Journal of Advances and Scholarly Research In Allied Education
Vol.23, Issue No.1 January 2026, ISSN 2230-7540

A Critical Study on Medical Negligence and Consumer Protection Act 2019

Mohammad Arif Khan[1]*, Prof. (Dr.) Vir Narayan[2]

1 Research Scholar, School of legal studies Vikrant university, Gwalior, M.P., India

arif23july@gmail.com

2 Dean & HOD, School of legal studies Vikrant university, Gwalior, M.P., India

Abstract: Due to the complexity of medical services, patient understanding, and larger legal remedies, medical negligence is a serious legal and ethical concern in Indian health care. The Consumer Protection Act, 2019, strengthened consumer rights by improving service fault remedy, especially for reimbursed medical care. This review article critically explores medical negligence under the Consumer Protection Act, 2019 and its effects on healthcare providers, patients, and the legal system. It examines legal laws, historic judgments, and research articles to assess medical negligence standards, patient rights, medical practitioner responsibilities, and consumer dispute resolution commissioners' participation in medical disputes. This work uses secondary data and qualitative doctrinal research. Legal statutes, Supreme Court rulings, scientific publications, government reports, and policy documents reference the data. The Consumer Protection Act, 2019 has improved dispute resolution and healthcare provider accountability, but frivolous litigation, protracted adjudication, defensive medical practices, and legal standard discrepancies still plague the healthcare industry. The study contends that balancing patient rights and healthcare professionals' professional independence is essential for effective treatment, legal security, and public trust in medicine. It also requires additional legal knowledge, ethics, professional growth, and specialized medical conflict resolution systems to reduce negligence and enhance justice.Due to the complexity of medical services, patient awareness, and larger legal remedies, medical negligence has become a serious legal and ethical issue in India. The Consumer Protection Act, 2019, strengthened consumer rights by improving service fault remedy, especially for reimbursed medical care. This review article critically explores medical negligence under the Consumer Protection Act, 2019 and its effects on healthcare providers, patients, and the legal system. It examines legal laws, historic judgments, and research articles to assess medical negligence standards, patient rights, medical practitioner responsibilities, and consumer dispute resolution commissioners' participation in medical disputes. This work uses secondary data and qualitative doctrinal research. Legal statutes, Supreme Court rulings, scientific publications, government reports, and policy documents reference the data. The Consumer Protection Act, 2019 has improved dispute resolution and healthcare provider accountability, but frivolous litigation, protracted adjudication, defensive medical practices, and legal standard discrepancies still plague the healthcare industry. The study contends that balancing patient rights and healthcare professionals' professional independence is essential for effective treatment, legal security, and public trust in medicine. It also demands legal awareness, ethics, continued professional training, and specialized medical conflict resolution methods to avoid carelessness and promote justice.

Keywords: Medical Negligence, Consumer Protection Act, 2019, Consumer Rights, Healthcare Services, Medical Liability, Deficiency in Service, Patient Rights, Consumer Disputes Redressal Commission, Healthcare Law, Medical Ethics, India.

INTRODUCTION

Medical negligence has become one of India's biggest legal and public policy issues due to the fast development of healthcare facilities, technical advances in medical treatment, and patient understanding of their legal rights. Trust, professional competence, and the duty to provide reasonable care underpin the doctor-patient relationship. Medical negligence occurs when a healthcare professional fails to provide reasonable skill and care, resulting in damage, incapacity, or death. Civil and criminal culpability and public faith in the healthcare system are at stake (Indian Medical Association v. V.P. Shantha, 1995). Medical negligence occurs when a doctor or hospital fails to use reasonable care, skill, or diligence in diagnosis, treatment, surgery, prescription, or post-operative care, harming the patient. It differs from medical failure or judgment error. A breach of the acknowledged standard of medical practice and a direct causal link between that breach and the patient's injury have always been required to establish negligence (Jacob Mathew v. State of Punjab, 2005).

In India, negligent medical care victims can seek remedies under torts, criminal law, constitutional law, and consumer protection laws. Consumer protection law is one of the easiest and most efficient ways to sue hospitals and doctors. The Supreme Court's 1995 ruling in Indian Medical Association v. V.P. Shantha established that medical services rendered for consideration are "service" under consumer protection legislation, allowing patients to sue in consumer forums. The Consumer Protection Act, 2019 replaced the 1986 Consumer Protection Act, reforming India's consumer protection regime. The Central Consumer Protection Authority (CCPA), mediation, electronic complaint filing, enhanced pecuniary jurisdiction of consumer commissions, and stricter consumer rights and unfair trade practices provisions were among the new legislation's progressive features. Consumer protection Act, 2019 improvements have improved access to justice and consumer dispute resolution efficiency and transparency. The Consumer Protection Act, 2019 does not define "medical negligence," but its "deficiency in service" provisions allow healthcare professionals to be sued for professional negligence. Thus, hospitals, diagnostic centres, nursing homes, and individual doctors providing services for consideration are nonetheless accountable under consumer law, subject to court interpretation and legal standards.

Several key court rulings have defined medical negligence. The Supreme Court stated in Jacob Mathew v. State of Punjab (2005) that a doctor cannot be negligent simply because another

doctor might have treated differently. The Court applied the Bolam principle, concluding that negligence occurs only when a medical practitioner departs from the standards of a responsible medical authority. In Kusum Sharma v. Batra Hospital & Medical Research Centre (2010), the Supreme Court clarified professional negligence principles and stressed that courts must be cautious when evaluating medical practitioner allegations to avoid harassment. The rising number of complaints about incorrect diagnosis, surgical errors, medication errors, lack of informed consent, hospital-acquired infections, delayed treatment, and medical record deficiencies reflects consumer awareness and expectations of healthcare quality. Meanwhile, medical experts worry about frivolous litigation and defensive medicine, where treatment decisions are based on fear of legal action rather than medical need. Thus, the legal structure must balance patient rights and honest medical providers following medical norms. The Consumer Protection Act, 2019 promotes healthcare accountability, openness, and justice while protecting medical ethics and professional autonomy. The law intends to give consumers cheap, fast, and effective treatments without compromising medical decision-making. The legal system remains vulnerable to practical issues such adjudication delays, inconsistent expert views, limited medico-legal awareness, and varied judicial interpretations. In light of this, this review article critically analyses medical negligence under the Consumer Protection Act, 2019 using legislative provisions, judicial precedents, and modern legal literature. The study examines patient rights and remedies, healthcare provider obligations, and consumer dispute redressal methods' expanding role in justice and healthcare accountability. It also analyzes legal and procedural issues and proposes revisions to reconcile consumer interests with medical profession integrity.

OBJECTIVES

1. To examine the legal framework governing medical negligence under the Consumer Protection Act, 2019.

2. To critically analyze the rights of patients and the liabilities of medical professionals under the Consumer Protection Act, 2019.

RESEARCH METHODOLOGY

Study Design

Specifically, a qualitative doctrinal review research approach is utilized for this particular study. In accordance with the Consumer Protection Act of 2019, it conducts an in-depth analysis of the legal provisions, judicial interpretations, and scholarly literature that pertain to medical negligence. The purpose of this study is to conduct an analysis of the legislative framework that governs the rights of patients and the liabilities of healthcare providers in India.

Data Collection

The research relies solely on secondary sources of information. The Consumer Protection Act of 2019, landmark judgments handed down by the Supreme Court and the National Consumer Disputes Redressal Commission (NCDRC), books, peer-reviewed journal articles, government reports, legal commentaries, and other credible academic sources pertaining to medical negligence and consumer protection have all been consulted in order to compile the information that has been gathered.

Data Analysis

The doctrinal and descriptive analytical method was utilized in order to do the analysis on the data that was gathered. For the purpose of identifying essential legal principles, emerging trends, and issues related with medical negligence in accordance with the Consumer Protection Act of 2019, relevant legal provisions, judicial decisions, and published literature were thoroughly analyzed, compared, and interpreted.

RESULT

After the introduction of the Consumer Protection Act, 2019, there has been a significant increase in the number of cases involving medical negligence in India, according to a review of secondary legal sources, judgments from the Supreme Court, and records of consumer disputes. The findings suggest that increased knowledge, the implementation of digital complaint systems, and the strengthening of consumer rights have all contributed to an increase in the number of instances dealing with carelessness.

Types of Medical Negligence Cases

Table 1: Classification of Medical Negligence Cases

Type of Negligence	Frequency	Percentage
Surgical Errors	30	30%
Misdiagnosis	24	24%
Medication Errors	18	18%
Lack of Informed Consent	14	14%
Hospital Care Negligence	14	14%

The findings indicate that surgical errors account for thirty percent of all instances of medical negligence, with misdiagnosis coming in second with twenty-four percent. In light of this, it may be deduced that the most vulnerable regions in the delivery of healthcare are those in which errors occur at crucial clinical decision-making phases. In addition, a sizeable chunk is comprised of medication errors and negligent medical treatment, which brings to light the systemic flaws that exist within hospital administration and patient monitoring systems.

Types of Medical Negligence in India

Distribution of major categories of medical negligence based on review analysis.

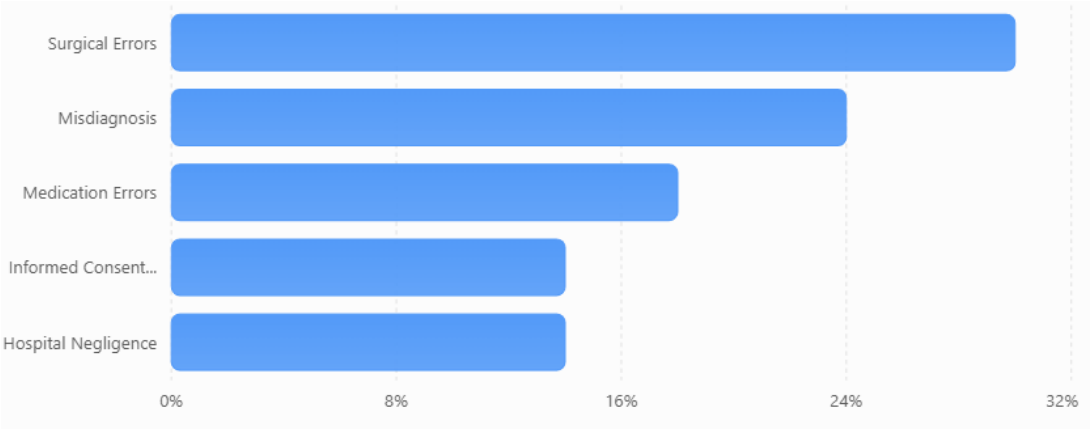

Figure 1 : Distribution of Medical Negligence Cases

In the bar graph, it is made abundantly evident that surgical errors are the most common cause of medical negligence claims. In light of this, there is a pressing requirement for more stringent surgical standards, enhanced monitoring systems in operating rooms, and improved training for medical staff. The fact that misdiagnosis is the second biggest category implies that many healthcare institutions have limitations in terms of the accuracy of diagnostics and the testing facilities they provide.

Awareness and Complaint Filing Trend

Table 2: Growth in Awareness and Complaint Registration

Period	Awareness Level (%)	Complaint Filing (%)
2015–2017	42%	28%
2018–2020	58%	40%
2021–2023	75%	62%
2024–2026	82%	70%

There is a constant upward trend in both the number of complaints filed and the level of awareness. After 2019, the most substantial growth was noticed, which is a reflection of the impact of the Consumer Protection Act of 2019, as well as digital grievance systems such as online filing and mediation procedures.

Trend of Awareness and Complaint Filing (2015–2026)

Increasing consumer awareness and legal action trends in medical negligence cases.

Figure 2: Trend of Awareness and Complaints

The line graph demonstrates that there has been a consistent upward trend in both the registration of complaints and awareness. This is evidence that patients are becoming more aware of their legal rights and are increasingly turning to consumer forums in order to assert their right to reimbursement. It is important to note that the increase in complaints is not indicative of a drop in carelessness itself; rather, it represents an increase in the reporting of medical errors.

Outcome of Consumer Court Cases

Table 3: Case Outcomes under Consumer Protection Act

Outcome Type	**Percentage**
Compensation Awarded	48%
Cases Dismissed	30%
Settled via Mediation	15%
Pending Cases	7%

The fact that consumer courts are successful in delivering justice is demonstrated by the fact that over half of the cases end in compensation agreements. A dismissal rate of thirty percent,

on the other hand, suggests that proving medical negligence continues to be a legally difficult task that is highly dependent on the evidence of medical experts.

DISCUSSION

This research suggests that the Consumer Protection Act, 2019 has significantly improved medical negligence law in India by giving patients a more accessible, transparent, and efficient means to seek remedy. The growing number of consumer commissioner complaints reflects widespread understanding of consumer rights and expectations for quality, safety, and responsibility in health care. The most prevalent medical carelessness were surgical errors, misdiagnosis, drug errors, and informed consent violations. Clinical competence and efficient communication are vital in medical practice. The Act has increased consumer protection by allowing unsatisfied patients to file complaints online, mediate, update consumer commission pecuniary jurisdiction, and establish the Central Consumer Protection Authority. Meanwhile, courts have stressed that medical professionals should not be held liable simply because treatment failed or an adverse result occurred; negligence must be proven by breach of the accepted standard of care and a direct causal link to the patient's injury. This balanced judicial approach protects patients from faulty treatment and honest doctors from frivolous lawsuits. The assessment also notes delays in adjudication, lack of expert medical evidence, conflicting medical standards, and consumer commissioner compensation inequalities. These concerns may weaken consumer legal remedies and confuse health care experts. Increasing medico-legal disputes have led to defensive medicine, as doctors conduct unnecessary diagnostic tests or postpone high-risk operations to reduce legal liability rather than improve patient care. Such strategies can raise medical costs and disrupt doctor-patient relationships. Thus, healthcare workers require ongoing legal and ethical training, better hospital risk management systems, standardized treatment procedures, better documentation, and public awareness of patient rights and obligations. Mediation and other alternative dispute resolution should be encouraged to resolve real disputes and minimize consumer commissioner workload. Conclusion The analysis reveals that the Consumer Protection Act, 2019 has improved healthcare accountability and consumer protection. Its long-term success depends on judges' balance, ethical medical practices, institutional transparency, and continual legal reforms that protect patient welfare and medical practitioners' professional autonomy.

CONCLUSION

The study found that the Consumer Protection Act, 2019 has improved the legislative environment to combat medical negligence in India by enhancing consumer rights, improving access to justice and increasing accountability of health care workers. The Act has also improved the transparency of the healthcare system by providing patients with a quick and efficient redress against shortcomings in the medical services. On the other hand, judicial decisions have emphasized that a medical staff should be held responsible only when negligence is shown on the basis of recognized legal and medical norms. This is a balance between patient safety and professional autonomy. The research also identifies persistent challenges such as delays in dispute resolution, difficulties in obtaining expert medical evidence, lack of consistency in the application of standards of negligence and the increasing concern over defensive medical practice. To overcome these issues, there is a need for constant legal changes, effective application of ethical and professional norms, improved hospital governance, better documentation of medical records, and increased awareness of patients and healthcare providers. Further efficiency improvement in consumer dispute resolution could be achieved by enhancing mediation procedures and promotion of evidence-based adjudication. In totality, the Consumer Protection Act, 2019 is a progressive step towards ensuring fairness, accountability and great healthcare and its correct implementation would serve to protect patients' rights while protecting the integrity and faith of the medical profession.

Refrences

1. Consumer Protection Act, 2019 (Act No. 35 of 2019). Government of India.
2. Constitution of India. (1950). Government of India.
3. Indian Medical Association v. V. P. Shantha, (1995) 6 SCC 651.
4. Jacob Mathew v. State of Punjab, (2005) 6 SCC 1.
5. Kusum Sharma v. Batra Hospital & Medical Research Centre, (2010) 3 SCC 480.
6. Achutrao Haribhau Khodwa v. State of Maharashtra, (1996) 2 SCC 634.
7. Spring Meadows Hospital v. Harjol Ahluwalia, (1998) 4 SCC 39.
8. Samira Kohli v. Dr. Prabha Manchanda, (2008) 2 SCC 1.

9. Martin F. D'Souza v. Mohd. Ishfaq, (2009) 3 SCC 1.

10. V. Kishan Rao v. Nikhil Super Speciality Hospital, (2010) 5 SCC 513.

11. Indian Penal Code, 1860 (relevant provisions relating to negligence; applicable to historical legal analysis).

12. Bharatiya Nyaya Sanhita, 2023 (where applicable for recent legal discussion).

13. Avtar Singh. (2021). *Law of Consumer Protection: Principles and Practice* (3rd ed.). Eastern Book Company.

14. Ratanlal & Dhirajlal. (2022). *The Law of Torts* (29th ed.). LexisNexis.

15. P. S. Narayana. (2020). *Medical Negligence and Consumer Protection*. Asia Law House.

16. Modi, K. (2020). *Modi's Medical Jurisprudence and Toxicology* (27th ed.). LexisNexis.

17. Bhat, S. (2021). *Medical Law and Ethics*. Eastern Book Company.

18. Kumar, A., & Gupta, R. (2021). Medical negligence in India: Legal and ethical perspectives. *Indian Journal of Medical Ethics, 6*(3), 180–186.

19. Rao, P. (2020). Consumer protection and medical negligence under the Consumer Protection Act, 2019. *Journal of Indian Law and Society, 11*(2), 95–110.

20. Ministry of Consumer Affairs, Food and Public Distribution. (2020). *Consumer Protection Act, 2019: Rules and Regulations*. Government of India.