meet the standard of reasonable care. Put simply, the doctor is not responsible for every injury experienced by a patient. He is responsible for just those that result from a violation of his obligation. Therefore, after establishing the presence of a duty, the plaintiff must still provide evidence of the violation of that obligation and the resulting causation. If there is no breach of duty or if the breach did not result in harm, the

doctor will not be held responsible. To establish the breach of duty, the plaintiff must demonstrate two things: firstly, what is deemed reasonable under the given circumstances, and secondly, that the doctor's action fell below this standard. It is important to emphasize that proving a breach requires more than just demonstrating the existence of an opposing body of opinion over the doctor's practice or conduct.

In relation to causality, the court has established that it is necessary to demonstrate that of all the potential factors leading to the injury, the doctor's failure to fulfil their duty was the most likely cause. Merely demonstrating that the violation of duty is one of the possible causes is not enough. Therefore, in order to fulfil the burden of proof on the plaintiff, it is necessary to demonstrate that the doctor's breach of duty of care was the most likely cause of the harm, among other potential causes such as negligence by a third party or an accident.⁷

Typically, culpability is established only when the plaintiff successfully fulfils the responsibility of establishing carelessness. Nevertheless, in certain instances, such as when a swab is inadvertently left inside a patient's abdomen or when a leg is amputated instead of being properly casted to address a fracture, the legal principle of 'res ipsa loquitur' (meaning 'the object speaks for itself') may be applicable. The subsequent are the essential prerequisites of this principle.

1. Complete control rests with the doctor.
2. It is often observed throughout humanity that the mentioned accident rarely occurs without negligence. This notion is frequently misconstrued as a rule of evidence, while it is not. This is a fundamental idea in the field of tort law. When this approach is implemented, the doctor/defendant is responsible for providing an explanation of how the incidence might have happened without any carelessness. If no explanation is provided, the doctor becomes liable.

Typically, a doctor is legally responsible for their own actions, excluding situations of vicarious liability. Nevertheless, there are situations where a doctor may be deemed responsible for the actions of another individual that result in harm to the patient. The necessity for such a liability may arise in situations when the individual responsible for the action may not have any legal obligation to provide care to the patient, or if the action itself does not violate any legal obligations. An illustrative instance when such a circumstance may occur is during a surgical procedure. If a

⁷ Ibid.

junior doctor is part of the team, their responsibility, in terms of utilising their specialised skills, is to consult a senior doctor for guidance or assistance. Once he fulfils this obligation, he will have fulfilled his responsibility and will not be held responsible, even if he really carries out the action that causes harm. Under such circumstances, it is incumbent upon the senior doctor to have provided him with appropriate guidance. Failure to do so would make him accountable for the patient's injury, even if he did not directly cause it.

When there is no liability

Not every instance of a patient's damage automatically holds a doctor responsible. This could be attributed to either his possession of a legitimate defence or his adherence to the duty of care. An mistake of judgement can be classified as either a simple error of judgement or an error of judgement resulting from negligence. Only in the case of the former, the courts have recognised it as not being a violation of the duty of care. It might be defined as the legal acknowledgement of the inherent human imperfection in all aspects of existence. A mere error of judgement occurs when a doctor makes an incorrect decision. It is a circumstance in which we can only identify an error after it has happened. At the moment of the ruling, it did not appear to be incorrect. If, however, a thorough assessment of all the considerations was not made, then it would be considered a negligent error of judgement.

3. DUTY OF MEDICAL PRACTITIONERS TOWARDS PATIENTS

The duties and responsibilities of a physician are outlined in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, also known as the Code of Medical Ethics Regulation⁸ which were established under the Indian Medical Council Act⁹.

1. **Obligation to sick** – A doctor or nurse doesn't have to treat everyone who comes to them, but they should be ready to help when people are ill, understand the gravity of their job, and never shirk their professional responsibilities. However, in cases of true emergency, it is imperative that a healthcare professional personally attend to the patient, even while it is within their rights to suggest that the patient see a second doctor or nurse. It is against the law for medical providers to flat-out refuse treatment to someone who desperately needs

⁸ 2002

⁹ 1956

it. If the patient's medical condition is outside the surgeon's area of competence, however, the surgeon may refuse to treat them.

2. **Prognosis** – Medical professionals have a responsibility to provide their patients honest diagnoses that don't overstate or understate the severity of their disease. Doctors have a duty to explain medical conditions in a way that patients and their loved ones can understand so that everyone involved in the treatment process is on the same page. The patient and their loved ones will reap the benefits of well-informed choices about the patient's care and treatment when there is open and honest discussion about these matters. In order to help their patients and their families, doctors should be forthright and provide all relevant medical facts. This will allow for better health management and comprehension...
3. **Patience, Delicacy, and Secrecy** – Patience and delicacy are traits that any good doctor should have. Protecting the privacy of their patients is of the utmost importance to doctors. However, there are situations when the doctor may reveal this information if he feels he has a greater responsibility to society or a particular patient than to others. An example would be the impossibility of keeping a new and infectious illness under wraps.
4. **The Patient must not be neglected** – A doctor may pick and choose who they see, but they have to deal with any serious requests or emergencies right away. As soon as a doctor takes a patient on, they have an obligation to provide them round-the-clock care. A grave violation of medical responsibility occurs when a patient is neglected, especially after the case has been accepted. In order to keep the patient and their loved ones from feeling abandoned, the doctor must keep communicating with them and giving them the information, they need. In addition, doctors and nurses can't knowingly do or fail to do anything that might put a patient at risk of not receiving life-saving treatment. Integrity and quality of patient treatment are jeopardized when such conduct compromises the cornerstones of medical ethics and professional accountability.
5. **Engagement for an Obstetric case** When it comes to obstetric treatment, if the original allocated physician is unavailable or absent and another doctor is brought in to assist with the birth, the second doctor should be paid for their services. Even so, before stepping down, the replacement doctor must get the patient's OK, especially if the primary care physician is going to be returning to treat the patient again. This keeps the lines of

communication open throughout the handoff of care and guarantees that the patient is informed before anything is done. These guidelines guarantee that the patient's wishes and permission are given top priority throughout their treatment, which is in line with medical ethics and professional standards.

Acts of Misconduct

Abuse of Professional Position: Medical professionals are bound by ethical standards that prohibit the misuse of their professional status. This includes engaging in any form of misconduct or unethical behavior stemming from their role. Specific examples of professional misconduct include committing adultery or engaging in inappropriate relationships with patients. Such behavior undermines the trust inherent in the patient-professional relationship and is considered a severe breach of professional ethics. The integrity of the medical profession demands that individuals in these roles avoid any actions that could compromise their professional conduct or exploit their position for personal gain.

Informed Consent: The principle of informed consent is a fundamental aspect of medical ethics and practice. It requires that medical practitioners obtain explicit consent from patients before performing any procedures. This consent must be documented in writing and obtained from the patient or, in the case of minors, from a parent or legal guardian. For procedures with significant consequences, such as those that could lead to sterility, it is necessary to secure consent from both partners if the procedure affects their shared interests. Failing to obtain proper consent constitutes a serious lapse in professional conduct, as it disregards the patient's autonomy and right to make informed decisions regarding their own health.

Compliance with Regulations and Laws: Medical practitioners must comply with the rules and ethical standards established by the appropriate regulating organizations. In India, for instance, the “Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002,” provide a comprehensive framework governing medical practice. These regulations delineate the professional duties and ethical responsibilities of medical practitioners. Compliance with these rules is essential for maintaining professional integrity and ensuring that medical practice aligns with established standards of conduct. Violations of these regulations not only undermine professional credibility but also can have legal repercussions and impact patient trust.

4. RIGHTS OF THE PATIENTS

The MoHFW¹⁰ has disseminated a document titled 'Charter of Patients' Rights,' which has been developed by the National Human Rights Commission (NHRC). This Charter delineates the legal rights of patients as enshrined in the Constitution of India. It serves as a comprehensive guide to the entitlements and protections afforded to patients within the Indian healthcare system. The Charter aims to ensure that patients are fully aware of their rights and can seek redress if these rights are infringed upon, thereby reinforcing the commitment to uphold human dignity and justice in medical care.¹¹

- **Right to Information:** Physicians or their qualified assistants must provide detailed information to patients about their illness, including diagnosis (provisional or confirmed), recommended tests, and potential complications. If the patient cannot understand or acknowledge this information, it should be communicated to their carer in an easily understandable language. Patients also have the right to know the identities and qualifications of all healthcare providers involved in their care, including the primary physician. Written documentation should be provided to clarify expertise on medication bills.
- **Right to Access Records and Reports:** Patients or their carers have the right to access original or duplicate medical records, inpatient records, and research reports related to their condition. Investigation results must be provided within 24 hours of admission or 72 hours post-discharge. Hospitals are obligated to furnish a discharge summary or a death certificate, in the event of a patient's demise, to the carers or family members, along with standard copies of medical tests.
- **Right to Emergency Medical Care:** In emergencies, individuals have the right to receive medical care at any public or private healthcare facility. Article 21¹² of the Constitution guarantees the fundamental right to life and personal liberty, ensuring immediate

¹⁰ Ministry of Health and Family Welfare

¹¹ A Study on Medical Negligence in India: Retrospective and Prospective, Available at: https://www.researchgate.net/publication/359413313_A_Study_on_Medical_Negligence_in_India_Retrospective_and_Prospective

¹² Constitution of India, 1950

emergency medical care without compromising quality and safety, irrespective of the ability to pay full or excessive costs.

- **Right to Informed Consent:** Before performing invasive procedures, surgeries, or chemotherapy, hospitals must have a proper policy system in place. The primary care physician must explain the risks, effects, and procedures in a clear and simple manner before obtaining written consent from the patient or their care taker.
- **Right to Confidentiality, Dignity, and Privacy:** Healthcare workers are ethically obligated to maintain complete confidentiality regarding a patient's condition and treatment. This information should only be disclosed to the patient and those responsible for their care unless it serves the purpose of protecting others or addressing public health concerns. Female patients have the right to request the presence of a female attendant if examined or treated by a male practitioner. Medical institutions must maintain the dignity of all patients, regardless of gender.
- **Right to Non-Discrimination:** Patients have the right to receive care without discrimination based on illness, condition, HIV status, gender, age, religion, caste, ethnicity, sexual orientation, language, geographical location, or social background. It is the responsibility of healthcare workers to ensure non-discriminatory treatment.
- **Right to Safety and Quality Care:** Patients are entitled to care that meets quality standards, including safety, cleanliness, and infection control measures, sanitation, and access to safe drinking water. Healthcare services must adhere to the latest standards set by the National Accreditation Board for Hospitals. Patients should be treated professionally and ethically, with the right to seek redressal if needed.
- **Right to Choose Alternative Treatment:** Patients have the right to be informed of all available treatment options. They can choose an alternative treatment after being fully informed, even if it does not align with the primary physician's recommendation. The patient or their caretakers assume responsibility for the outcomes of the chosen treatment.
- **Right to Transparency in Costs:** Patients have the right to a written record of treatment costs. Hospitals must display names and prices of clinical procedures prominently in public areas, in both English and the local language. Patients are entitled to medications, equipment, and implants at prices set by the National Pharmaceutical Pricing Authority

(NPPA) and other relevant bodies, ensuring costs fall within government-established ranges.¹³

- **Right to Choose Pharmacy and Laboratory:** Patients or their carers have the right to choose their licensed pharmacy for medical supplies and select diagnostic centers or laboratories accredited by the National Accreditation Board for Laboratories (NABL).
- **Right to Proper Referral and Transfer:** When transferring from one healthcare facility to another, patients and their caretakers must be informed about the reasons for the transfer and the available options at the new facility. A list of treatments and medications required post-transfer must be provided. These decisions should not be influenced by unethical trade practices such as kickbacks, commissions, or incentives.
- **Right to Protection in Clinical Trials:** Participants in clinical trials are entitled to protection under protocols and good scientific practice guidelines issued by the government of India, including the Amended Drugs and Cosmetics Act, 1940 and rules, 1945. This includes obtaining informed consent, providing written prescriptions, ensuring privacy, and other related factors. Participants are entitled to financial or other assistance if they suffer harm and should benefit from the study's findings.
- **Right to Claim the Deceased's Body:** Caretakers have the right to claim the body of a deceased patient treated in a hospital. Hospitals cannot withhold the body due to procedural issues such as non-payment or disputes over charges, as this violates the wishes of the caretakers.
- **Right to Education About Illness:** Patients have the right to receive information about their condition, maintaining good health practices, their rights and obligations, relevant healthcare coverage plans, benefits for charitable hospitals, and procedures for complaint resolution. This information must be communicated in a language the patient or their carer understands.
- **Right to Express Concerns and Seek Resolution:** Patients have the right to provide feedback and file complaints about the healthcare and treatment received. Patients and carers can seek redressal for any violation of the aforementioned rights through authorized

¹³ Medical negligence and the law, Available at: <https://ijme.in/articles/medical-negligence-and-the-law/?galley=html>

authorities such as the hospital, healthcare provider, Patients' Rights Tribunal forum, or the regulatory authority for medical organizations.

5. IMPORTANT CASE LAWS

- **Poonam Verma v. Ashwin Patel and Ors¹⁴**

A licensed homoeopathic practitioner recommended a conventional medicine to the patient. The outcome was the patient's demise. The doctor was deemed negligent and legally responsible for the death of the patient's wife. He was legally obligated not to enter the domain of another medical system. His careless wrongdoing constituted negligence per se, which is subject to legal action in civil law.

- **Dr . N. Ummar v. K.M. Hameed¹⁵**

The patient received an incorrect diagnosis of tuberculosis despite actually having cancer. The patient's death was a direct consequence of an incorrect diagnosis made by the pathology department. The pathologist was found responsible for his improper behaviour, and the Kerala high court determined that it was a clear instance of medical negligence.

- **Rajmal v. State of Rajasthan¹⁶**

The petitioner's spouse underwent a laparoscopic tubectomy procedure at a primary health centre. On April 2nd, 1989, she passed away during surgery. The cause of death was determined to be a result of inadequate medical facilities, insufficient equipment, and a shortage of experienced and trained doctors. The state government was found legally responsible for paying Rs. 1 lakh to the deceased's husband.

- **Jasbir Kaur v. The State of Punjab¹⁷**

A newborn infant was discovered to be absent from the government hospital in Amritsar, specifically the Shri Guru the Bahadur Hospital. The infant was discovered in the hospital bathroom's wash basin, in a state of bleeding, with one eye forcibly ripped from the socket. According to the hospital personnel and authorities, the boy was abducted by a feline creature, which caused harm to him. The hospital was deemed responsible, and a settlement of Rs. 1 lakh was awarded to the parents of the kid.

¹⁴ 1996 AIR 2111,1996 SCC (4) 332

¹⁵ A.I.R. 2014 (N.O.C.) 24 (ker.)

¹⁶ A.I.R. 1996 Raj. 80

¹⁷ A.I.R. 1995 P. & H. 278

6. LIABILITIES UNDER MEDICAL NEGLIGENCE

Civil liability: A compensation claim for damages is a legal responsibility in a civil case against medical negligence. If a professional doctor or medical practitioner commits medical negligence while treating a patient or under expert supervision, they are legally responsible for their actions. They are responsible for compensating for the damages.

Criminal liability: Section 304A of the Indian Penal Code stipulates that if someone causes the death of another person due to a reckless or negligent act that does not amount to intentional killing, they can be punished with imprisonment for up to two years, or a fine, or both. Medical malpractice is subject to criminal culpability and can be punished accordingly.

Tortious Liability: Tort law complements the Consumer Protection Act by safeguarding the rights and welfare of patients. Individuals typically submit a formal grievance within the legal frameworks of tort or civil law with the aim of obtaining monetary restitution. If the hospital fails to fulfil its duty of care towards a patient under its supervision, it will be held vicariously accountable to provide compensation for any resulting losses.

7. CONCLUSION

Medical negligence refers to the failure of medical practitioners or doctors to provide enough care and take necessary precautions, resulting in a breach of their obligations and causing injury to patients. It arises due to inadequate, inexperienced, or careless care given to the patients. Every healthcare provider or physician has a responsibility to ensure the well-being of their patients. When they fail to fulfil this responsibility, it results in harm to the patients and gives the patients the right to take legal action for negligence. Medical carelessness leads to legal liability, criminal culpability, and disciplinary action.

There are times when the Indian parliament is flooded with people demanding a legislative legislation that is more specific and codified. The origin of this desire may be traced back to the time when physicians, with the addition of monetary consideration as a cherry on top, thought that their patients were their customers. These reasons surpass the heavenly objective of "seva" attitude among the physicians, and patients fall victim to the trap that doctors set for them. When therapy is surviving just for the purpose of return of money, these elements are the cause of the situation.

Therefore, it is not the legislative body that is under the moral responsibility to establish and maintain a benchmark in the delivery of medical services in order to earn the confidence of their

patients; rather, it is the medical community that is under this task. It is imperative that all instances of cruel and negligent treatment be eradicated by medical professionals via the establishment of a new set of practices that will have a moral and psychological impact on the patients' ability to depend on professionals.

There is a need to raise awareness among the general public on medical professionalism. When individuals are victims of medical negligence, it is important for them to be aware of their rights and the steps that they are needed to follow in order to pursue legal action. A significant number of people are unaware of the fact that a lawsuit may be brought against a physician who is accountable for carelessness and that compensation can be claimed if the party is negligent. Since 2010, there have been just three big medical claims that have been filed for compensation. This is evidence that may be used to substantiate this point.

In spite of the fact that there are a large number of negligent physicians, it is not possible to classify all of them as negligent. Not only is it humiliating for these physicians, but it also constitutes a kind of harassment from their patients. Additionally, medical professionals are human beings and are not miracle workers. Unfortunately, there are certain instances in which a physician gives his or her utmost effort to preserve the life of a patient, but the patient succumbs to their condition. This happens to be the case. Life is like this. On the other hand, there is nothing that can bring back a single life that has been lost. There is no amount of compensation that can make up for the value of a life that has been lost due to medical negligence before the court.