

DOCTOR NEGLIGENCE CASES

DOCTOR NEGLIGENCE CASES REPRESENT A CRITICAL AREA OF MEDICAL MALPRACTICE LAW WHERE PATIENTS SEEK JUSTICE FOR HARM CAUSED BY SUBSTANDARD CARE. THESE CASES ARISE WHEN HEALTHCARE PROFESSIONALS FAIL TO MEET THE ACCEPTED STANDARDS OF MEDICAL PRACTICE, RESULTING IN INJURY OR WORSENING OF A PATIENT'S CONDITION. UNDERSTANDING THE NUANCES OF DOCTOR NEGLIGENCE CASES IS ESSENTIAL FOR BOTH PATIENTS AND LEGAL PRACTITIONERS, AS THESE CLAIMS INVOLVE COMPLEX MEDICAL FACTS AND LEGAL PRINCIPLES. THIS ARTICLE EXPLORES THE DEFINITION, COMMON TYPES, LEGAL REQUIREMENTS, AND CHALLENGES INVOLVED IN PURSUING DOCTOR NEGLIGENCE CLAIMS. ADDITIONALLY, IT OUTLINES THE PROCESS OF PROVING NEGLIGENCE AND THE POTENTIAL COMPENSATION VICTIMS MAY RECEIVE. BY EXAMINING THESE ASPECTS, READERS CAN GAIN A COMPREHENSIVE UNDERSTANDING OF HOW DOCTOR NEGLIGENCE CASES IMPACT THE HEALTHCARE SYSTEM AND PATIENT RIGHTS.

- UNDERSTANDING DOCTOR NEGLIGENCE CASES
- COMMON TYPES OF DOCTOR NEGLIGENCE
- LEGAL ELEMENTS REQUIRED TO PROVE DOCTOR NEGLIGENCE
- CHALLENGES IN DOCTOR NEGLIGENCE LITIGATION
- STEPS TO TAKE WHEN FILING A DOCTOR NEGLIGENCE CLAIM
- COMPENSATION AND DAMAGES IN DOCTOR NEGLIGENCE CASES

UNDERSTANDING DOCTOR NEGLIGENCE CASES

DOCTOR NEGLIGENCE CASES INVOLVE ALLEGATIONS THAT A MEDICAL PROFESSIONAL FAILED TO PROVIDE A STANDARD LEVEL OF CARE, LEADING TO PATIENT HARM. NEGLIGENCE IN THE MEDICAL CONTEXT OCCURS WHEN A HEALTHCARE PROVIDER'S ACTIONS FALL BELOW THE ACCEPTED MEDICAL STANDARDS, CAUSING INJURY THAT COULD HAVE BEEN AVOIDED. THESE CASES ARE A SUBSET OF MEDICAL MALPRACTICE CLAIMS AND REQUIRE ESTABLISHING A BREACH OF DUTY AND CAUSATION. LEGAL ACTIONS OFTEN FOCUS ON WHETHER THE DOCTOR'S CONDUCT DEVIATED FROM WHAT A REASONABLY COMPETENT PRACTITIONER WOULD HAVE DONE UNDER SIMILAR CIRCUMSTANCES. THE COMPLEXITY OF THESE CASES STEMS FROM THE NEED TO INTERPRET MEDICAL EVIDENCE AND EXPERT TESTIMONY TO DETERMINE LIABILITY ACCURATELY.

DEFINITION OF DOCTOR NEGLIGENCE

DOCTOR NEGLIGENCE IS LEGALLY DEFINED AS THE FAILURE OF A MEDICAL PROFESSIONAL TO EXERCISE THE APPROPRIATE LEVEL OF SKILL, CARE, OR DILIGENCE EXPECTED IN THEIR FIELD, RESULTING IN HARM TO THE PATIENT. THIS INCLUDES ERRORS IN DIAGNOSIS, TREATMENT, AFTERCARE, OR HEALTH MANAGEMENT. UNLIKE GENERAL MISTAKES, NEGLIGENCE IMPLIES A BREACH OF DUTY THAT DIRECTLY CAUSES INJURY, MAKING IT ACTIONABLE UNDER THE LAW.

DISTINGUISHING NEGLIGENCE FROM MEDICAL COMPLICATIONS

IT IS IMPORTANT TO DIFFERENTIATE DOCTOR NEGLIGENCE FROM UNAVOIDABLE MEDICAL COMPLICATIONS. NOT EVERY ADVERSE OUTCOME IS DUE TO NEGLIGENCE; SOME COMPLICATIONS ARISE DESPITE PROPER CARE. DOCTOR NEGLIGENCE CASES FOCUS ON PREVENTABLE ERRORS OR OMISSIONS RATHER THAN INHERENT RISKS OF MEDICAL PROCEDURES.

COMMON TYPES OF DOCTOR NEGLIGENCE

DOCTOR NEGLIGENCE CASES ENCOMPASS A VARIETY OF MEDICAL ERRORS THAT CAN OCCUR DURING PATIENT CARE. RECOGNIZING THESE COMMON TYPES HELPS IN IDENTIFYING POTENTIAL CLAIMS AND UNDERSTANDING THE SCOPE OF MALPRACTICE.

MISDIAGNOSIS AND DELAYED DIAGNOSIS

ONE OF THE MOST FREQUENT FORMS OF NEGLIGENCE IS MISDIAGNOSIS OR DELAYED DIAGNOSIS, WHERE A DOCTOR FAILS TO IDENTIFY A MEDICAL CONDITION PROMPTLY OR CORRECTLY. THIS CAN LEAD TO INCORRECT TREATMENT OR DELAYED INTERVENTION, WORSENING THE PATIENT'S HEALTH OUTCOME.

SURGICAL ERRORS

SURGICAL NEGLIGENCE MAY INVOLVE OPERATING ON THE WRONG SITE, LEAVING SURGICAL INSTRUMENTS INSIDE THE BODY, OR PERFORMING UNNECESSARY PROCEDURES. SUCH ERRORS CAN CAUSE SEVERE PHYSICAL AND EMOTIONAL HARM TO PATIENTS.

MEDICATION ERRORS

ERRORS IN PRESCRIBING OR ADMINISTERING MEDICATION, INCLUDING INCORRECT DOSES OR HARMFUL DRUG INTERACTIONS, ARE COMMON GROUNDS FOR DOCTOR NEGLIGENCE CLAIMS. THESE MISTAKES CAN RESULT IN ADVERSE REACTIONS OR INEFFECTIVE TREATMENT.

FAILURE TO OBTAIN INFORMED CONSENT

DOCTORS MUST INFORM PATIENTS ABOUT THE RISKS AND BENEFITS OF TREATMENTS OR PROCEDURES. FAILING TO OBTAIN PROPER INFORMED CONSENT CAN CONSTITUTE NEGLIGENCE IF THE PATIENT SUFFERS HARM FROM AN UNDISCLOSED RISK.

- MISDIAGNOSIS OR DELAYED DIAGNOSIS
- SURGICAL ERRORS
- MEDICATION ERRORS
- FAILURE TO OBTAIN INFORMED CONSENT
- IMPROPER FOLLOW-UP OR AFTERCARE
- BIRTH INJURIES CAUSED BY NEGLIGENCE

LEGAL ELEMENTS REQUIRED TO PROVE DOCTOR NEGLIGENCE

PROVING DOCTOR NEGLIGENCE CASES LEGALLY REQUIRES SATISFYING SEVERAL CRITICAL ELEMENTS. EACH COMPONENT MUST BE DEMONSTRATED WITH EVIDENCE TO ESTABLISH LIABILITY IN COURT.

DUTY OF CARE

THE DOCTOR MUST OWE A DUTY OF CARE TO THE PATIENT, WHICH ARISES FROM THE DOCTOR-PATIENT RELATIONSHIP. THIS DUTY OBLIGATES THE DOCTOR TO PROVIDE CARE CONSISTENT WITH MEDICAL STANDARDS.

BREACH OF DUTY

A BREACH OCCURS WHEN THE DOCTOR FAILS TO MEET THE STANDARD OF CARE EXPECTED IN SIMILAR CIRCUMSTANCES. EXPERT TESTIMONY IS TYPICALLY USED TO SHOW THAT THE DOCTOR'S CONDUCT WAS SUBSTANDARD.

CAUSATION

IT MUST BE PROVEN THAT THE BREACH OF DUTY DIRECTLY CAUSED THE PATIENT'S INJURY. THIS CAUSAL LINK IS ESSENTIAL TO DIFFERENTIATE BETWEEN HARM CAUSED BY NEGLIGENCE AND UNRELATED MEDICAL ISSUES.

DAMAGES

THE PATIENT MUST HAVE SUFFERED ACTUAL DAMAGES, SUCH AS PHYSICAL INJURY, PAIN AND SUFFERING, OR FINANCIAL LOSS, AS A RESULT OF THE NEGLIGENCE.

CHALLENGES IN DOCTOR NEGLIGENCE LITIGATION

PURSUEING DOCTOR NEGLIGENCE CASES INVOLVES SEVERAL CHALLENGES THAT CAN COMPLICATE THE LEGAL PROCESS. THESE DIFFICULTIES ARISE FROM THE TECHNICAL NATURE OF MEDICAL EVIDENCE AND THE DEFENSES AVAILABLE TO HEALTHCARE PROVIDERS.

GATHERING MEDICAL EVIDENCE

OBTAINING CLEAR AND CONVINCING MEDICAL RECORDS, EXPERT OPINIONS, AND DIAGNOSTIC DATA IS OFTEN COMPLEX AND COSTLY. THE TECHNICALITY OF MEDICAL INFORMATION REQUIRES SPECIALIZED KNOWLEDGE TO INTERPRET EFFECTIVELY.

EXPERT TESTIMONY

EXPERT WITNESSES PLAY A CRUCIAL ROLE IN ESTABLISHING THE STANDARD OF CARE AND BREACH. FINDING QUALIFIED EXPERTS WHO CAN PROVIDE UNBIASED TESTIMONY IS ESSENTIAL BUT CAN BE CHALLENGING.

STATUTE OF LIMITATIONS

DOCTOR NEGLIGENCE CASES ARE SUBJECT TO STRICT FILING DEADLINES. MISSING THE STATUTE OF LIMITATIONS CAN RESULT IN DISMISSAL REGARDLESS OF THE CASE'S MERITS.

DEFENSES RAISED BY HEALTHCARE PROVIDERS

DOCTORS AND HOSPITALS MAY DEFEND AGAINST NEGLIGENCE CLAIMS BY ASSERTING CONTRIBUTORY NEGLIGENCE, ASSUMPTION OF RISK, OR THAT THE INJURY WAS AN UNAVOIDABLE COMPLICATION.

STEPS TO TAKE WHEN FILING A DOCTOR NEGLIGENCE CLAIM

PROPERLY INITIATING A DOCTOR NEGLIGENCE CASE INVOLVES SEVERAL PROCEDURAL STEPS TO ENSURE THE CLAIM IS VALID AND SUPPORTED BY EVIDENCE.

CONSULTING A MEDICAL MALPRACTICE ATTORNEY

SEEKING LEGAL ADVICE FROM AN EXPERIENCED ATTORNEY HELPS EVALUATE THE CLAIM'S VALIDITY AND NAVIGATE COMPLEX MEDICAL AND LEGAL REQUIREMENTS.

OBTAINING MEDICAL RECORDS

COLLECTING COMPREHENSIVE MEDICAL RECORDS IS CRITICAL FOR BUILDING THE CASE, INCLUDING TREATMENT NOTES, TEST RESULTS, AND CORRESPONDENCE.

FILING A COMPLAINT

A FORMAL COMPLAINT MUST BE FILED WITHIN THE STATUTE OF LIMITATIONS, OUTLINING THE ALLEGATIONS OF NEGLIGENCE AND DAMAGES SOUGHT.

ENGAGING IN DISCOVERY

DISCOVERY INVOLVES EXCHANGING INFORMATION BETWEEN PARTIES, INCLUDING DEPOSITIONS, INTERROGATORIES, AND REQUESTS FOR DOCUMENTS, TO GATHER EVIDENCE.

COMPENSATION AND DAMAGES IN DOCTOR NEGLIGENCE CASES

VICTIMS OF DOCTOR NEGLIGENCE CASES MAY BE ENTITLED TO VARIOUS FORMS OF COMPENSATION FOR THE INJURIES SUSTAINED DUE TO MEDICAL MALPRACTICE.

ECONOMIC DAMAGES

ECONOMIC DAMAGES COVER TANGIBLE FINANCIAL LOSSES SUCH AS MEDICAL BILLS, LOST WAGES, AND FUTURE CARE EXPENSES.

Non-ECONOMIC DAMAGES

THESE DAMAGES COMPENSATE FOR INTANGIBLE LOSSES, INCLUDING PAIN AND SUFFERING, EMOTIONAL DISTRESS, AND LOSS OF ENJOYMENT OF LIFE.

PUNITIVE DAMAGES

IN RARE CASES INVOLVING GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT, PUNITIVE DAMAGES MAY BE AWARDED TO PUNISH THE DOCTOR AND DETER SIMILAR CONDUCT.

1. MEDICAL EXPENSES (PAST AND FUTURE)

2. LOST INCOME AND EARNING CAPACITY
3. PAIN AND SUFFERING
4. EMOTIONAL DISTRESS
5. LOSS OF CONSORTIUM

FREQUENTLY ASKED QUESTIONS

WHAT CONSTITUTES DOCTOR NEGLIGENCE IN MEDICAL CASES?

DOCTOR NEGLIGENCE OCCURS WHEN A HEALTHCARE PROFESSIONAL FAILS TO PROVIDE THE STANDARD LEVEL OF CARE, RESULTING IN HARM OR INJURY TO THE PATIENT. THIS CAN INCLUDE MISDIAGNOSIS, SURGICAL ERRORS, MEDICATION MISTAKES, OR FAILURE TO OBTAIN INFORMED CONSENT.

HOW CAN A PATIENT PROVE DOCTOR NEGLIGENCE IN COURT?

TO PROVE DOCTOR NEGLIGENCE, A PATIENT MUST DEMONSTRATE THAT THE DOCTOR OWED A DUTY OF CARE, BREACHED THAT DUTY BY ACTING BELOW THE ACCEPTED MEDICAL STANDARD, AND THAT THIS BREACH DIRECTLY CAUSED INJURY OR HARM TO THE PATIENT.

WHAT ARE THE COMMON TYPES OF DOCTOR NEGLIGENCE CASES?

COMMON CASES INCLUDE MISDIAGNOSIS OR DELAYED DIAGNOSIS, SURGICAL ERRORS, MEDICATION ERRORS, BIRTH INJURIES, ANESTHESIA MISTAKES, AND FAILURE TO INFORM PATIENTS OF RISKS OR OBTAIN CONSENT.

WHAT DAMAGES CAN BE CLAIMED IN DOCTOR NEGLIGENCE LAWSUITS?

PATIENTS CAN CLAIM DAMAGES SUCH AS MEDICAL EXPENSES, LOST WAGES, PAIN AND SUFFERING, EMOTIONAL DISTRESS, AND IN SOME CASES, PUNITIVE DAMAGES IF GROSS NEGLIGENCE IS PROVEN.

HOW LONG DOES IT TYPICALLY TAKE TO RESOLVE A DOCTOR NEGLIGENCE CASE?

THE DURATION VARIES WIDELY BUT TYPICALLY RANGES FROM SEVERAL MONTHS TO A FEW YEARS, DEPENDING ON THE COMPLEXITY OF THE CASE, EVIDENCE GATHERING, NEGOTIATIONS, AND COURT SCHEDULES.

WHAT STEPS SHOULD A PATIENT TAKE IF THEY SUSPECT DOCTOR NEGLIGENCE?

PATIENTS SHOULD SEEK A SECOND MEDICAL OPINION, DOCUMENT ALL MEDICAL RECORDS AND COMMUNICATIONS, CONSULT WITH A MEDICAL MALPRACTICE ATTORNEY, AND AVOID DISCUSSING THE CASE PUBLICLY UNTIL ADVISED BY LEGAL COUNSEL.

ADDITIONAL RESOURCES

1. *MEDICAL MALPRACTICE AND NEGLIGENCE: LEGAL PERSPECTIVES*

THIS BOOK OFFERS A COMPREHENSIVE OVERVIEW OF MEDICAL NEGLIGENCE LAWS AND LEGAL PROCEDURES IN MALPRACTICE CASES. IT DISCUSSES KEY CONCEPTS SUCH AS DUTY OF CARE, BREACH, CAUSATION, AND DAMAGES. WITH CASE STUDIES AND STATUTORY ANALYSIS, IT SERVES AS AN ESSENTIAL GUIDE FOR LEGAL PROFESSIONALS AND STUDENTS.

2. *WHEN DOCTORS FAIL: UNDERSTANDING MEDICAL NEGLIGENCE*

FOCUSING ON THE PATIENT'S PERSPECTIVE, THIS BOOK EXPLAINS HOW MEDICAL NEGLIGENCE OCCURS AND ITS IMPACT ON VICTIMS. IT INCLUDES REAL-LIFE EXAMPLES AND ADVICE ON HOW TO NAVIGATE THE HEALTHCARE AND LEGAL SYSTEMS. THE BOOK AIMS TO EMPOWER PATIENTS WITH KNOWLEDGE ABOUT THEIR RIGHTS AND REMEDIES.

3. *NEGLIGENCE IN HEALTHCARE: A PRACTICAL APPROACH*

THIS TEXT PROVIDES PRACTICAL GUIDANCE FOR HEALTHCARE PROVIDERS TO RECOGNIZE AND PREVENT NEGLIGENT PRACTICES. IT COVERS DOCUMENTATION, COMMUNICATION, AND RISK MANAGEMENT STRATEGIES. THE BOOK IS USEFUL FOR MEDICAL PROFESSIONALS SEEKING TO MINIMIZE LEGAL EXPOSURE AND IMPROVE PATIENT SAFETY.

4. *MEDICAL NEGLIGENCE LITIGATION: STRATEGIES AND CASE STUDIES*

DESIGNED FOR ATTORNEYS, THIS BOOK EXPLORES LITIGATION TACTICS IN DOCTOR NEGLIGENCE CASES. IT HIGHLIGHTS SUCCESSFUL STRATEGIES, EVIDENTIARY CHALLENGES, AND EXPERT WITNESS UTILIZATION. DETAILED CASE STUDIES ILLUSTRATE COMMON PITFALLS AND EFFECTIVE COURTROOM APPROACHES.

5. *THE ANATOMY OF MEDICAL MALPRACTICE*

THIS TITLE DELVES INTO THE MEDICAL AND LEGAL INTRICACIES OF MALPRACTICE CLAIMS. IT EXPLAINS DIAGNOSTIC ERRORS, SURGICAL MISTAKES, AND INFORMED CONSENT ISSUES IN DETAIL. THE BOOK BRIDGES THE GAP BETWEEN MEDICAL KNOWLEDGE AND LEGAL STANDARDS FOR NEGLIGENCE.

6. *DOCTOR NEGLIGENCE AND PATIENT RIGHTS: A LEGAL HANDBOOK*

AIMED AT PATIENTS AND ADVOCATES, THIS HANDBOOK OUTLINES THE LEGAL RIGHTS OF THOSE HARMED BY MEDICAL NEGLIGENCE. IT CLARIFIES THE PROCESS OF FILING CLAIMS, COMPENSATION TYPES, AND TIMELINES. THE ACCESSIBLE LANGUAGE MAKES IT A VALUABLE RESOURCE FOR NON-LAWYERS.

7. *ETHICS AND NEGLIGENCE IN MEDICAL PRACTICE*

THIS BOOK EXAMINES THE ETHICAL DIMENSIONS OF MEDICAL NEGLIGENCE, DISCUSSING PROFESSIONAL RESPONSIBILITY AND MORAL ACCOUNTABILITY. IT ADDRESSES DILEMMAS FACED BY PRACTITIONERS WHEN ERRORS OCCUR AND HOW ETHICAL GUIDELINES INTERSECT WITH LEGAL REQUIREMENTS. THE TEXT ENCOURAGES REFLECTIVE PRACTICE TO REDUCE NEGLIGENCE.

8. *PROVING DOCTOR NEGLIGENCE: EVIDENCE AND EXPERT TESTIMONY*

FOCUSING ON THE EVIDENTIARY ASPECTS, THIS BOOK DETAILS HOW TO GATHER AND PRESENT PROOF IN NEGLIGENCE LAWSUITS. IT COVERS MEDICAL RECORDS ANALYSIS, EXPERT WITNESS SELECTION, AND DEPOSITION TECHNIQUES. LEGAL PROFESSIONALS WILL FIND IT INVALUABLE FOR BUILDING STRONG CASES.

9. *COMPENSATION AND REFORM IN MEDICAL NEGLIGENCE CASES*

THIS BOOK ANALYZES COMPENSATION FRAMEWORKS AND REFORMS AIMED AT IMPROVING THE HANDLING OF NEGLIGENCE CLAIMS. IT REVIEWS POLICY CHANGES, ALTERNATIVE DISPUTE RESOLUTIONS, AND THE IMPACT ON HEALTHCARE QUALITY. THE WORK IS RELEVANT FOR POLICYMAKERS, LAWYERS, AND HEALTHCARE ADMINISTRATORS.

Doctor Negligence Cases

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doctor negligence cases: *Why Patients Sue Doctors; Lessons learned from medical malpractice cases* Duncan Graham, Bernard Kelly, David A. Richards, 2019-03-29 Why do patients sue their doctors? The answer is not straightforward. It is unlikely to be singular. One thing, however, is certain: the answer is important to the quality of health care. This book provides answers to this important question. In *Why Patients sue Doctors* the authors draw on their collective experience in over 1000 real-life medicolegal cases to explore why and how doctors make mistakes. By analysing and discussing the situations and behaviours that lead to complaints by patients and

their families, this book provides practical guidance on how to improve clinical care and avoid litigation. The lessons learned will help practitioners in the future avoid some common clinical pitfalls of the past. This will be of immediate interest to anyone concerned about the quality of healthcare and how to improve it. The cases presented by the authors will also be of general interest to those wishing to know more about medical litigation.

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Lucid and logical in structure, this new edition, previously entitled Sourcebook on Medical Law draws together a wide range of essential material, including extracts from statutes, cases and academic commentary from medical law; an area which is fast becoming an important part of undergraduate syllabuses. Fully updated to take account of recent developments in this dynamic area of law, it examines two major pieces of legislation: the Mental Capacity Act 2005 and the Human Tissue Act 2004 as well as a significant amount of new case law, including the House of Lords decisions in *Chester v Afshar* and *Gregg v Scott* and the Court of Appeal decision in *R (on the application of Burke) v GMC* and others. Divided into two parts, it covers: the general principles that permeate medical law, exploring illness and the ethics of care and healthcare in England and Wales and consent to treatment, confidentiality and medical malpractice issues which arise in relation to specific areas of medical treatment, including infertility treatment and surrogacy, pregnancy and abortion, treating the incompetent, the mentally ill, medical research, organ transplants and euthanasia. This textbook is an invaluable reference tool for all those studying medical law as well as those studying medicine.

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A 70-year-old woman bed-bound following a stroke has developed bronchopneumonia, but her daughter produces an advance directive that she says her mother has written, which states that no life-sustaining treatment is to be given. How are you going to proceed? A practical guide on how to approach the legal and ethical dilemmas that frequently occur in hospital wards and medicine in the community, *100 Cases in Clinical Ethics and Law* explores typical dilemmas through the use of 100 common medical scenarios. The book covers issues such as consent, capacity, withdrawal of treatment and confidentiality, as well as less-frequently examined problems like student involvement in internal examinations, whistle-blowing and the role of medical indemnity providers in complaints. Each scenario has a practical problem-solving element to it and encourages readers to explore their own beliefs and values, including those that arise as a result of differing cultural and religious backgrounds. Answer pages highlight key points in each case and provide advice on how to deal with the emotive issues that occur when practising medicine, at the same time providing information and guidance on appropriate behaviour.

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Divided into two parts, this text examines both the general principles that permeate medical law and issues which arise in relation to specific areas of medical treatment.

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Explores forensic applications in special cases such as sexual offences, child abuse, and ethical issues in medico-legal practice, essential for forensic experts.

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brother, Dr N. Ashok Kumar Patnaik, as on today is a practicing cardiologist at USA, having his very thicker blood relationship and he is much indebted to the support his brother provided for in his personal life and professional legal practice. The Author right from his childhood days was well attached to the studies of his brother, and till date remembers what are the subjects his brother studied in the course of M.B.B.S. The Author has encountered of agony with the death of the sister of his wife, 'Rajani Patnaik' was victimized and lost her life for the reasons of callous medical misadventures in the hands of half knowing nascent doctor who was engaged in a private hospital did administered a wrong fatal injection. Then the Author felt the agony of the parents of the victim and to teach lessons to the hospital and the half knowledge treating doctor through the legal approach, was questioned for her misconduct in the consumer forum and ultimately the truth of Medical negligence was established, though the same was dragged up to Supreme Court of India. In this background the Author was much exposed to the Medical Science and the Law pertinent to Medical Negligence and his personal feelings were involved for getting the justice of the similarly situated victims of India. The doctor's do commit the crime which is unabated and therefore victims have no know-how to deal with such misconducts of treating doctors who are made scot-free for reasons of want of checks and balances in the legal mechanism for bringing them to Book of Law. So, with all these perceptions and knowledge the Author gained through the practice, and make them know the know-how of the Mechanism of the Medical Negligence which will be helpful not only to the victims, but also to educate the treating doctors to make them aware of the practice of medicine along with the ethical approach and on failure the provisions of book of law which will make them to face the consequences of their wrong doings.

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