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Medical Regulation Without Consumer Safeguards: Revisiting the NMC Act, 2019

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ABSTRACT

In a democratic country like India, healthcare of its citizen must be given top priority and for this purpose, the government must ensure proper Acts. Establishment of State Medical Councils (SMC's) and Indian Medical Council (IMC) along with separate Acts, i.e., State Medical Council Act and Indian Medical Council Act, are instruments in this direction. In 2019, the name Indian Medical Council was changed to National Medical Commission (NMC) and a new Act known as National Medical Commission Act, 2019 (NMC Act 2019) was framed substituting Indian Medical Council Act, 1956 (IMC Act 1956). NMC has been established to reform and regulate medical education and ethical medical practises in India. This institution not only regulates and maintains uniformity and high standards in medical education across the country but also works for assessment and accreditation of different institutions working in the area of medical education. It regulates licencing and registration of medical professionals and enforces high professional standards and ethical practises by promoting research and innovations in the field of medical sciences. The present article is an attempt to examine the NMC Act, 2019 and its key provisions which directly affect the medical consumers and will examine whether this Act is safeguarding the interest of medical consumers or not. The article will also help the medical consumers in India to understand these specific provisions so that they may safeguard their interests and understand the critical issues which are creating hindrance in getting justice in the cases of medical negligence, malpractices and mismanagement committed by medical professionals. This article also examines the 'Right to Appeal' of both the parties, i.e., a medical consumer as well as the RMP whoever is aggrieved with the decision of SMC.

***Keywords**: Registered Medical Practitioners, State Medical Councils, National Medical Council, Medical Negligence, Medical Consumers.*

Introduction

In Indian judicial system, we often talk about three-tier judiciary system which consists of Hon'ble Supreme Court, i.e., the apex court, High Courts situated in each state or union territories, and the subordinate courts, which include district courts, session courts and other tribunals dealing with civil as well as criminal matters. The democratic system of India is supposed to provide a level playing field to all the parties involved in the legal process and it is assumed to be based upon 'equality and transparency'. The system provides 'right to appeal' to all the parties who are aggrieved with the decision of the lower courts, i.e., the aggrieved parties may move to the Higher Courts for the purpose of their

appeal which ends with the Hon'ble Supreme Court. Under the appeal process, the aggrieved party is required to appeal with all the relevant documents and requisite fee (if any) to the Higher Courts which examine the preceding court orders and after checking its validity pronounces their judgement.

It is quite important to note that in India, Registered Medical Practitioners (RMP's) are governed and regulated through dual legislative system, i.e., SMC Acts are implemented on state/union territory level and NMC Act at national level. While making a complaint against a RMP, the medical consumer needs to first approach the SMC and the aggrieved parties may then move to NMC to exercise their right to appeal. However, the medical consumers are till date deprived of the right to appeal while the RMPs are empowered to exercise this right.

The right to appeal to all the parties involved in a particular litigation is based upon Article 14 of the Indian Constitution which grants 'Equality before law' **[5]**; it says, "*The State shall not deny to any person equality before the law or the equal protection of the laws within the territory of India*." Article 21 of the Constitution deals with 'Protection of life and personal liberty**' [6]** and says that, "*No person shall be deprived of his life or personal liberty except according to procedure established by law*". All the legal bodies as well as regulators, in principle, follow and allow the litigants a fair legal treatment, for example, according to Section 41, 51, and 67 of the Consumer Protection Act, 2019 (CPA, 2019), a consumer, aggrieved from the decision of District Commission, may approach the State Commission, and thereafter National Commission. The aggrieved party may finally appeal to the Hon'ble Supreme Court **[7].**

Literature Review

Negligence of Patients' rights and rising cases of medical malpractice are a matter of serious social concern. When we find that the medical consumers are 'legally restricted' to take proper legal steps by exercising their 'right to appeal' then this matter requires to be addressed and engaged with in the academic discourse. The matter of depriving a patient to appeal against the order of SMC has been debated in the Courts and widely covered in the media. While academic papers are missing on this subject, the present paper tries to fill this gap by analysing the relevant provisions of IMC Act, 1956 and NMC Act 2019 along with regulations. *Nandimath et al.* (2022) in their article titled "*National Medical Commission Act, 2019: The Need for Parity*" have observed that, NMC, Act 2019 is silent with respect to right to appeal of the aggrieved patient whereas the same is explicitly provided to the aggrieved medical professional and hence not providing equal opportunity to the aggrieved patient is an injustice **[8].**

Research Methodology

The present article primarily analyses the provisions of IMC Act, 1956, [1] NMC Act, 2019 [2] along with Professional Conduct, Etiquette and Ethics Regulations, 2002 [3] and National Medical Commission Registered Medical Practitioner (Professional Conduct) Regulations, 2023 [4]. Newspaper reports and articles are used as secondary source. The article is based upon 'doctrinal and analytical research methodology' and is socio-legal in nature. The very purpose of the article is to bring to the notice of the society and the lawmakers by highlighting the practical challenges of medical consumers while utilising their legal rights.

Objectives of the Study

- To define the concept of consumers of medical services.
- To understand the depth of prevailing medical malpractices and medical negligence.
- To examine key provisions of the NMC Act, 2019, and to find out if or not, whichever may be the case, they function to protect the interest of medical consumers.
- To make the medical consumers and the society at large aware of the practical understanding of these laws and their implementation so that they may raise their voices and protect themselves from unfortunate situations of medical negligence.

Medical Consumers and Medical Negligence

A 'patient' or his legal representative who approaches a Registered Medical Practitioner (RMP) or a hospital for treatment, can be termed as a "Medical Consumer". This is a well-established fact that a patient approaches a RMP or a hospital with 'trust and confidence' with an expectation to receive the required treatment as per standard protocol meant for the specific disease but in multiple cases, the patient encounters some 'avoidable harm' like injury, disability, permanent suffering, death, and loss of

income including incurring of huge medical expenses which were not at all required in a standard treatment. Medical negligence or clinical negligence is said to have occurred when the health service provider fails to apply reasonable care and the patient is deprived of appropriate care and treatment resulting in a bodily harm. *Medical negligence is said to have occurred when the following three points are satisfied:*

- **Duty of Care:** When a patient approaches a hospital or an RMP and his case is entertained and accepted, the health service provider is required to provide 'reasonable standard of care' to the patient.
- **Breach of Duty of Care:** When a health service provider agrees to treat a patient, he is required to perform 'an act' and if he 'fails' to perform the required act as a responsible health care service provider then the same is considered to be a breach of duty.
- **Harm Resulting due to Breach of Duty:** Negligence can be assumed to be committed when it is found that the patient has suffered due to 'breach of duty of care' of the health care service provider.

Causes of Medical Negligence

Medical negligence cases have become very common and multiple media reports covered in print media and mass media on daily basis highlight the quantum of medical negligence cases happening throughout the country. Some of the prominent reasons of negligence include, negligence due to **incorrect diagnosis;** it happens when a medical practitioner fails to apply reasonable care in finding the disease and the root cause of the disease. **Surgical negligence** happens at the time of surgery of the patient, when the health care provider does something inaccurate and unwanted while performing the surgery of the patient. It is also observed that when due to lack of knowledge or unprofessional attitude, the RMP prescribes either incorrect medicine or incorrect dose of medicine, the same is known as **prescription negligence.** News reports often highlight negligence in the treatment of **pregnant ladies and mishandling of the newborn;** often surgical delivery is imposed on the patient only for the pecuniary interest of the health service provider. It has also been reported that hospitals often create **unwanted delay** at the time of admission of critical patients**;** it has also been found that informed consent is not obtained while doing surgical treatment and the patient suffers because of lack of his knowledge or he fails to take second opinion because of **lack of informed consent.** RMPs and hospitals are required to remain transparent in charging the fee for different medical expenses like medicine, tests, equipments, surgery, etc. but often they remain **non-transparent and opaque and charge exorbitant amount** from the patient on multiple pretexts. They also charge huge amount by creating unwanted crisis situation.

Judicial Interpretations

There are multiple court cases which clearly define the roles and duties of a medical professional as well as highlight the cases where a medical treatment may fall under the category of 'medical negligence'. In the case of **Laxman Balkrishna Joshi v. Trimbak Bapu Godbole and anr**, the Hon'ble Supreme Court observed that: "*The duties which a doctor owes to his patient are clear. A person who holds himself out ready to give medical advice and treatment impliedly undertakes that he is possessed of skill and knowledge for the purpose. Such a person when consulted by a patient owes him certain duties, viz., a duty of care in deciding whether to undertake the case, a duty of care in deciding what treatment to give or a duty of care in the administration of that treatment. A breach of any of those, duties gives a right of action for negligence to, the patient. The practitioner must bring to his task a reasonable degree of skill and knowledge and must exercise a reasonable degree of care. Neither the very highest nor a very low degree of care and competence judged in the light of the particular circumstances of each case is what the law require*." **[9]**

Jacob Mathew vs State of Punjab & Anr (2005), is a landmark case in which Hon'ble Supreme Court, has covered medical negligence and the professional duties of a registered medical practitioner, as under:

"Negligence by professionals in the law of negligence, professionals such as lawyers, doctors, architects and others are included in the category of persons professing some special skill or skilled persons generally. Any task which is required to be performed with a special skill would generally be admitted or undertaken to be performed only if the person possesses the requisite skill for performing that task. Any reasonable man entering into a profession which requires a particular level of learning to

be called a professional of that branch, impliedly assures the person dealing with him that the skill which he professes to possess shall be exercised and exercised with reasonable degree of care and caution. He does not assure his client of the result. A lawyer does not tell his client that the client shall win the case in all circumstances. A physician would not assure the patient of full recovery in every case. A surgeon cannot and does not guarantee that the result of surgery would invariably be beneficial, much less to the extent of 100% for the person operated on. The only assurance which such a professional can give or can be understood to have given by implication is that he is possessed of the requisite skill in that branch of profession which he is practising and while undertaking the performance of the task entrusted to him he would be exercising his skill with reasonable competence. This is all what the person approaching the professional can expect. Judged by this standard, a professional may be held liable for negligence on one of two findings:

Either he was not possessed of the requisite skill which he professed to have possessed, or,

He did not exercise, with reasonable competence in the given case, the skill which he did possess." **[10]**

The above two case laws make it very clear that medical negligence is assumed to have taken place in those cases where an RMP who is qualified and competent in the branch of medicine concerned fails to apply reasonable care and attention while dealing with the patient. The law never demands some extraordinary knowledge, but it requires a medical professional to be vigilant and professional in his approach and expects him to apply the medical protocols meant for treatment of a particular disease in an appropriate manner.

Provisions of IMC Act, 1956 and Mechanism to Handle Grievances of Aggrieved Parties

The primary purpose of enacting a law is to ensure equality, transparency, and a level playing field for all citizens; such assurance translates into 'trust and confidence' of the public at large. Equality and transparency are the basic principle which guides the law enforcement agencies and make them accountable towards society. Right to appeal is a crucial element of justice which provides an opportunity to the aggrieved party/parties to seek redressal. This right is not only important to strengthen the public confidence but also acts as a safeguard and protection against misuse of power or arbitrary powers by legal body and the regulators. This is important to note that, before enactment of the NMC Act, 2019, the IMC, Act, 1956 was applicable and both of these Acts deprive the medical consumers or patients to appeal against the RMP. Section 24 of the IMC Act 1956 may be referred to find that right to appeal against the order of SMC was available to RMPs only. **[1]** In the year 2002, Professional Conduct, Etiquette and Ethics Regulations, 2002 (referred hereafter as Regulation 2002) was brought through Notification published on 27th May, 2004 in the Gazette of India and through this regulation along with RMP, the aggrieved medical consumer was also granted the right to appeal; in other words, either of the parties aggrieved from the decision of SMC was allowed to approach the IMC as per provisions of Regulation 2002.

Clause 8.7 & 8.8 of Regulations, 2002 brought a landmark change and created a level playing for the medical consumers by granting them the right to appeal against the order of SMC in IMC. Clause 8.7 of the regulation deals with timely resolution of a complaint against a delinquent physician by an SMC and in case of failure of SMC, MCI may intervene for the needful. Clause 8.8 says that, "*Any person aggrieved by the decision of the State Medical Council on any complaint against a delinquent physician, shall have the right to file an appeal to the MCI within a period of 60 days from the date of receipt of the order passed by the said Medical Council: Provided that the MCI may, if it is satisfied that the appellant was prevented by sufficient cause from presenting the appeal within the aforesaid period of 60 days, allow it to be presented within a further period of 60 days*." **[3]**

Establishment of NMC and its Mission, Vision & Functions

The NMC has been constituted by an Act of Parliament known as NMC Act, 2019 which came into force on 25 Sept. 2020, the Board of Governors in supersession of MCI constituted under Section 3A of the IMC Act, 1956 stands dissolved thereafter. The prominent Aim of the NMC includes "*improving access to quality and affordable medical education; ensuring availability of adequate and high-quality medical professionals in all parts of the country; objectively assess medical institutions periodically in a transparent manner; maintaining a medical register for India; enforcing high ethical standards in all aspects of medical services; and have an effective grievance redressal mechanism*". **[11]**

By analysing these aims, it can be reasonably concluded that the functions of NMC is confined not only to taking care of **'**high quality and high standards in medical education' but also extends to regulate medical institutions, medical researches and medical professionals. The tasks of NMC are oriented towards well-being of the society and to make necessary regulations along with creation of the Autonomous Boards and the State Medical Councils. The commission has been entrusted with the responsibility to '*exercise appellate jurisdiction with respect to the decisions of the Autonomous Boards*' and to "*lay down policies and codes to ensure observance of professional ethics in medical profession and to promote ethical conduct during the provision of care by medical practitioners*". **[11]**

Provisions of NMC Act, 2019 and Mechanism to Handle Grievances of Aggrieved Parties

In a developing society, replacing an old Act with a new Act is quite common; such changes show that the policy and law-making agencies are progressive and they are ready to face the challenges of the changed circumstances. When the NMC Act, 2019 was passed by the Parliament of India to replace the earlier Medical Council of India and MCI Act, 1956 there was an expectation that the new law will regulate the medical education and medical profession with much more efficiency, transparency, and accountability while maintaining the qualitative aspects of the earlier Act and introducing new provisions to strengthen the medical education and practices in India.

Surprisingly, right to appeal to the aggrieved medical consumer which was granted through Regulation, 2002 was again taken back through NMC Act, 2019 and subsequent 'National Medical Commission Registered Medical Practitioner (Professional Conduct) Regulations, 2023' (Regulation 2023) also remained silent with respect to granting of right to appeal to the medical consumers. According to Section 30 (3) of NMC Act, 2019, "*A medical practitioner or professional who is aggrieved by any action taken by a State Medical Council may prefer an appeal to the Ethics and Medical Registration Board (EMRB) against such action, and the decision, if any, of the Ethics and Medical Registration Board thereupon shall be binding on the State Medical Council, unless a second appeal is preferred under Section 30(4)*." Further, Section 30 (4) of the act says that "*A medical practitioner or professional who is aggrieved by the decision of the EMRB may prefer an appeal to the Commission within 60 days of communication of such decision*." **[2]**

Clause 39 of Regulation 2023, deals with the manner of inquiry into the complaint. Clause 39 (G) reads as: "*The parties shall not be allowed to bring in any lawyer to represent them in their case at any stage of the proceedings before the state medical council or EMRB/NMC.*" The use of term '*Parties*' seems to be confusing when we find that the right to appeal is available to only one party that is '*medical practitioner or professional*'. **[2]**

Clause 44 of Regulation 2023, deals with the process of 'Appeal' in detail, Clause 44 (1) reads that: "*RMP who is aggrieved by the decision of the SMC shall have the right to file an appeal to the EMRB within 60 days from the date of receipt of the order passed by the said SMC: Provided that the EMRB may if it is satisfied that the appellant was prevented by sufficient cause from presenting the appeal within the aforesaid period of 60 days, allow it to be presented within a further period of 60 days*." Clause 44 (2) further says that "*RMP who is aggrieved by the decision of the EMRB may prefer an appeal before the NMC within 60 days from the date of passing of an order by the EMRB*". Clause 44 (3) says that the "*Order of SMC will become operational after the expiry of the period of appeal (60 days + 60 days). Once in appeal, the order of SMC will be deemed stayed unless decided otherwise by EMRB/NMC*". **[4]**

What is more surprising that Clause 39 (D) of Regulation 2023 talks about 'principles of natural justice' while inquiring into the complaint. It says that "*The state medical council or EMRB/NMC shall conduct an inquiry into the complaint following the principles of natural justice*". **[4]** This clause is not only surprising and contradictory but also a mockery of the Indian justice system and a direct infringement of the principle of natural justice.

A simple and prima-facie study and analysis of the specific provisions NMC Act, 2019 and Regulation 2023 clearly indicate that the highest medical regulatory body running on 'public money' is meant for the purpose of saving the RMPs at all costs. Specific provisions noted above are a deliberate attempt to provide an edge to the medical professionals at the appeal stage as no party will be present on the floor to argue the case or contradicting the wrong submissions made by the medical professionals. Thus, depriving any of the aggrieved party from the right to appeal is the violation of the fundamental rights of the citizens enshrined under Article 14, 19 and 21 of the Constitution of India. Further, not

providing the right to appeal to one party at the cost of the other party is a clear-cut violation of the fundamental protection guaranteed under the Part III of the Constitution of India and must be considered arbitrary, unjust, and unconstitutional and an attempt to curtail the basic rights and freedom of the citizens and seems to be a 'class discrimination' within the appellate jurisdiction. The relevant provisions of NMC Act, 2019 and Regulation 2023 must be considered to be arbitrary and unconstitutional because of the violation of the principle of natural justice.

Challenges Encountered by Medical Consumers due to the Provisions of NMC Act, 2019

In the cases of medical negligence, a medical consumer often files a complaint with the SMC with respect to the negligence committed by the concerned RMP. Sometimes, during the court proceedings in District, State or National commission, an opinion is sought from the respective SMC. In these cases, if the medical consumer gets a favourable order, then the RMP gets the right to appeal in the NMC. On the other hand, when the medical consumer gets an unfavourable order then he loses the right to appeal. Moving ahead, when an RMP files an appeal in the NMC, he gets nobody against him to argue or contradict and the RMP gets a walk over/ secures an uncontested win in the form of a favourable decision. This faulty system not only deprives the medical consumer from the right to appeal but it also affects his claim of compensation and if there is a criminal complaint then this complaint is also unfavourably affected because of the adverse NMC order. All this happens because of NMC Act 2019 and its provisions which not only creates a hurdle, but also discourages medical consumers to take legal action against the mighty hospitals and the RMPs.

Nagarajan (2022) reported that "*despite a Supreme Court order, the NMC has rejected patients' pleas on state council rulings*". The news report is very alarming and shows that even NMC is not following guidelines of the Apex Court in this regard. The news says that "*The NMC has rejected 65 appeals from patients against SMC decisions in keeping with its October 2021 decision that only appeals from doctors would be taken up by its EMRB and that patient should not be allowed to file appeals before the EMRB. A patient's right to appeal against the decision of any SMC before the apex medical regulator was a result of a case in the Supreme Court, which led to a new clause being incorporated in the in the ethics code for doctors in 2003, allowing such appeals*". **[12]**

In a later report, **Nagarajan (2025)** observed that '*the NMC continues to reject patient appeals against state councils*'. Times of India news report recently published in this regard is very important and attract our attention to understand the gravity of the issue: *"With the draft amendment bill of the NMC Act, which includes a provision allowing patients to appeal before the ethics board of the commission, in limbo since December 2022, the commission is repeatedly rejecting appeals filed by patients. In the latest rejection of a patient's appeal on June 11, the section officer of the Ethics Section of NMC states that "To accept the appeal of non-medicos against SMC require the revision of the relevant provision of NMC Act 2019 i.e. passed by Parliament and any amend (sic) in the Act shall only be done by the act of Parliament."* **[13]**

The assault of the NMC on the medical consumer appears to be ongoing; it is further highlighted in a recent news report by **Bajeli-Datt (2025)** which states that '*the NMC's ethics board rejected 162 complaints of medical negligence, as revealed through an RTI'*. The rejection of so many applications by NMC not only shows the gravity of this legal issue but also shows the alarming number of cases reported with respect to medical negligence by hospitals and the RMPs. The news says that "*As many as 162 patients, who had approached the NMC ethics board against the decision of the SMC regarding complaints of medical negligence and misconduct against doctors, have been rejected in the past four-and-a-half years, an RTI has revealed.*" **[14]**

Conclusion & Suggestions

A healthy country depends upon healthy citizens and in the society, the responsibility to take care of the well-being of the people have been entrusted to the registered medical practitioners, corporate hospitals and the government hospitals. Nowadays, corporate hospitals and private doctors charge hefty amount as fee for their services, and the medical consumer availing the services expects that in return, they will get special care and attention along with the treatment. However, multiple media reports published on daily basis highlight a horrible state of affairs and the cases of medical malpractices reported force us to think about the presence and effectiveness of regulators in the field of health care sector. Such cases can be minimised only through a strict regulation and its enforcement. Clear and

equitable provisions along with effective implementation of NMC Act will not only regulate the behaviour of medical professionals but it will also act as a deterrence. Right to appeal is a fundamental right for those who come forward and report their cases of medical negligence and they must not be discouraged because it's not only against the well-being of that individual but it's like granting an open licence to the medical professional to work recklessly for monetary interest only. Protection of medical consumers is 'State Responsibility' and the policy makers must take this matter seriously because a negligence is not a crime against an individual but it's a crime against the whole family, the society and the nation as a whole. The law enforcement agencies must ensure that the NMC/SMC Act and the regulations are drafted in 'good spirit' for the society at large and not for a section of society which is 'powerful' to use the law in its favour. It must be ensured that the Act not only remains on paper but is also practised for the betterment of the society. NMC Act, and its policies allowing the general public to appeal against the SMC order must be ensured and it must be communicated appropriately to public at large.

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