

Do medicines need treatment in India?

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Abstract

I swear by Apollo Physician, by Asclepius, by Health, by Heal-all, and by all the Gods and Goddesses, making them witnesses, that I will carry out, according to my ability and judgment, this oath and this indenture. Now if I keep this oath and break it not, may I enjoy honor, in my life and art, among all men for all time; but if I transgress and forswear myself, May the opposite befall me. – The Hippocratic Oath.

Medicine is considered as a Noble profession everywhere. People in such area are given high values irrespective of professionals misusing their professional knowledge. There are many laws which prevail to redress medical grievances. The catchy “news articles” or “headings” referring to medical negligence has become a trend in recent times. These might cause a damage which can never be recovered in the medical profession. This paper will bring out the present modern medical scenario which portrays the benefits and drawbacks in the field of Medicine.

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Scenario of medical field in India today

Medicine is a very noble profession and has always been respected. A doctor is always seen as the Almighty Himself by the patients and there is no second appeal to what the doctors say. The doctors are responsible for the life and death of every patient. They play a very influential part in the development of a society. Doctors cannot afford to be negligent, irresponsible or greedy. The doctors are one class of people whom the public believe in blindly.

But doctors today are either commercial or unqualified. There are innumerable cases of medical negligence and fallacies which has cost so many innocent and valuable lives. For some, the organs are lost and for some there is brain damage. These people can only exist and not live, and that is as good as dying, in fact, worse.

Who can question these doctors? Can the Court prove that the situation was within the control of the doctors and they are answerable and responsible? Proving this is a herculean task and the doctors go scot free and the lost life gets no justice. The victim suffering a punishment worse than death gets no answer. These things keep happening and the hospitals hush everything to save their name and reputation. For them, it just another patient. For the family, it is the loss of a bread winner, the loss of a person they thought would always stand by them, a loss that cannot be compensated in any manner.

Legal status of medicine in India

Medicine was a profession governed only by uncodified laws before the coming of the Constitution. There were legislations only to protect trade (Opium Act, 1878; The Poison Act, 1919; Dangerous Drugs Act, 1930, etc.) The purpose of these legislations was only to control the production of medicines and drugs and regulate licensing. The Lt. Chopra Committee set up in 1931 recommended drug control machinery, which consisted of a Central Pharmacy Council, Provincial Pharmacy Council, Central Drugs Laboratory for data standardization and smaller laboratories for provinces. Then came the Narcotic Drugs and Psychopathic Substances Act, 1940, which repealed the Opium Act and Dangerous Drugs Act. Apart from this, medical negligence and medical mishaps were punishable only under torts and there was no codified law to govern them.

The Directive Principles of State Policy provide that the State must take every step to enhance public health, nutrition and standard of living and prevent the consumption of intoxicated drinks or drugs, except for medical purposes.

Art. 47: Duty of the State to raise the level of nutrition and the standard of living and to improve public health

The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall Endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health.

There were medical councils set up in order to regulate the profession of medicine. The purposes of MCI are:

1. To maintain standards of education
2. To give permission to start colleges, courses or increase the number of seats.
3. To recommend the recognition of medical qualifications
4. To register doctor and maintain the All India Medical Register.
5. To regulate the profession of medical practitioners.

Today, the recommendations of the Medical Councils are not taken seriously and even the Government flouts the rules and the shine and spark of the profession has gone down, with the increase in number of colleges. The Supreme Court has adversely criticized the veto powers given to the Central Government on the recommendations of MCI³. The Indian Medical Council Act was amended 4 times in the years 1964, 1993, 2001 and 2005.

Indian Medical Council Act, 1956

Sec. 32: power to make rules

1. The Central Government may, by notification in the Official Gazette, make rules to carry out the purposes of this Act.
2. All rules made under this section shall be laid for not less than thirty days before both Houses of Parliament as soon as possible after they are made, and shall be subject to such modifications as Parliament may make during the session in which they are so laid or the session immediately following.

Sec. 33: Power to make regulations

The Council may, with the previous sanction of the Central Government, make regulations generally to carry out the purposes of this Act, and without prejudice to the generality of this power, such regulations may provide for:-

1. The management of the property of the Council and the maintenance and audit of its accounts;

³ P.C. KesavanKutyannar v. Harish Bhalla, 2003 (4) SCALE 375.

2. The summoning and holding of meetings of the Council, the times and places where such meetings are to be held, the conduct of business thereat and the number of members necessary to constitute a quorum;
3. The resignation of members of the Council;
4. The powers and duties of the President and Vice-President
5. The mode of appointment of the Executive Committee and other Committees, the summoning and holding of meetings and the conduct of business of such Committees;
6. The tenure office, and the powers and duties of the Registrar and other officers and servants of the Council; (fa) the form of the scheme, the particulars to be given in such scheme, the manner in which the scheme is to be preferred and the fee payable with the scheme under clause (b) of sub-section (2) of section 10A; (fb) any other factors under clause (g) of sub-section (7) of section 10A; (fc) the criteria for identifying a student who has been granted a medical qualification referred to in the Explanation to sub-section (3) of section 10B;
7. The particulars to be stated and the proof of qualifications to be given in applications for registration under this Act;
8. The fees to be paid on applications and appeals under this Act;
9. The appointment, powers, duties and procedure of medical inspectors and visitors;
10. The courses and period of study and of practical training to be undertaken, the subjects of examination and the standards of proficiency therein to be obtained, in Universities or medical institutions for grant of recognized medical qualifications;
11. The standards of staff, equipment, accommodation, training and other facilities for medical education;
12. The conduct of professional examination; qualifications of examiners and the conditions of admissions to such examinations;
13. The standards of professional conduct and etiquette and code of ethics to be observed by medical practitioners; and (m a) the modalities for conducting screening tests under sub-section (4A), and under the proviso to sub-section (4B), and for issuing eligibility certificate under sub-section (4B), of section 13,.
14. Any matter for which under this Act provision may be made by regulations.

The Consumer Protection Act, 1986

Sec 2(d) "consumer" means any person who—

(i) buys any goods for a consideration which has been paid or promised or partly paid and partly promised, or under any system of deferred payment and includes any user of such goods other than the person who buys such goods for consideration paid or promised or partly paid or partly promised, or under any system of deferred payment when such use is made with the approval of such person, but does not include a person who obtains such goods for resale or for any commercial purpose; or

(ii) hires or avails of any services for a consideration which has been paid or promised or partly paid and partly promised, or under any system of deferred payment and includes any beneficiary of such services other than the person who hires or avails of the services for consideration paid or promised, or partly paid and partly promised, or under any system of deferred payment, when such services are availed of with the approval of the first mentioned person but does not include a person who avails of such services for any commercial purposes;

These are the exact words of the provision in Consumer Protection Act defining services and deciding what can and what cannot be called services. As per this definition, medicine is also a service and patients who avail medical services are consumers. If there is any deficiency in the service rendered a medical practitioner, the consumer has a remedy in the Consumer Courts. Deficiency in services is defined under Sec. 2(1)(g) of this Act. This is the simplest and the most cost effective remedy and also very fast. This is a remedy that can be used even by the people in the lower strata of the society.

Privileged communication and Professional Secrets

A patient gives very sensitive and confidential information to the doctor with the hope that the doctor will cure the illness and make life better. The patient also trusts that the information given to the doctor will not be misused or disclosed by the doctor, because a patient shares with the doctor what he or she doesn't disclose to even friends and family. Such trust must be protected and the doctor must not be allowed to misuse the dominant position. Therefore there are certain details that the doctor is not allowed to disclose to anyone about the patient. They are:

1. The illness of the patient, the character and private life of a patient. A doctor treats a man for impotency. The disease as well as its causes must be confidential.
2. Queries about the nature of illness of the patient must be left unanswered even if the queries are from close relatives. The illness or its nature must not be disclosed

even to parents, siblings and spouse without the consent of the patient, when the patient is a major.

3. Even Statutory bodies or authorized organizations do not have a right to anyone's medical records or information, unless the disease is communicable or its seriousness affects public good. Doctors must not give any information without the consent of the patient, if major, or guardian, if minor.

An NGO which is doing a research on genetic diseases and chromosomal disorders asks B, a Gynecologist for the records of a particular patient. B must not disclose any details without the consent of the patient.

4. The patient's past life secrets must not be disclosed to the wife/husband of the patient as the case may be, without the consent of the patient.

If A, a doctor knows that B is impotent, A must not disclose the fact to his wife without the consent of B.

5. An adult patient's secrets and a servant's secrets must not be disclosed to the patient's father and master respectively. Neither a master nor a father has any right to question the past life of their servant or ward respectively. No details must be disclosed without the consent of the patient.

6. The authorities have no right to know about the nature of an under trial prisoner without the prisoner's consent, and the medical examiners must not disclose it without the consent of the patient.

No police officer can lay their hands on the medical records of an under trial prisoner without the consent of the prisoner.

7. If a Government servant is examined on the instructions of the Government, the examiner must not disclose anything without the consent of the servant.

8. A factory medical officer must not disclose the illness of a factory worker.

9. When medical examination is done for an insurance policy, the policy holder is deemed to have given his implied consent to disclosing of medical details pertaining to that insurance policy. A holds a life insurance policy. Any medical details given pertaining to that policy amounts to consent given.

10. In case of a marriage or nullity of marriage, no information must be disclosed.

11. The name or address of a patient whose case report is being published for public welfare and awareness must not be disclosed.

Secrets can be disclosed in only two situations:

Legal Compulsion

When the doctor is legally compelled or forced to disclose any information to the Court of Law or by any laws, statutes, rules or orders, the doctor has to disclose the details needed about his patient. Sec. 202 of the Indian Penal Code says that any information about a criminal act being committed must be immediately informed to the nearby police. Therefore, if the patient seems to be a criminal or victim of a crime, the police must be immediately informed. For example, if a person is admitted with a bullet wound, the police must be informed immediately and the patient must be retained in the hospital until the police take charge. In case of an attempt to suicide, the doctors need not inform the police unless the patient dies. If a patient is in a dying condition, due arrangements have to be made to get the dying declaration from the patient when a case of criminal abortion has been admitted. The duty of secrecy of professional communication does not apply here because, when doctors are called to the Court of law, they are witnesses and are answering under an oath as per Section 126 of the Evidence Act, 1872.

Larger interest of the society

A doctor generally is duty bound keep the medical conditions and details of the patients confidential. However, for the betterment of the society and public good, information can be disclosed. Such communication is called bona fide communication. Whether a communication is bona fide or not is subjective and depends on the facts of each case.

When a person is medically unfit to join in a particular employment, the employer must be informed about the physical condition. A person who is suffering from a communicable disease must make sure people around are aware and cautious and make sure that it doesn't spread. If a disease is spreading, the medical records of the patients affected by that disease may be examined by the Government or any other organization.

The Rights and Obligations of a medical man to his patients

A physician is said to have pledged to comply with the following conditions once he got into the profession:

1. He shall treat the patient with reasonable degree of skill and care.
2. He shall exercise due care and diligence during treatment. X Rays are not necessary all the time. The doctors are obliged to take an X- Ray only when the circumstances demand.⁴ A patient can refuse to pay the fees if the doctor was

⁴Sabhapati v. Huntley.

negligent. However, the burden of proof is on the patient to prove that the doctor was negligent.⁵

There are three types of negligence cases:

1. valid claim
2. false claim
3. lack of any claim

The standard of skill of an average graduate and others is fixed by Medical Council of India. The MCI recognizes the institutions, curriculum and examination and according to this, the State Medical Council registers a person as a duly qualified doctor to practice medicine.

It is moral, ethical and legal duty of a doctor to render such care as is possible with sincere efforts. All the records about the symptoms, medication, previous surgeries, condition before and after surgery, etc. must be maintained clearly in a hospital. Errors of judgment or unavoidable complications do not amount to negligence on the part of the doctors.

In any case of negligence, 4 issues have to be dealt with:

1. Duty
2. Damage
3. Dereliction of duty
4. Delegation of duty

However, a medical man cannot be held negligent just because another medical practitioner is more skilled than himself.⁶

Leaving a foreign body inside a human body is a classic example of medical negligence. If an instrument breaks, medical negligence is not presumed unless it is proved that the breakage was due to the negligence of the doctor. Unless removing the foreign body turns out to be more dangerous than letting it remain inside, not removing the instrument also amounts to negligence.

A doctor is liable for the negligence of his assistant or locum Tenens employed by him, but not for the nurses. The institution, however, will be held vicariously liable.

A medical man cannot discontinue treatment merely because he lost hopes that he could cure the patient. A doctor can discontinue treatment only if:

1. The patient consents to it.
2. The patient is informed in time so that he can arrange for a substitute.
3. The patient does not require further treatment.

⁵Domingo M Parreria v. Gabriel.F.Gonslaves, (1906) 8 Bom LR 93.

⁶Rich vs. Pierpoint.

4. The patient only pretends to be ill and the doctor comes to know of it.
5. The patient is not using the medicine prescribed.
6. The patient is treated by another doctor, without the doctor's knowledge.
7. The doctor himself is not well.
8. The dues of the doctor remain unpaid.

Acts of professional misconduct

1. Abortions which are illegal (not in the interest of the life and health of a mother)
2. Misbehaving with the patients of opposite sex
3. Corruption
4. Treatment when the doctor is under the influence of drugs, narcotics or alcohol.
5. Involving a person not qualified in the profession
6. Advertisement

Medical Malpractice

Malpractice may be defined as wrongful or improper practice in medicine or absence of reasonable care and skill or willful neglect of a patient by a medical practitioner in consequence of whom the patient receives bodily injuries, pain or suffering or meets his death.

Criminal Malpractice

These are some of the many instances of criminal malpractice:

1. When a doctor fails to report to the police a suspected case of violence or criminal act committed, coming his knowledge.
Section 202 of IPC.
Intentional omission to give information of offence by person bound to inform.—
Whoever, knowing or having reason to believe that an offence has been committed, intentionally omits to give any information respecting that offence which he is legally bound to give, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine, or with both.
2. In The USA, it is a criminal offence to perform a plastic surgery on a criminal in order to erase his identification mark.
3. Willfully producing a fake birth or death certificate or preparing a fraudulent affidavit or willfully concealing the nature of a criminal act, attracts criminal liability.

4. Negligence in the treatment causing death. Negligence can be in the administration of anesthesia, prescription of drugs or medicines, surgery, etc.

Section 304A of IPC.

Causing death by negligence.—whoever causes the death of any person by doing any rash or negligent act not amounting to culpable homicide, shall be punished with imprisonment of either description for a term which may extend to two years, or with fine, or with both.

5. A patient suffers due to carelessness of the doctor:
 - i. Loss of eyesight or hearing abilities
 - ii. Operation on the wrong limb or organ
 - iii. Leaving surgical instruments inside the body
 - iv. Incompetent administration of general anesthesia
6. When a doctor uses his professional skill and knowledge in order to perform or assist in a criminal act.
7. Medical examination of a female patient cannot be done without her consent. When a male doctor examines a female patient, there must be another female present.⁷
8. Performing a professional duty under the influence of drugs or alcohol.

Civil Malpractice

A case of civil negligence crops up only when:

1. When a patient claims damages for the suffering he went through due to the negligence of the doctor or the hospital.
2. When a doctor claims his rightful due of professional fees which the patient or his relatives refuse to pay.

The case can be filed when:

1. There is a duty of care and diligence
2. When there is a dereliction of such duty
3. The damage was directly caused due to the negligence/ dereliction
4. Damages were claimed for such loss or injury or suffering.

Suit for Damages

The prerequisites for a suit for damages are:

1. Burden of proof is on the plaintiff
2. The suit must be filed within the limitation period

⁷Section 18 of Workman's Compensation Rules, 1924.

3. Suit for a particular loss can be filed only once.
4. Amount claimed should be in accordance to the damages and loss caused.
5. When the principle of res ipsaloquitor is applied, the burden of proof is reduced, even if not completely nullified.

Ethical Malpractice

Violation of ethics of medical practice in any form is ethical malpractice. The action taken for ethical malpractice is the removal of the doctor's name from the rolls of the Medical Register. No compensation is charged, unless it is combined with a civil liability.

In order to save a medical practitioner from unnecessary disrepute and litigations in cases where the patient was already brought in a hopeless stage and the doctor, try hard as he may, could not save the patient, there are some safeguards given:

1. Patient's full history must be collected about what medication and treatment he had undergone earlier, if the patient is brought in his last stages.
2. Cure of the patient should not be guaranteed.
3. Reasonable care to be taken at all times.
4. Written consent must be obtained wherever necessary.
5. Diagnosis should be confirmed by pathologists wherever necessary.
6. Medical records must be proper and clear and accurate.
7. Skiagram is a must when there is a bone fracture.
8. Immunization, both passive and active immunization must be given wherever necessary.
9. Sensitivity test must be done whenever necessary.
10. When there are doubts about diagnosis, a specialist must be concerned.
11. When malignancy is suspected, confirmation must be made at the earliest.
12. The doctor must not make any statement, directly or indirectly baling the patient.
13. A fellow doctor must not be criticized.
14. A doctor must keep a check on his instruments and equipments and ensure their proper functioning.
15. Deliberately using faulty equipments for personal gains is unethical.
16. Drugs and medicines should be properly identified before administering to the patient.
17. Patient's consent or guardian's consent must be taken in case of surgical operations and anesthesia and in cases of obscure diseases.

18. No surgery should be performed before police investigation in case of a criminal wound.
19. Experimental treatments must be performed only on volunteers who have given written consent and not on actual patients.
20. A doctor must be up to date as far as possible with the technological developments in his field.
21. Diet, medicines, injections must be informed to the patient clearly and properly.
22. Post-operative care must be given to the patient.
23. A female patient must be examined only by a lady doctor or at least in the presence of another female.
24. Prescription of medicines through telephone must be avoided.
25. A doctor must inform in advance if he will not be available and refer him to an alternative doctor in case of need.
26. Anesthesia must be administered only by a qualified anesthetist with proper precautions.
27. In the event of death from anesthesia, police must be informed.
28. A female patient must not be left unattended during labor.
29. Consent of both husband and wife is required for sterilization
30. Assistants must be chosen carefully.

Case laws on Medical Negligence

Juggankhan v. State of Madhya Pradesh⁸

A registered homeopathic doctor advertised saying that he had a cure for guinea worms (Naru). A 20 year old lady approached the doctor for the same. She was given 24 drops of Stramonium and a leaf of Dhatura, which made her feel uneasy and restless and she eventually died that evening. The lower court convicted the doctor for murder under Sec 302 of IPC. The apex Court, however acquitted him from the charge under sec 302 of IPC and convicted him for negligence under sec 304A of IPC as the doctor administered the medicines without considering its effect on the patient.

Dr. LaxmanBalkrishna Joshi v. Dr. TrimbakBapuGodbole & Another⁹

The son of Respondent 1 met with an accident and was taken to the local hospital and then to the appellant. He administered two injections of 1/8th grain of morphia and 1/200th grain of Hyoscine H. B. at an hour's interval, after which the surgery was conducted on him. The

⁸1965(1) SCR 14.

⁹I (1969) 1 SCR 206.

patient's condition started deteriorating and the emergency treatment was not fruitful and the patient passed away. The cause of death was said to be fat embolism. The Appellant was held liable for negligence as no proper anesthesia was administered while performing the surgery and the traction used excessive force. The trial court held that the death was because the fracture was not reduced. The High Court held that the death was due to shock because of the excessive force used in the traction. The Supreme Court dismissed the appeal of the Appellant with costs.

*A.S. Mittal and another v. State of UP and Others*¹⁰

An eye camp was conducted by the Lion's Club in Khajra, a pottery town in Uttar Pradesh. The surgeries conducted resulted in permanent injury or loss of eye sight for at least 84 patients. It was found that the normal saline used was contaminated. A PIL was filed and the victims were awarded compensation of Rs. 12,500.

*Indian Medical Association v. V.P. Shanta and Others*¹¹

The Court in this case, came to a conclusion that Medical Services do come under the meaning of services under section 2(1)(o) of Consumer Protection Act, 1986, as long as they are not rendered free of cost.

The Court laid down the following criteria:

1. Service rendered to a patient by a medical practitioner (except where the doctor rendered service free of charge to every patient or under a contract of personal service), by way of consultation, diagnosis and treatment, both medical and surgical, would fall within the ambit of 'service' as defined in section 2(1)(o).
2. Merely because medical practitioners belong to medical profession and are subject to the disciplinary control of the Medical Council of India and / or state Medical Councils would not exclude the services rendered by them from the ambit of the Act.
3. A 'contract of personal service' was to be distinguished from a 'contract for personal services' (as only contract of personal service are expressly excluded from definition of service in section 2(1)(o)). In the absence of relationship of master and servant between the patient and the medical practitioner; the service rendered by a medical practitioner to the patient would be under a 'contract for personal services and thus, is not outside section 2(1)(o).
4. The expression 'contract of personal service' in section 2(1)(o) of the Act could not be confined to contract for employment of domestic servants only and the expression

¹⁰(1989) 3 SCC 223.

¹¹ (1999) 5 SCC 651

would include the employment of a medical officer for the purpose of rendering medical service to the employer. However, such service would be outside the purview of section 2(1)(o).

5. Service rendered free of charge by a medical practitioner attached to a hospital/nursing home or a medical officer employed in a hospital/nursing home where such service were rendered free of charge to everybody would not be 'service' as defined in section 2(1)(0). The payment of a token amount only for registration purpose at the hospital/nursing home would not alter the position.
6. Similarly, service rendered at a non-Government hospital/nursing home where no charge whatsoever was made from any person availing of the service and all patients (rich and poor) were given free service was outside the purview of the expression 'service.' The payment of a token amount only for registration purpose only at such a hospital/nursing home would not alter the position.
7. Service rendered at a non-Government hospital/nursing home where charges were required to be paid by all persons availing of such services fell within the purview of the expression 'service' as defined in section 2(1)(o).
8. Service rendered at a non-Government hospital/nursing home where charges were required to be paid by persons who were in a position to pay and persons who could not afford to pay were rendered service free of charge would fall within 'service' as defined in section 2(1)(0). Free service rendered to those who could not pay would also be 'service' and the recipient a 'consumer' under the Act. In arriving at this conclusion, the Court opined that
(a) the protection envisaged under the Act was for consumers as a class;
(b) otherwise, it would mean that the protection of the Act would be available to only those who could afford to pay and not to the poor, although the poor required the protection more; and
(c) Else the standard and quality of service rendered at an the establishment would cease to be uniform.
9. Service rendered at a government hospital/health centre/dispensary where no charge whatsoever was made from any person availing of the services and all patients (rich and poor) were given free service was outside the purview of the expression 'service' as defined in section 2(1)(0) of the Act The payment of a token amount for registration purpose only at the hospital/nursing home would not alter the position.

10. Service rendered at a Government hospital/health centre/dispensary where services were rendered to some persons on payment of charges and also rendered free of charge to other persons would fall within 'service' as defined in section 2(1)(0). Free Service to those who could not pay would also be 'service' and the recipient a 'consumer' under the Act. Though Governmental hospitals may not be commercial in the sense of private doctors and hospitals, Government hospitals could not be treated differently and in such a case the persons belonging to 'poor class' received free services would be the beneficiaries of the services hired/ availed of by the 'paying class.'
11. Service rendered by a medical practitioner or hospital/nursing home could not be regarded a service rendered free of charge if the person availing of the service had taken an insurance policy for medical care where under the charge for consultation, diagnosis and medical treatment were borne by the insurance company. It would fall within 'services" as defined in section 2(1)(0).
12. Similarly, where, a part of the condition of services', the employer bore the expenses of medical treatment of an employee and his family members dependent on him the service rendered to such an employee and his family members by a medical practitioner or a hospital/nursing home would constitute 'service' under the *Date of Decision*: 1 0.05 .1996

Poonamverma v. Ashwin Patel¹²

The Respondent 1 was a diploma holder in Homeopathic medicine. The Appellants husband had come for treatment of typhoid, where he was administered allopathic medicine. The Appellants husband eventually died. The Court held the doctor negligent and Rs. 3,00,000 was awarded as compensation along with Rs. 30,000 for costs.

Spring Meadows Hospital & another v Harjol Ahluwalia through K.S. Ahluwalia & Another¹³

A minor child was admitted in the appellant hospital for typhoid and was administered an injection called Laringo. As soon as the injection was given intravenously, the child collapsed and went into a vegetative state. The hospital was held liable. The father of the child was allowed to represent the child in the case.

Conclusion

¹²AIR (1996) 4 SCC 332.

¹³(1998) 4 SCC 39.

The cases on negligence and medical malpractices are on the rise in India today. The public must be made aware of their rights as patients and must have basic knowledge of medicine so as to make sure they get the right treatment. The people must be educated about personal health and hygiene so as to prevent the spread of any communicable diseases. Pollution and lack of cleanliness leads to the spread of many diseases. Therefore, cleanliness is the first step to a healthy lifestyle. The food habits also have to change. The food consumed on road sides and fast food outlets are never hygienic. Fresh air is also very important to lead a healthy lifestyle.

A patient must be aware of what medicine he is being administered and what it does to the body. Instruments like syringes and sponge must not be reused. A doctor is responsible for the life and health of every patient and cannot take them for granted. Commercialization of the medical profession has led to a lot corruption and the doctors have become more money minded. The laws must be strict and stringent on negligence and corruption cases.

A doctor must act responsibly and keep in mind the oath taken. The very foundation must be made strong. Fake certificates and fake doctors must first be eradicated. Giving a medical college admission for money is the seed to the huge poisonous tree of corruption, negligence and lack of skill in the medical field. Quality of education is very important to create efficient and responsible professionals. Such efficient and responsible professionals can save many lives and improve the health and productivity in the society. India can become a healthy and productive country if the doctors are efficient and productive.