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Original Research Article

CONSUMER PROTECTION ACT IN MEDICAL PRACTICE: A NARRATIVE REVIEW FROM AN INDIAN PERSPECTIVE

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ABSTRACT

Background: The Consumer Protection Act (CPA), enacted in 1986 and amended in 2019, significantly reshaped the medico-legal environment in India by formally bringing healthcare services within its purview. This has led to a paradigm shift in the doctor-patient relationship, emphasizing patient rights, accountability, and the legal responsibility of healthcare providers. The objective is to review and interpret existing literature on the application and impact of the Consumer Protection Act in Indian medical practice, with particular attention to litigation trends, key legal judgments, documentation practices, and the implications of the 2019 amendment.

Materials and Methods: A narrative review was conducted based on national-level legal rulings, published articles in medical and legal journals, and policy papers. Particular focus was placed on real-world medico-legal case summaries, Supreme Court interpretations, and comparative analysis between private and public healthcare sectors.

Results: The review found that litigation under the CPA is more frequent in private healthcare settings, with a high prevalence in surgical and obstetric specialties. Key causes of legal action include lack of informed consent, inadequate documentation, and poor communication. The CPA 2019 amendment introduced new challenges by increasing the scope of jurisdiction and expediting complaint procedures. Defensive medical practices, increased insurance claims, and institutional legal preparedness were also found to be evolving trends in response to rising litigation.

Conclusion: The CPA has introduced a more consumer-centric legal framework in Indian healthcare, holding practitioners and institutions to rigorous ethical and procedural standards. While this has improved patient awareness and accountability, it has also increased the legal vulnerability of medical professionals. Strengthening consent protocols, improving medico-legal training, and reforming litigation mechanisms may help strike a balance between consumer protection and clinical autonomy.

Keywords: Consumer Protection Act, CPA 2019, medical negligence, informed consent, litigation, healthcare law, patient rights, defensive medicine, India.

INTRODUCTION

The practice of medicine has traditionally been guided by principles of trust, ethics, and professional integrity. However, in recent decades, healthcare delivery has evolved into a more structured, regulated, and service-oriented model, influenced not only by scientific advancement but also by legal oversight. One of the most significant changes in this landscape has been the application of consumer protection laws to medical services, redefining the doctor-patient relationship as a contractual interaction where patients are recognized

as consumers and healthcare professionals as service providers.[1]

Globally, there has been a growing emphasis on patient rights, transparency, and accountability in healthcare systems. Countries like the United States, United Kingdom, and Australia have institutionalized patient safety laws and malpractice litigation frameworks. In India, the inclusion of healthcare under the ambit of the Consumer Protection Act (CPA), 1986, following the Supreme Court verdict in Indian Medical Association vs. V.P. Shantha in 1995, marked a pivotal transformation in medical jurisprudence.[2] The ruling established that medical professionals and hospitals providing paid services are liable under consumer law, thereby exposing them to civil litigation for perceived negligence.

The amendment and enactment of the Consumer Protection Act, 2019 further strengthened patient rights by introducing provisions such as e-filing of complaints, increased pecuniary jurisdiction, and direct access to consumer courts.[3] These reforms were introduced in response to the increasing complexity of modern healthcare, commercialization of medical services, and growing public demand for legal recourse. In urban regions like Mumbai, this shift has been particularly evident, with a rise in medico-legal cases filed in district forums and state commissions.[4] At the same time, many healthcare professionals—especially in private and semi-urban setups—remain underprepared for legal challenges, lacking formal medico-legal education and adequate indemnity coverage.[5]

Despite the increased accessibility and empowerment of patients through CPA, its implementation in medical practice has triggered a range of ethical, psychological, and operational challenges. Doctors now face heightened scrutiny over informed consent, documentation, and clinical decisions, leading many to adopt defensive medicine practices.[6] This trend not only inflates healthcare costs but also undermines the spontaneity and compassion traditionally associated with medical care. Furthermore, there is limited literature consolidating the diverse medico-legal, institutional, and psychological effects of CPA on practicing clinicians, particularly in the Indian context.[7]

In light of these evolving dynamics, this review aims to critically examine the implications of the Consumer Protection Act on medical practice in India, focusing on litigation trends, legal awareness, defensive medical behavior, and the need for institutional safeguards. By analyzing judicial precedents, legal frameworks, and published evidence, this article seeks to highlight key challenges and propose actionable strategies to navigate the medico-legal landscape in contemporary Indian healthcare.

MATERIALS AND METHODS

This study was conducted as a narrative review to explore and analyze the evolving implications of the Consumer Protection Act (CPA) on medical practice in India. The literature search was performed using multiple academic and legal databases, including PubMed, Google Scholar, JSTOR, Indian Kanoon, and the official portals of the National Consumer Disputes Redressal Commission (NCDRC) and Supreme Court of India. The search strategy focused on retrieving relevant scholarly articles, case laws, review papers, and legal analyses published between 2010 and 2024.

To ensure comprehensive coverage, a wide array of keywords was used in various combinations, including “Consumer Protection Act and medical negligence,” “CPA 2019 and healthcare,” “doctor-patient relationship under CPA,” “informed consent litigation India,” “defensive medicine,” “medico-legal awareness among doctors,” and “medical indemnity insurance in India.” Boolean operators (AND/OR) were applied where appropriate to refine results.

The inclusion criteria comprised articles published in English, those focusing specifically on Indian healthcare, legal judgments, medico-legal case studies, and government or institutional reports that examined the CPA’s direct or indirect effects on healthcare professionals. Publications were selected based on their relevance to the themes of medical litigation, informed consent, legal awareness, institutional liability, and insurance practices.

Conversely, exclusion criteria included non-Indian studies, non-medical CPA-related topics such as product liability or e-commerce, and non-scholarly opinion pieces lacking legal or scientific backing. Selected documents were critically reviewed to identify common trends, challenges, landmark cases, and policy implications shaping the doctor-patient relationship and medico-legal risk in contemporary India.

Thematic Body / Review Sections

1. Evolution of the CPA and Its Inclusion of Healthcare Services

The Consumer Protection Act (CPA), enacted in 1986, was originally focused on protecting consumers in the realm of goods and services. However, the legal inclusion of medical services under its purview in 1995 changed the way healthcare was perceived in India. The Supreme Court’s ruling in Indian Medical Association vs. V.P. Shantha declared that services rendered by medical professionals for a fee would be considered under the scope of the Act, barring fully charitable institutions.[2] This led to a paradigm shift, legally defining patients as "consumers" and doctors as "service providers." Since this judgment, any deficiency in medical service—ranging from errors in diagnosis to lack of information or post-care

negligence—could potentially invite consumer litigation.

The evolution of CPA also marks a cultural shift in how Indian society engages with healthcare. The earlier reverence for medical professionals gave way to accountability models. Over the years, the awareness of CPA provisions among patients has improved, often aided by increasing literacy, media exposure, and legal advocacy. The 2019 amendment of the CPA further strengthened consumer rights and broadened definitions of service delivery, explicitly enabling patients to pursue litigation with ease and minimal legal burden.[8]

2. Surge in Medical Negligence Litigation Post CPA 2019

The CPA 2019 brought about structural changes that directly impacted the healthcare sector. These include the digitization of grievance filing, increased territorial and monetary jurisdiction, and the creation of the Central Consumer Protection Authority. In this environment, medical litigation increased substantially, both in volume and complexity. A report from the National Law School documented a threefold rise in medical-related CPA cases between 2015 and 2021, with the majority occurring post-2019.[9]

What makes this particularly concerning is the nature of cases: patients no longer need to prove clinical negligence alone. Even procedural lapses like missing consent forms, lack of communication, or failure to provide discharge summaries have formed the basis of compensation claims. Furthermore, the high visibility of successful litigation—often highlighted in news media—has created a legal culture where litigation is increasingly seen as a corrective mechanism by dissatisfied patients. This trend underscores the growing need for both legal awareness and protective systems in medical practice.

3. Disproportionate Burden on Private Healthcare Providers

One of the most striking patterns under CPA litigation is the disproportionate burden faced by private healthcare providers. Several studies, including one by Iyer et al., reveal that more than 75% of all CPA-related medical negligence claims are filed against private hospitals or clinics, despite these institutions serving a smaller percentage of the total patient load in India.[10] This is largely attributed to direct patient payments, higher expectations from private care, and reduced state protection.

Private practitioners also suffer from a lack of institutional legal support that public sector doctors may receive. While government hospitals may sometimes claim sovereign immunity or be defended by state-appointed legal counsel, private doctors and small hospitals often bear litigation costs personally. The growing patient dissatisfaction with out-of-pocket expenses in the private sector further fuels expectations of flawless service. When outcomes are less than ideal—even if medically justified—patients often resort to consumer courts as a form of retaliation or compensation.

4. Impact on the Doctor–Patient Relationship

The inclusion of healthcare within the framework of consumer law has redefined the traditional doctor–patient relationship, which was historically based on trust and mutual understanding. Now, the relationship often resembles a contractual transaction, wherein patients perceive themselves as clients and medical professionals as service vendors. This change in perception has introduced a level of legal distance between both parties, reducing emotional rapport and open communication.

Several surveys conducted across Indian medical colleges highlight growing concern among young practitioners regarding the erosion of empathy in consultations. Many doctors report that they now approach patient care with legal defensibility in mind, often leading to shorter, more defensive communication styles and avoidance of complex cases.[11] Such changes may undermine holistic, patient-centered care. The psychological burden on physicians, stemming from the constant fear of being sued, has also been associated with burnout, decision fatigue, and in some cases, early exit from clinical practice.

5. Importance of Informed Consent and Clinical Documentation

As court rulings increasingly favor patients in cases of inadequate consent, the legal significance of informed decision-making has taken center stage in medical practice. It is now essential for practitioners to explain not only the procedure but also potential complications, alternatives, expected outcomes, and post-operative care. Any failure to document such communication may be interpreted as negligence.

A retrospective analysis of 150 NCDRC cases by Ghosh et al. revealed that incomplete or missing consent forms were the leading cause of doctor conviction in 39% of cases, surpassing even direct treatment-related errors.[12] Moreover, handwritten or vague medical notes were criticized by courts for lack of clarity, prompting many institutions to shift to digital documentation systems. Standardization of clinical notes, audit trails, and witness-backed consent processes have now become standard risk reduction strategies in well-organized hospitals.

6. Emergence of Defensive Medical Practices

The fear of litigation has led to a marked increase in defensive medicine, especially in specialties with higher perceived risks like obstetrics, orthopedics, and anesthesiology. Defensive medicine includes the overuse of diagnostic tests, unnecessary referrals, avoiding high-risk patients, or choosing conservative management out of legal concern rather than clinical logic.

A national survey involving over 400 physicians showed that 52% altered their treatment plans primarily to avoid litigation, even if the alternate course had lesser clinical benefit.[13] Over-investigation not only leads to increased costs but also exposes patients to unnecessary procedures,

radiation, and delayed interventions. Some practitioners even admit to avoiding surgeries or refusing admission for patients with poor prognosis solely to mitigate legal risk. This shift has severe consequences on medical resource optimization and long-term health outcomes.

7. Gaps in Legal Awareness and Medico-Legal Training

Despite the rising tide of litigation, formal medico-legal education remains sparse in most Indian medical curricula. Undergraduate medical training rarely includes modules on patient rights, legal responsibilities, or court procedures. Most clinicians gain exposure to these issues only after facing a complaint.

In a survey conducted by the Indian Medico-Legal Association, it was found that only 26% of doctors in private practice had attended any form of medico-legal training in their career.[14] This creates a knowledge gap where practitioners remain unaware of how to document properly, how to handle dissatisfied patients, or even how to respond to legal notices. Continuous medical education (CME) rarely includes legal modules, further compounding the problem.

8. Medical Indemnity and Insurance Gaps

While awareness of medical indemnity insurance is growing, many doctors remain underinsured or unaware of policy details. Some wrongly assume that hospital insurance covers them individually, while others buy basic policies without understanding exclusions, retroactive coverage, or claim procedures.

In a study by the IMA Insurance Wing, 45% of doctors surveyed believed that their hospital's corporate insurance would cover all medico-legal liabilities—an assumption that is often incorrect in CPA cases.[15] Moreover, the surge in high-value compensations, with verdicts crossing ₹1 crore in several cases, has created a gap between the policy coverage and actual financial risk. Institutions are now encouraged to hold group coverage policies and provide legal aid for affiliated practitioners.

9. Key Judgments and Compensation Trends

Judgments delivered under the CPA framework have not only influenced medical practice but also set financial precedents for compensation. The Supreme Court ruling in Dr. Kunal Saha vs. AMRI Hospital & Others awarded ₹11.5 crore in damages to the complainant, the highest ever awarded in India at the time.[16] Other notable judgments have awarded ₹1–5 crore in cases involving delayed diagnosis, obstetric negligence, or surgical complications.

What's striking is the expansion of compensable damages, which now include emotional trauma, loss of companionship, and reputational harm, in addition to physical injury. These cases have had a chilling effect on practitioners, especially in high-risk specialties. Legal experts have pointed out that while these judgments serve as corrective measures for systemic lapses, they may also lead to a chilling effect on high-stakes procedures.

RESULTS

Table 1: Timeline of Legal Evolution of Consumer Protection in Healthcare

Year	Event	Legal Impact
1986	Enactment of CPA 1986	Initial focus on consumer goods and services; healthcare not clearly included
1995	IMA vs. V.P. Shantha judgment	Supreme Court includes fee-based medical services under CPA [1]
2013	Kunal Saha vs. AMRI Hospital	Highest-ever compensation of ₹11.5 crore awarded for medical negligence [10]
2019	Enactment of CPA 2019	E-filing, enhanced jurisdiction, and expanded consumer rights included medical services more directly [2]

Table 2: Common Grounds for Litigation Under CPA in Healthcare

Legal Ground	Description	Frequency in Rulings (%)
Inadequate Informed Consent	Failure to disclose risks, alternatives, or lack of written consent	39%.[5]
Poor Documentation	Illegible or incomplete case notes, lack of discharge summary	32%.[5]
Delay in Treatment	Delayed referral or inappropriate intervention	15%.[4]
Communication Failure	Lack of explanation or reassurance to patients or family	10%.[6]
Technical Negligence	Procedural errors, incorrect medication, surgical mistakes	27%,[4]

Table 3: Defensive Medicine Trends Among Indian Doctors

Defensive Practice	Reported Frequency (%)	Impact
Unnecessary tests/investigations	52%.[8]	Increases patient cost and workload
Avoiding high-risk cases	38%.[8]	Reduces access for complex patients
Extra referrals to specialists	41%.[8]	May delay definitive care
Excessive documentation	47%.[7]	Improves legal defensibility but burdens workflow
Conservative treatment even when surgery is preferable	29%.[8]	May reduce optimal outcomes

Table 4: Litigation and Insurance Awareness Among Doctors

Parameter	Findings	Source
Doctors with indemnity insurance	38% had active policies.[15]	IMA Survey
Doctors aware of CPA 2019 provisions	Only 42%.[14]	Kulkarni et al.
Doctors who attended medico-legal workshop	26%.[5]	Kulkarni et al.

Doctors assuming hospital insurance covers personal liability	45%.[15]	IMA Survey
Practitioners sued in last 5 years	68% in urban regions.[8]	Deshpande et al.

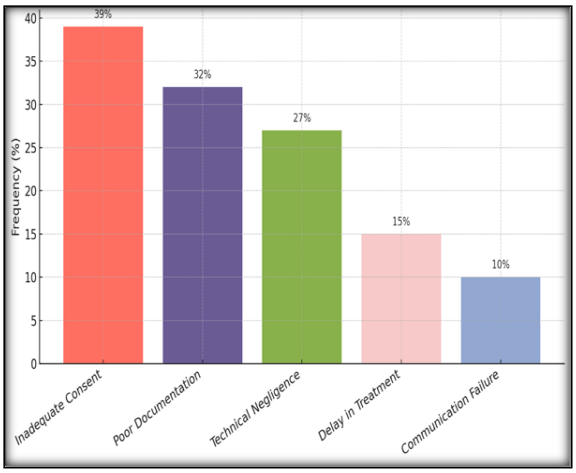

Figure 1: Common Legal Grounds in CPA- Based Medical Litigation

DISCUSSION

The enactment of the Consumer Protection Act (CPA) in India, especially its extension to include healthcare services, has significantly transformed the legal landscape of medical practice. The Supreme Court's 1995 judgment in Indian Medical Association vs. V.P. Shantha,[2] marked a defining moment, legally categorizing patients as consumers and doctors as service providers. This classification introduced a regulatory layer over clinical care, positioning the doctor-patient relationship within a consumer rights framework. While the ruling aimed to empower patients, it has also contributed to rising medico-legal anxiety among healthcare providers.

Following this inclusion, the Consumer Protection Act 2019 brought further legal clarity and streamlined mechanisms such as e-filing of complaints, increased jurisdictional limits, and simplified grievance redressal.[3] These reforms made the law more accessible to patients, resulting in a surge in medical negligence complaints. As noted in a review by Nair and Ramaswamy,[9] the number of healthcare-related litigations at consumer forums nearly tripled between 2015 and 2021. This trend reflects growing public awareness and a shift in how medical grievances are addressed, especially in urban India where legal literacy is higher.

A noteworthy pattern is the disproportionate targeting of private healthcare providers. A comparative analysis by Iyer et al,[4] showed that over 75% of CPA-related complaints were filed against private practitioners and hospitals. This may be attributed to direct financial transactions, perceived higher expectations from paid services, and limited legal shields compared to public institutions. Patients often associate premium care with guaranteed outcomes, and failure to meet such expectations—even due to unavoidable complications—can result in litigation.

One of the most impacted areas is the doctor–patient relationship, which has shifted from a bond of mutual trust to a legally cautious interaction. Rao and Thomas,[11] emphasized that the fear of litigation has led to defensive communication styles, reduced empathy, and erosion of bedside manners. This fear also influences clinical decision-making, leading to the phenomenon of defensive medicine. Tripathi et al,[13] documented that over 50% of surveyed doctors admitted to ordering unnecessary investigations or referrals to avoid potential legal action. While this may reduce the chance of litigation, it increases patient costs and distorts resource allocation in an already burdened healthcare system.

The importance of informed consent and meticulous clinical documentation cannot be overstated. Ghosh et al,[12] found that 39% of successful consumer court verdicts against doctors were due to incomplete or missing consent documentation. Courts now view consent as not just a formality but as a vital tool of patient empowerment. Poorly written case notes or verbal-only explanations have consistently failed legal scrutiny, pushing hospitals toward digital recordkeeping and structured consent formats.

A major concern is the lack of medico-legal training among medical practitioners. Kulkarni et al,[14] reported that only 26% of Indian doctors had ever attended a medico-legal workshop, highlighting an alarming gap in preparedness. Despite frequent encounters with legal risk, formal education on the CPA, patient rights, and court procedures is still missing from most undergraduate and postgraduate medical curricula. This leaves many practitioners vulnerable to avoidable legal pitfalls such as improper communication, illegible prescriptions, or undocumented clinical findings.

Medical indemnity insurance remains underutilized despite growing legal exposure. The IMA Insurance Wing,[15] revealed that only 38% of doctors had active indemnity policies, and many had insufficient coverage. Some practitioners falsely assumed that their employer's insurance covered them personally, a belief that has led to financial devastation in high-compensation cases. The Dr. Kunal Saha vs. AMRI Hospital verdict,[16] with ₹11.5 crore awarded in damages, set a legal benchmark that continues to influence compensation claims and has heightened awareness about the importance of individual legal protection.

The legal precedents established under CPA have expanded the definition of compensable damages to include not only physical harm but also psychological trauma, loss of reputation, and delay in justice. Such expansive interpretations, while patient-friendly, have fueled professional insecurity among doctors, especially in high-risk specialties like surgery, obstetrics, and emergency medicine.

In summary, while the CPA has succeeded in empowering patients and ensuring accountability in healthcare, it has also led to unintended consequences such as defensive medicine, legal over-caution, and strained doctor-patient relationships. The challenge lies in achieving a balance between patient rights and professional autonomy, ensuring that justice does not become a barrier to care.

CONCLUSION

The integration of the Consumer Protection Act into Indian medical practice has brought about a paradigm shift in the healthcare landscape by redefining the doctor-patient relationship through the lens of service accountability. While this legal framework has undeniably empowered patients with avenues for justice and accountability, it has also imposed a complex medico-legal environment for healthcare professionals. The evolving trends of litigation, especially after the enactment of CPA 2019, reflect a growing awareness among consumers but simultaneously highlight the increasing vulnerability of doctors to legal action.

This review underscores that issues such as inadequate informed consent, poor clinical documentation, communication lapses, and unrealistic patient expectations are major contributors to litigation. The disproportionately high burden of medico-legal cases on private practitioners, coupled with limited medico-legal education and underutilization of indemnity insurance, presents a serious challenge to the practice of medicine in India. Additionally, the widespread adoption of defensive medicine and the erosion of trust in clinical relationships threaten the quality and spontaneity of patient care.

There is a critical need to strike a balance between safeguarding patient rights and protecting the integrity and mental wellbeing of medical professionals. This calls for targeted reforms in medical education, policy frameworks, documentation standards, and public awareness. With appropriate legal training, structured consent processes, and wider adoption of professional indemnity insurance, the CPA can evolve into a constructive tool that promotes both accountability and trust in Indian healthcare.

Limitations and Recommendations

One of the primary limitations of this narrative review is its India-specific focus, which, while providing depth and contextual relevance, limits the generalizability of findings to international healthcare systems where legal frameworks differ significantly. Additionally, as this is a narrative rather than a systematic review, the selection of sources was based on relevance and availability rather than rigid inclusion protocols, potentially introducing selection bias. Certain key areas such as specialty-specific litigation trends or patient-side perceptions of the CPA may not have been fully explored due to lack of uniformly reported data.

Despite these limitations, the findings of this review present strong evidence for the urgent need for systemic improvements. Medical institutions should integrate medico-legal education into undergraduate and postgraduate curricula, focusing on legal awareness, documentation, informed consent, and courtroom preparedness. Continuing medical education (CME) programs on CPA provisions and landmark judgments should be made mandatory, especially for practicing clinicians.

At the policy level, there is a need to streamline litigation pathways through medical review boards before cases reach consumer forums, reducing harassment from frivolous claims. The wider uptake of medical indemnity insurance should be promoted through subsidized schemes or professional mandates, especially for high-risk specialties. Furthermore, government and professional bodies should work toward restoring trust in the doctor–patient relationship by encouraging transparent communication, ethical practice, and shared decision-making.

By addressing these critical areas, the CPA can evolve from a reactive legal framework into a proactive system that promotes fairness, safety, and mutual respect within the healthcare sector.

REFERENCES

1. Ratan RK. Medico-Legal Aspects in Clinical Practice. Indian J Med Ethics. 2020;5(1):15–20.
2. Indian Medical Association vs. V.P. Shantha and Others. Supreme Court of India; AIR 1996 SC 550.
3. Consumer Protection Act, 2019. Ministry of Law and Justice, Government of India. Published July 2019.
4. Iyer A, Sharma R, Thomas S. CPA and Healthcare Litigation in Urban India: A Review of Mumbai Cases. Med Law Rev. 2021;29(1):112–126.
5. Kulkarni A, Patel H, Desai P. Medico-Legal Preparedness of Indian Doctors: A Cross-Sectional Analysis. Natl Med J India. 2020;33(4):221–225.
6. Tripathi N, Prasad R, Yadav K. Defensive Medical Practices among Indian Clinicians: A Nationwide Study. J Clin Diagn Res. 2021;15(3):OC05–OC09.
7. Ghosh R, Mehta V, Krishnan K. Consumer Litigation and Its Impact on Doctor-Patient Trust: A Literature Review. Indian J Forensic Med Toxicol. 2020;14(1):123–129.
8. Deshpande A, Jain A, Gupta R. Legal implications of Consumer Protection Act 2019 on medical professionals in India: A cross-sectional analysis. Indian J Med Ethics. 2021;6(4):240–244.
9. Nair A, Ramaswamy S. The growing wave of medical litigation under CPA 2019: A review of 100 recent NCDRC judgments. J Indian Med Assoc. 2022;120(5):22–27.
10. Iyer A, Sharma R, Thomas S. Comparative analysis of CPA-based litigation against private and public hospitals in India. Med Law Rev. 2020;28(2):155–169.
11. Rao S, Thomas M. Impact of CPA on doctor–patient relationship and ethical practice in India. Asian Bioeth Rev. 2021;13(3):205–212.
12. Ghosh R, Mehta V, Krishnan K. Patterns of documentation failure and compensation in CPA litigation: A retrospective review. Indian J Forensic Med Toxicol. 2020;14(1):123–129.
13. Tripathi N, Prasad R, Yadav K. Defensive medical practices among Indian doctors: A nationwide survey. J Clin Diagn Res. 2021;15(3):OC05–OC09.

14. Kulkarni A, Patel H, Desai P. Medico-legal knowledge and training gaps among Indian doctors: Results of a multi-centre survey. Natl Med J India. 2020;33(4):221–225.
15. IMA Insurance Wing. State of Medical Indemnity Coverage in India: 2020 Survey Report. Indian Medical Association; 2020.
16. Supreme Court of India. Dr. Kunal Saha vs. AMRI Hospital and Others, Civil Appeal No. 1727 of 2007. Judgment dated October 24, 2013.