

Medical Negligence: Tortious and Constitutional Remedies and the Role of the Indian Judiciary

Dr. Shital S. Barhate

Abstract: *Medical negligence has emerged as a critical legal and ethical issue in modern healthcare systems, particularly in a country like India where access to quality medical services remains uneven. The relationship between a doctor and a patient is founded on trust, professional competence, and a duty of care. When this duty is breached due to an act or omission on the part of a medical professional, resulting in injury or death to the patient, it gives rise to medical negligence. Traditionally, medical negligence has been addressed under tort law as a civil wrong, requiring proof of duty of care, breach, causation, and damage. Over time, with the expansion of consumer jurisprudence and increased judicial awareness, patients have been granted wider access to legal remedies against negligent medical practitioners and healthcare institutions. In India, the issue of medical negligence has assumed constitutional significance with the judicial interpretation of Article 21 of the Constitution, which guarantees the right to life and personal liberty. The Supreme Court has consistently held that the right to life includes the right to health and timely medical care. Consequently, instances of gross medical negligence, particularly in public hospitals, have been viewed not merely as private wrongs but as violations of fundamental rights, warranting constitutional remedies. The Indian judiciary has thus played a pivotal role in shaping the law relating to medical negligence by harmonising tortious principles with constitutional mandates. This paper examines the evolving legal framework governing medical negligence in India with particular emphasis on the role played by the Indian judiciary.*

Keywords: Medical Negligence, Right to Life, Tort Law, Constitutional Remedies

1. Introduction

The relationship between a doctor and his patients considered sacred in India. A doctor is in comparison to "God". When we talk of medical profession, it implies skill, efficiency, accuracy of judgment and carefulness which are the *Sine qua non* of the profession. Though every profession has its own importance, medical profession is unique as its practice has bearing on life of people and nothing is more precious than the life¹ of a human being for ex. if a business man having lost heavily in his business or industry due to accident or insolvency may regain his position by hard labour but precious life does not come back. Obligations of medical professional are therefore very heavy.

When a patient enters a hospital, they place not only their body but their trust in the hands of medical professionals. But what happens when that trust is breached? When negligence replaces care, and the consequence is irreversible harm- or even death- does the law treat it merely as a civil wrong, or as a violation of the fundamental right to life?

Under Article 21 of the Constitution of India, the right to life has been interpreted to mean more than mere animal existence; it includes the right to live with dignity and access to proper medical care. The Indian judiciary, through landmark decisions such as *Parmanand Katara v. Union of India*¹ and *Paschim Banga Khet Mazdoor Samity v. State of West Bengal*,² has expanded the scope of constitutional protection in cases of medical negligence.

This research paper explores in cases of medical negligence how judiciary has played an important role in giving relief to the victims of medical negligence through Constitutional

remedies under Articles 32 and 226 of the Constitution of India.

2. Objectives of the Study

- 1) To examine the concept of medical negligence under the law of torts and analyse the essential elements required to establish liability.
- 2) To analyse the scope and interpretation of Article 21 of the Constitution of India in relation to the right to health and medical care.
- 3) To study the development of constitutional remedies in cases of medical negligence, particularly through writ jurisdiction under Articles 32 and 226.
- 4) To suggest reforms and policy recommendations.

3. Research Methodology

In this research paper researcher has followed the doctrinal method of research based on statutes and judicial precedents, and does not include empirical or field-based data.

Negligence and Medical Negligence: Conceptual framework

In everyday usage, the word negligence denotes, mere carelessness. Secondly, in legal usage it signifies failure to exercise the standard of care which the doer as a reasonable man should, by law, have exercised in the circumstances; if there is no legal duty to take care, lack of care has no legal consequences. In general, there is a legal duty to take care where it was or should have been reasonably foreseeable that failure to do so was likely to cause injury. Negligence is, accordingly, a mode in which many kinds of harms may be caused, by not taking such adequate precautions as should have been taken in the circumstances to avoid or prevent that

* Associate Professor, Manikchand Pahade Law College, Chh. Sambhajinagar (MS) ssbarhate@mplaw.org.

¹ (1989) 4 SCC 286.

² (1996) 4 SCC 37.

harm, as contrasted with causing such harm intentionally or deliberately. A man may, accordingly, cause harm negligently though he was not careless but tried to be careful, if the care taken was such as the court deems inadequate in the circumstances.³

Negligence has two meanings in law of torts:

- 1) Negligence as a mode of committing certain torts, e.g. negligently or carelessly committing trespass, nuisance on defamation. In this context, it denotes the mental element.
- 2) Negligence is considered as a separate tort. It means a conduct which creates a risk of causing damage, rather than a state of mind. The House of Lords in *Donoghue v. Stevenson*,⁴ treats negligence, where there is a duty to take care, as specific tort in itself, and not simply as an element is some more complex relationship or in some specialised breach of duty.⁵

According to Winfield, "negligence as a tort is the breach of a legal duty to take care which results in damage, undesired by the defendant to the plaintiff."⁶

The definition involves three constituents of negligence-

- 1) A legal duty to exercise due care on the part of the party complained of towards the party complaining the former's conduct within the scope of the duty,
- 2) Breach of the said duty, and
- 3) Consequential damage.⁷

Concept of Medical Negligence:

The term medical negligence is nowhere defined in any Code or Act. No legislature, has so far, made any attempt to define it. Even the medico-legal jurists have not come forward to provide a specific meaning to this expression. 'Medical Negligence' is always an outcome of doctor patient inter se conduct and relationship, which lacks uniformity. Basically, medical negligence means, negligence resulting from the failure on the part of the doctor to act in accordance with medical standards in practice, which are being practised by an ordinarily and reasonably competent man practising the same profession. There may be so many instances in which a medical man may act in a highly negligent manner. For example, during the course of treatment, a patient suffers injury or dies due to lack of care and reasonable skill-it is negligence. Similarly, commission of illegal acts beyond the scope of duty of the medical practitioner may hold him guilty

of a negligent act. In cases of abortion, recklessness can cause a lot of trouble to the Doctor.⁸

The issue of medical negligence is a complicated one as medical professionals deal with human body. They do not deal with the machine. Human body is not a mere composition of flesh and blood. It is susceptible to emotions also. Response of medicinal treatment varies from patient to patient. This is not solely dependent upon the appropriateness of treatment provided by the doctor. Response or recovery of a patient also depends on his individual anatomy and physiology. Possibility cannot be ruled out that a drug may be effective in case of one patient, it may not be effective in second and may cause reaction in third. Medico Legal experience also establishes that there exists inherent risk in every treatment, medicinal or surgical. Further possibility of unforeseen mishap may not be ruled out.⁹ The skill of medical practitioners differs from doctor to doctor. The very nature of the profession is such that there may be more than one course of treatment which may be advisable for treating a patient. Medical opinion may differ with regard to the course of action adopted by a doctor treating a patient.¹⁰

There may be one or more method of treating a patient by two different qualified doctors and if one of them is adopted by a doctor in good faith but it does not work out and the patient dies, it cannot be held that doctor is negligent in his duty. The pre-requisite qualification for a doctor is to have a basic qualification for which he is treating a patient, to act and treat in good faith and to give the attention as much as required for the patient in those circumstances.¹¹

Further the concept of medical negligence may be studied with reference to the extent of approach of a medical professional towards three under mentioned concepts, which generally work as guidelines to determine the factum of medical negligence or otherwise in a particular case.¹²

- 1) Duty of care in accepting the patient for treatment.
- 2) Duty of care in providing appropriate treatment.
- 3) Breach of duty or commission of negligence in any of them and damage caused by such breach.

The law of medical negligence is a subject matter of a number of judicial decisions of Courts in India and in England. The essence or crux of said decisions¹³ is that professional negligence or medical negligence may be defined as want of

³ Bangia R.K. Law of Torts including Compensation under the Motor Vehicles Act and Consumer Protection Act, Nasik Law House, 2006, p.g. 242

⁴ (1932) A.C. 562

⁵ Grant v. Australian Knitting Mills, (1936) A.C. 85, at 103, per Lord Wright; Lochgelly Iron and Coal Co. Ltd. v. Mc. Mullan, (1934) A.C. I, 35; Nicholl v. Ely Beet Sugar Factory Ltd., (1936) Ch. 343, 351: "In strict legal analysis negligence means more than heedless or careless conduct, whether in omission or commission: It properly connotes the complex concept of duty, breach and damages thereby suffered by the person to whom the duty was owing." Lochgelly Iron and Coal Co. v. Mc. Mullan, (1934) A.C. I, at 25, per Lord Wright.

⁶ Winfield And Jolowicz Tort, 12th edition, taken from Ratanlal & Dhirajlal, The Law of Torts, Wadhwa & Company, 1999 (reprint) p.g.412

⁷ Poonam Verma V. Ashwin Patel, AIR 1996, SC 2111-2116, taken from *Ibid*.

⁸ Anoop K. Kaushal, Medical Negligence & Legal Remedies, , 2006, P.g.13

⁹ Taygi, S.P. Medical Negligence, Vinod Publications (P) LTD., 2008(Reprint) P.g. 64-65

¹⁰ Achut Rao Hari Bhau Khodwa V. State of Maharashtra, (1996) 2 SCC 634

¹¹ Achut Rao Hari Bhau Khodwa v. State of Maharashtra, (1996) 2 SCC 634; Umapinglay v. Dr. N.T. Mukerjee, 1997(2) CPR 160; Harabhau v. State of Maharashtra, 1996(2) SCC 634, P.N. Sudhakar Gupta v. Shri Anugrah Vittala Nursing Home, (1997) CPJ. la. Ashok Kumar Choudhary v. Shashi Bhushan Singh, 2000(1) CPR 8 (State Comm., 266: 1997(2) CPR 169.

¹² Dr. Laxman Balkrishan Joshiv. Dr. Trimbak Babu Godbole, AIR 1969 SC 128; Dr. Har Kanwaljit Singh Saini v. Gurbax Singh, 1(2003) CPJ 153 (NC).

¹³ Dr. Laxman Balkrishan Joshiv. Dr. Trimbak Babu Godbole, AIR 1969 SC 128; Achut Rao Haribhau Khodwa v. State of Maharashtra, 1996(2) SCC 634; Bolan v. Friend Hospital

reasonable degree of care and skill or wilful negligence on the part of a medical practitioner in the treatment of a patient, with whom a relationship of professional attendant is established so as to lead to his bodily injury or loss of his life.¹⁴ Further in *Jacob Mathew v. State of Punjab and Another*¹⁵, Supreme Court has defined negligence as Negligence is defined as when a defendant fails to use ordinary care or skill towards a person to whom he/she owes a duty, resulting in the plaintiff suffering damage to his person or property. In *Kusum Sharma v. Batra Hospital and Medical Research centre*¹⁶ the Supreme Court held that being negligent means doing or not doing something that a prudent man would do or not do.

Essential for Medical Negligence:

Negligence is the breach of legal duty. The duties and responsibilities of physicians are prescribed in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002, made under Indian Medical Council Act, 1956. A medical practitioner or a doctor who possess knowledge and skills for the purpose of giving advice and providing treatment owes certain duties to his/her patients which were mentioned in the case of *Dr. Laxman Balkrishna Joshi v. Dr. Trimbak Babu Godbole and Anr.*¹⁷ by the Supreme Court. The breach of any of these duties gives a right to the patient to bring an action for negligence. These duties are:

- The duty or obligation of care in finding out whether to undertake a unique case or not.
- The duty of care in deciding what therapy or treatment that a patient is to receive in a certain case.
- The duty of care in administering the treatment properly.

Medical negligence is caused by lack of proper care or carelessness of the medical professionals during diagnosis, operations or while injecting anaesthesia. The most common causes for medical negligence include lack of procedural safeguards, incorrect dosages.

Essentials of Medical Negligence¹⁸

The essentials of medical negligence are the four D's .

- 1) There is duty toward patients
- 2) There is deficiency in duty towards patients
- 3) This directly results in
- 4) Damage which may be physical, mental or financial loss to patient or relatives.

Remedies for Medical Negligence in India: Action Under the Law of Torts

The Law of Torts provides a legal remedy for compensating victims who have suffered injury or loss due to the wrongful

acts of others, including medical malpractice. Medical negligence, being a civil wrong, is actionable in civil courts under tort law. However, proving negligence in medical cases is a high burden for the plaintiff, as the court requires strict evidence.

To successfully claim compensation under the law of torts, the following key elements must be demonstrated:

- 1) Duty of Care: The medical professional owed a duty of care to the patient.
- 2) Breach of Duty: The medical professional failed to meet the required standard of care.
- 3) Damages: The breach resulted in actual harm or damage to the patient.

Consumer Law

Remedy Under the Consumer Protection Act, 1986

With the pronouncement of landmark decision of "Indian Medical Association v. V.P. Shantha"¹⁹ by the Supreme Court of India, the negligence committed by the medical professionals is brought within the purview of Consumer Protection Act, 1986. Now the service rendered for consideration by way of consultation, diagnosis and treatment, both medicinal and surgical by private medical practitioners, private hospitals and nursing homes is service for the purpose of. Section 2(1)(o) of the Consumer Protection Act and the person availing such service is consumer within the meaning of Section 2(1) of the Act. With this decision, the medical professionals can be sued for compensation in the Consumer Forum. Hence, The Consumer Protection Act, 1986 (CPA) provides a legal framework for the protection of consumer rights in India, ensuring that consumers who suffer harm due to deficiency of services can seek redress. If a medical practitioner, hospital, or healthcare provider is found to have rendered deficient service that resulted in harm to a patient, the patient can file a complaint under the CPA. The Act provides three levels of quasi-judicial bodies for dispute resolution: the District Forum, State Commission, and National Commission.

Criminal Remedy-

Under the Bharatiya Nyaya Sanhita (BNS), criminal liability for medical negligence is primarily governed by Section 106 which says that if a registered medical practitioner causes the death of a patient by performing a medical procedure in a "rash or negligent" manner, they are punishable with imprisonment for up to 2 years and a fine.²⁰ Further BNS provides that If a medical act is rash or negligent but does not

Management Committee, *Sidaway v. Board of Governors of Bethlem Royal Hospital*, 1985(1) All ER 643; A. S. Mittal v. State of U.P., 1989(3) SCC 223; Mrs. Kiran Bala Rout v. Christian Medical College and Hospital, 2003(1) CPR 238 (NC): 11(2002) CPC 131, Dr. Gurunathan (dead v. Vijaya Health Centre, III(2002) CPJ 211 (NC):1(2003) CPR 222 (NC) Prasanth S. Dhanankar v. Nizam Institute, 1999(1) CPJ 43 (NC); Vinithasashok v. Lakshmi Hospital, 2002(1) CPJ 4 (SC): 2001(7) Supreme 225; Mrs. Poonam Verma v. Draswin Patel, I(1995) CPR 277 (NC), N.T. Suramanaya v. Dr. B. Krishna Rao, 1996(2) CPC 247 (NC).

¹⁴ Modi on Medical Jurisprudence. See also Mrs. Ravanamma v. M/s. Vijaya Hospital, taken from Taygi, S.P., Medical Negligence, Vinod Publications (P) LTD., 2008(Reprint)

¹⁵ AIR 2005, SC 3180.

¹⁶ AIR 2010 SC 1050

¹⁷ AIR 1969 SC 128

¹⁸

<https://www.lawjournals.org/assets/archives/2023/vol9issue1/9024-856.pdf>, visited on 19-06-2026

¹⁹ III(1995) CPJ 1 (SC): 1995(3) CPR 412 (SC).

²⁰ Section 106 of BNS- Causing Death by negligence.

result in death, the practitioner can be prosecuted for endangering life or personal safety.²¹

Medical Law-

Section 20A of the Indian Medical Council (IMC) Act, 1956 empowers the medical regulatory body (now succeeded by the National Medical Commission) to prescribe standards of professional conduct, etiquette, and a code of ethics for registered medical practitioners. The IMC Act was repealed and replaced by the National Medical Commission (NMC) Act, 2019. The ethics and conduct guidelines are now governed by the NMC Registered Medical Practitioner (Professional Conduct) Regulations.

Constitutional Remedies:

Medical negligence in India is not merely a private wrong giving rise to tortious, consumer, or criminal remedies; in certain circumstances the Indian judiciary has elevated it to a constitutional issue involving the Right to Life under Article 21 of the Constitution. Where negligence by a government hospital or public authority results in a gross violation of the patient's right to life, the victim may approach the Supreme Court under Article 32 and to the High Courts under Article 226 of the Constitution of India.

The courts may award constitutional compensation as a public law remedy for infringement of fundamental rights. This remedy is distinct from private law damages because it seeks to hold the State accountable for violating constitutional obligations rather than merely compensating for negligence.

Medical Negligence as a Violation of the Right to Life:

Preservation of human life is of paramount importance. That is so on account of the fact that once life is lost, the status quo ante cannot be restored as resurrection is beyond the capacity of man. Right to life enshrined in Article 21 of the Constitution of India includes right to health.²² The jurisprudence of personhood or philosophy of right to life envisaged under the said Article, enlarges in its sweep to encompass human personality in its full blossom with invigorated health which is a wealth to the citizen to earn his livelihood to sustain the dignity of the person and to live a life with dignity.²³ In fact the dream of healthy nation is engrafted in the directive principles of State Policy as an integral part of the Constitution.

Article 21 of the Constitution of India casts obligation on state and medical professionals to preserve life. Every doctor whether at a government hospital or otherwise has the professional obligation to extend his services with due expertise for protecting life. No law or state action can intervene to avoid or delay the discharge of the paramount obligation cast upon the members of medical profession. The obligation being total, absolute and paramount laws of procedure whether in statutes or otherwise, which would interfere with the discharge of this obligation cannot be sustained and must therefore, give way.²⁴

Judicial response to Medical Negligence in India:

In recent decades, Indian courts have significantly influenced the development of medical negligence law. Earlier approaches were mainly based on traditional common law doctrines. Now, the judicial responses focus on patient rights, accountability, and access to justice. Through various landmark judgments, the Supreme Court and High Courts have established legal standards that reflect constitutional principles under Article 21 and consumer protection laws.²⁵ The Indian judiciary has expansively interpreted Article 21 (Right to Life and Personal Liberty) to include the fundamental right to health and medical care. In *Parmanand Kataria's* case while recognising right to treatment, the Supreme Court ruled that every doctor has a professional obligation to extend services to preserve life, regardless of whether it is a police case or emergency. Again, in *Paschim Banga Khet Mazdoor Samity v. State of West Bengal*²⁶, the Supreme Court of India ruled that the denial of immediate medical treatment by government hospitals violates the fundamental Right to Life. It mandated systemic healthcare reforms and established the state's duty to provide emergency medical care. Very early in *Juggan Khan v. State of Madhya Pradesh*²⁷, the appellant was a registered Homoeopathic medical practitioner. After seeing an advertisement, a woman went to him for the treatment of guinea worms. After taking the medicine prescribed by him, she started feeling restless and even after the administration of some antidotes, she died in the evening. The appellant was convicted for murder under section 302 of the IPC. The court held that it was a negligent act to prescribe poisonous medicines without proper checking and knowledge of the same. In *A.S. Mittal and another V State of UP and Others*²⁸, the Apex Court dealt with the case of a mishap in an 'Eye Camp' in Uttar Pradesh. In the camp, about 108 patients were operated out of which 88 underwent cataract surgery. Out of all these people 84 suffered permanent damage to the eyesight. It was found that this mishap was due to normal saline which was used in the operations. The court held the doctor liable as this amounts to medical negligence. A PIL was filed in this case under Article 32 of the Constitution. Further, *Dr. Kunal Saha vs Dr. Sukumar Mukherjee and Ors.*²⁹ which is famous as the Anuradha Saha Case. In this case, the wife was suffering from drug allergy and the doctors were negligent in prescribing appropriate medicines for the same which ultimately aggravated her condition and led to the death of the patient. The court held the doctor liable for medical negligence and awarded compensation amounting to Rs. 6.08 crore. Further, In the case of *Jacob Mathew v. State of Punjab*,³⁰ the Hon'ble Supreme Court of India clarified the difference between civil and criminal negligence in medical practice. The Court stated that for criminal liability under Section 304A of the Indian Penal Code (now reflected in Section 106 of the *Bhartiya Nyaya Sanhita, 2023*), there must be proof of gross negligence or recklessness, not just an error in judgment. The Court adopted the Bolam Test, from UK law, which considers whether the healthcare professional acted according to a practice accepted by a responsible body of medical experts in

²¹ Section 125 & 126- Causing Hurt and Grievous Hurt.

²² State of Punjab V. Mohinder Singh Chawla, AIR 1997 SC 1225

²³ Consumer Education and Research Centre V. Union of India, AIR 1995 SC 922

²⁴ Supra Foot note 1.

²⁵ Indian Medical Association v V.P. Shantha (1995) 6 SCC 651.

²⁶ Supra foot note 2

²⁷ 1965 SCR (1) 14

²⁸ 1989 AIR 1570

²⁹ AIR 2015 Cal 370

³⁰ AIR 2005 SC 3180

that field. This case still guides lower courts in assessing culpability, ensuring that medical professionals are not subjected to baseless criminal prosecution. In case of *V. Kishan Rao v. Nikhil Super Speciality Hospital*³¹ marked a progressive shift away from depending heavily on expert testimony. The Supreme Court held that when negligence is clear, such as giving the wrong medication or discharging a patient too soon, courts do not need to rely on expert medical opinions to prove liability. This made it easier for complainants, especially in consumer forums, and allowed patients to seek justice even with limited access to medical experts. In the leading case *Dr. Laxman Balkrishna Joshi v. Dr. Trimbak Babu Godbole*,³² this early but influential case outlined the three duties of care expected from every medical practitioner which already mentioned in this paper in the point of essentials of medical negligence. The Court emphasized that breaching any of these duties, resulting in harm, could lead to liability in tort or under consumer protection law. This case is a key reference in medical negligence cases and is frequently cited in both civil and consumer forums.

Judiciary has also played important role in imposing vicarious liability on hospital for the negligence committed by their doctors. In the case *Spring Meadows Hospital v Harjot Ahluwalia*,³³ a child suffered permanent brain damage because a nurse gave the wrong injection. The Supreme Court held both the hospital and the doctor responsible. It said hospitals cannot avoid liability by blaming their staff. Patients trust the hospital as a whole, not just the doctor. Further in *Dr. K.G. Krishnan V Praveen Kumar*,³⁴ Court held that the doctor is vicariously liable for the negligence of the nurse employed by him who gave paracetamol intramuscular injection to the complainant due to which his sciatic nerve got injured and he suffered paralysis of his leg. In the recent case of *Kamineni Hospitals v A Pratibha*,³⁵ the Hon'ble Supreme Court of India upheld a decision against Kamineni Hospital. A contractual orthopaedic consultant failed to follow proper post-surgery care, and the hospital argued he was not an employee. The Court rejected this argument and ruled that once a patient is admitted, the hospital is legally and ethically responsible for the quality of care provided. This case made it clear that hospitals cannot escape liability even when third-party or contractual doctors are involved.³⁶

4. Conclusion and Suggestions

From the above discussion we can conclude that in conferring relief to the victims of medical negligence, Indian Judiciary has played very important role. By enforcing the duty of care and interpreting healthcare as a fundamental right, courts balance patient safety against medical malpractice, providing avenues for compensation, establishing legal precedents, and deterring professional misconduct. A significant contribution of the judiciary has been the development of the doctrine of constitutional tort. Under this doctrine, courts may award compensation in writ proceedings under Articles 32 or 226

where medical negligence by State hospitals or public authorities results in violation of Article 21.

Although we provide remedies for victims of medical negligence through Consumer Law, Law of Torts, Professional Code, Constitutional Law, several practical problems still exist. Cases often take many years to be decided, expert medical opinions are difficult to obtain, standards are applied inconsistently, many experts believe that reforms are needed to make the system more effective and fairer for both patients and healthcare professionals. We can think of establishment of independent tribunals consisting of expert from Medicine and Law which would deal exclusively with medical negligence cases and which will act in a time bound period. Since these tribunals would focus only on medical disputes, cases could be resolved more quickly than in traditional courts.

References

- [1] Medical Negligence & Legal Remedies, Anoop Kausha, Universal Law Publishing Co. Pvt. Ltd. 2006
- [2] Medical Negligence, S.P. Tyagi, Vinod Publications (P) Ltd., 2008
- [3] Law of Tort Including Compensation under the Consumer Protection Act, S.P. Singh, Universal Law Publishing, 2016.
- [4] Law of Torts, R.K. Bangia
- [5] Law Relating to Medical Negligence, Y.V. Rao, Asia Law House, 2006.
- [6] Law of Torts including Compensation under the Motor Vehicles Act and Consumer Protection Act, Bangia R.K., Nasik Law House, 2006.
- [7] Law of Torts with Consumer Protection Act and Motor Vehicles Act, Central Law Publications, 2019.

³¹ (2010) 5 SCC 513.

³² AIR 1969 SC 128.

³³ (1998) 4 SCC 39.

³⁴ 2003 CTJ 671 (SC)

³⁵ Civil Appeal No 4834 of 2023 (SC)

³⁶ Mr. Sumit Kumar, Dr. Mahavir Singh, Judicial Response to Medical Negligence and Vicarious Liability in India, International Research Journal of Commerce and Law, taken from <https://www.ijmr.net.in/current/2025/Aug/07EWmGKz8CiIau6.pdf> - visited on 18-6-2026