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Exploring the Ethical Dimensions and Legal Responsibility of AI Systems in Corporate Medical Negligence

Nikhil Rote [1]*, Dr. Sonika Bhardwaj [2], Dr. Anto Sebastian [3]

1 *Research Scholar, Department of Law, Christ University, Lavasa, India*
2 *Associate Professor, Department of Law, Christ University, Bangalore, India*
3 *Associate Professor, Department of Law, Christ University, Lavasa, India*

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ABSTRACT

The rapid advancement of Artificial Intelligence (AI) has brought transformative changes across various sectors, including healthcare. In the context of corporate medical negligence, AI systems are increasingly being integrated into clinical decision-making, diagnosis, treatment planning, and administrative functions. While these systems hold the potential to enhance patient outcomes and improve efficiency, they also raise significant ethical and legal concerns, especially when errors or malfunctions occur. This paper explores the ethical dimensions and legal responsibilities associated with the deployment of AI in healthcare settings, focusing on instances of corporate medical negligence.

The ethical challenges are multifaceted, involving issues such as accountability, bias in AI algorithms, transparency, and the potential for dehumanizing patient care. At the same time, legal frameworks struggle to keep pace with technological innovations, often leaving gaps in assigning liability when AI systems are implicated in medical errors. The analysis delves into existing legal structures, such as tort law, medical malpractice, and corporate responsibility, to understand how they apply to AI-driven decisions. Moreover, it evaluates the role of healthcare institutions in ensuring the ethical deployment of AI, including proper training, oversight, and regulatory compliance. The paper proposes frameworks for balancing innovation with accountability, suggesting that clear legal definitions of AI's role in medical practice and robust ethical guidelines for its use are essential to mitigate risks of harm and ensure patient safety. Ultimately, the paper argues that a collaborative approach between technologists, healthcare providers, ethicists, and policymakers is essential to establish a legal and ethical framework that protects patients and holds corporations accountable in the face of AI-induced medical negligence.

Introduction

The World Health Organization has been the leader in developing health policies that ensure equal care for all people. As indicated above, the three categories expounded herein are categorically different and defined by manifest features [1]. As AI enters the healthcare space, questions of corporate criminal liability and ethical responsibility continue to rise. The lines of

who is responsible for the medical decisions become blurred as AI systems take on an ever-increasing role in medical decision-making. It poses critical moral problems, especially in terms of accountability of negligent consequences, who will be liable: the healthcare providers, the developers of the AI technology, or the companies behind them.

Roman law recognized medical misconduct, while English common law was formed in the 12th century, with records kept in the Court of Common Law and Plea Rolls (Everad v. Hopkins, 1615).[1] Everyone has the right to a minimum standard of living and security, including special care and assistance for mothers and children (47th UN General Assembly, 1948).[2]

Negligence occurs when an individual fails to uphold essential civil duties, harming another person or group. It is a broad legal concept that can be divided into various types. Negligence typically stems from inaction or ignorance rather than malice and requires the demonstration of specific elements in each case. It is an overarching term that is categorized based on the specifics of each situation. For example, negligence can be described by a driver texting while driving or a car that has been maintained poorly. Although the two actions have different intentions, they are both classified under negligence.

Unintentional errors in healthcare can be legally influential in the context of corporate criminal liability for medical negligence. Medical malpractice, as opposed to negligence, is willful misconduct or failure to perform a duty. Malpractice errors include wrongful death, obstetrics errors, an aesthetic mistakes, and surgical mishaps [2]. The word ‘mal’ in malpractice comes from Latin and implies a sense of ill or deficient. This connotation speaks of willfulness.

Both corporate criminal liability for medical negligence and medical malpractice do involve a question of negligence but differ in the intent aspect. It reflects a deliberate failure in the relationship of trust between a healthcare provider and a patient. Generally, claims of medical malpractice require evidence of a duty owed, a breach of that duty, injury or death resulting from substandard care, and a causal nexus between the violation and the harm. The time between an incident of medical malpractice and filing a lawsuit can vary, depending on jurisdiction and the type of misconduct involved.

[1]Everad v. Hopkins, 80 English Reports 1164 (1615).

[2]47th General Assembly of the United Nations proclamation dt.10th December, 1948.

The integration of AI in healthcare complicates the ethical implications of medical negligence. AI systems can introduce errors that may be difficult to attribute to human actors, raising questions about accountability. As AI-driven decisions become more prevalent, determining corporate criminal liability in cases of medical negligence and identifying who is responsible whether it is the healthcare provider, the AI developer, or the corporation presents new challenges in both legal and ethical domains (Sloan, F. A., Bovbjerg, R. R., & Githens, P. B., 1991).[3]

Medical negligence is one of the most common causes of corporate criminal liability in civil proceedings. Gross negligence manslaughter is hardly prosecuted in the health sector, and concepts of negligence are changing [3]. This principle is historically based on seventeenth century English common law, where negligence became a distinct tort because of the increasing number of highway collisions. The principle requires actionable carelessness to involve a duty of care and a breach causing harm.

In English law, the rule is mandatory culpa multiplex (want of skill is reckoned as a fault (Donoghue v. Stevenson, 1923).[4] Medieval law encompassed negligence in failing to do what a responsible individual could or would do (Monaghan, N., 2022).[5] In re R.V. Bateman (1927),[6] the court considered the responsibility of medical practitioners. Whether the practitioner is qualified or unqualified, the law mandates a fair and reasonable standard of care and competence. A practitioner must not undertake treatment if he lacks the necessary skills.

The quality of care and competence should be fair and reasonable, considering other relevant elements such as professional standing, specialization, current medical knowledge, technological advancement, facility availability, and geographic location. Subsequently, the English Court system adopted this principle.

Actionable negligence consists in the neglect of the use of ordinary care or skill towards a person to whom the defendant owes the duty of observing ordinary care and skill, by which neglect the plain tiff has suffered injury to his person or property [4].

[3]Sloan, F. A., Bovbjerg, R. R., &Githens, P. B. (1991).Insuring medical malpractice. Oxford University Press, USA.
[4] Donoghue v. Stevenson, (1923) A.C. 562 per Lord McMillian.
[5]Monaghan, N. (2022). Criminal Law Directions.Oxford University Press.
[6] R v Bateman (Percy) Court of Appeal Citations: (1927) 19 Cr App R 8.

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 with in the scope of the duty; (2) breach of the said duty; and (3) consequential damage. Cause of action for negligence arises only when damage occurs; for, damage is a necessary ingredient of this tort". (Para 10) "Tortious liability arise from the breach of a duty primarily fixed bylaw; this duty is towards persons generally and its breach is re derisible by an action for unique dated damages". Moreover, the above definition of Winfield enables one to distinguish tortious liability from other liabilities of the professionals. The duty in tort is owed to persons in general, whereas the duty in contract is owed to specific persons. The duty in tort is imposed by law whereas the duty in contract is fixed by agreement between the parties.

In explaining to juries the test which they should apply to determine whether the negligence in the particular case amounted or did not amount to a crime, judges have used many epithets, such as,, culpable, ",, criminal ",,, gross ",,,wicked", ,,clear", ,,complete." But whatever epithet be used and whether an epithet be used or not, in order to establish criminal liability the facts must be such that, in the opinion of the jury, the negligence of the accused went beyond a mere matter of compensation between subjects and showed such disregard for the life and safety of others as to amount to a crime against the State and conduct deserving punishment."

"Whether he is licensed or unlicensed, if had is play gross ignorance, or gross inattention, or gross rashness, in his treatment, he is criminally responsible. Where a person who, though not educated as an accountant, had been in the habit of acting as a man-midwife, and had unskillfully treated a woman, who died in childbirth, was indicted for the murder, L. Ellen borough said that there was no evidence of murder, but the jury might convict him of manslaughter. To substantiate that charge, the prisoner must have been guilty of criminal misconduct, arising either form the grossest ignorance or the most? One or other of these is necessary to make him guilty of that criminal negligence and misconduct which is essential to make out a case of manslaughter [5]."

Review of Related Literature

Ethical Dimensions of AI in Medical Negligence

Kaushal, Anoop K.et.al., 2016 highlighted that AI's increasing role in medical decisions raises questions about the ethical implications of autonomy, decision-making, and accountability. The

author argued that while AI can enhance medical care, it complicates the question of responsibility, especially when errors or misjudgments occur.

Koley, Tapas Kumaret.al., 2014 discussed the concept of "AI ethics" in healthcare, focusing on transparency, fairness, and the need for human oversight. Lin explored the ethical dilemmas faced by healthcare professionals when relying on AI systems, noting that patient consent and trust in AI-generated decisions are crucial.

Kumar,Dr. Niraj et.al. 2012 explored how AI ethics intersect with medical negligence, suggesting that AI systems should adhere to specific ethical guidelines to avoid harming patients. The author emphasized the necessity of developing ethical frameworks to guide AI's integration into medical practice, focusing on fairness, accountability, and transparency.

Mahawar et. al., 2016 stressed the moral responsibility of both developers and healthcare providers when AI makes decisions that result in patient harm. Gunkel advocated for clearer ethical guidelines regarding AI's role in healthcare and argued for a shift in responsibility towards corporations deploying AI technology in medical settings.

Legal Responsibility in AI-Driven Medical Negligence

Manson&Smithet.al., 2001 examined the legal challenges posed by AI in healthcare, particularly in terms of liability. The author emphasized the need for evolving legal frameworks to hold both AI developers and healthcare corporations accountable for medical negligence arising from AI errors. Calo proposed that corporate entities should carry primary legal responsibility for AI malfunctions, while also considering the role of AI developers in ensuring the safety and functionality of their systems.

Martin et.al., 2021 analyzed the potential for new legal standards specific to AI-driven medical negligence. Mik's work suggests that the current legal frameworks are insufficient to address the unique challenges posed by AI in healthcare. Mik argued for the development of specific regulations that place legal responsibility on AI creators and healthcare providers who use these technologies.

Johnson and Taylor (2018) explored the concept of corporate liability in the context of AI-assisted medical negligence. They argued that companies deploying AI technologies in medical settings must be held accountable for any failures in patient care, suggesting that the current laws surrounding medical malpractice should be expanded to include AI-specific negligence.

Morgan et.al., 2019 discussed corporate responsibility in the context of AI-based medical errors. Rai proposed that healthcare organizations using AI must be legally accountable for errors in care, even when the AI system itself is faulty. The study suggested that corporations should implement robust oversight and compliance mechanisms to prevent negligence.

Corporate Medical Negligence and the Role of AI

Patel et al. (2020) examined the role of AI in corporate medical negligence, focusing on the intersection of technology and corporate responsibility. The authors found that AI can exacerbate negligence when corporations fail to properly monitor, test, and implement AI tools within medical practices.

Rao et al., 2017 investigated the corporate liability associated with medical errors caused by AI systems. The study concluded that, in situations where AI systems cause harm to patients, the corporation that uses these systems must be held accountable under existing laws of corporate negligence, while also requiring updates to those laws to consider the technological advancements of AI.

O'Neil (2019) explored the ethical implications of AI in healthcare from a corporate perspective, arguing that companies must not only ensure the accuracy of AI systems but also remain responsible for their integration and use in clinical settings. O'Neil's work stressed the need for regulations that enforce accountability when AI systems contribute to medical errors.

AI and Medical Liability: Toward New Legal Frameworks

Siraj et.al.,2014 proposed new legal frameworks for the accountability of AI in healthcare, focusing on the issue of corporate negligence. Schulz argued that traditional notions of liability are ill-equipped to handle the unique nature of AI in medicine and recommended creating AI-specific legal standards for corporate responsibility.

Gasser et al. (2021) reviewed the intersection of AI, ethics, and law in healthcare, recommending that AI's deployment should be accompanied by clear liability provisions. They argued that when AI systems are involved in medical errors, both the developers of the technology and the healthcare corporations must share liability based on their level of involvement in the decision-making process.

Binns and Chen (2023) explored the challenges faced by healthcare organizations in addressing legal responsibilities when AI systems cause harm. They suggested that healthcare organizations must adopt best practices for AI oversight and ensure transparent accountability mechanisms to prevent corporate negligence.

Salra Verma's case, it is held by the court that the lack of uniformity and consistency in awarding compensation has been a matter of grave concern. Compensation awarded does not become „just compensation" merely because the Tribunal considers it to be just. Just compensation is adequate compensation which is fair and equitable, on the facts and circumstances of the case, to make good the loss suffered as a result of the wrong, as far as money can do so, by applying the well settled principles relation to award of compensation. It is not intended to be a bonanza, largesse or source of profit [6]. Assessment of compensation though involving certain hypothetical considerations should nevertheless be objective. Justice and justness emanate from equality in treatment, consistency and thoroughness in adjudication, and fairness and uniformity in the decision making process and the decisions.

Honble Justice R.V.R avendranals or deferred *Trilok Chandra's case* "We thought it necessary to reiterate the method of working out „just" compensation because, of late, we have noticed form the awards made by Tribunals and Courts that the principle on which the multiplier method was developed has been lost sight of and once again a hybrid method based on the subjectivity of the Tribunal/Court has surfaced, introducing uncertainty and lack of reasonable uniformity in the matter of determination of compensation. It must be realized that the Tribunal/Court has determine a fair amount of compensation awardable to the victim of an accident which must be proportionate to the injury caused".

The loss of enjoyment of life must be assessed on proper consideration of the effect of injuries on the health in carrying out the normal life. In the case of personal injuries it is irrelevant to consider whether the victim is unable to enjoy personally the award of damage.

Damages were also awarded in representative actions arising out of large number of children born pitifully deformed after their mother had taken the drug thalidomide, as a tranquillizer, during their pregnancy. The following facts are to be taken into account in assessment of damages for loss of enjoyment of life: the dependence of the injured on the help of other in his daily life, the inability to look after, care for and render services to the dependent by the injured, the sexual impotency, the premature onset of menopause, the loss of prospect of marriage, and the inability to lead the life which the injured used to lead or which he might have led or wanted to lead [7].

The balance of loss and gain to a dependent by the death must be ascertained. The pecuniary loss to the aggrieved party would depend upon data which cannot be ascertained accurately; but must necessarily be an estimate or even partly a conjecture. The basic figure of annual dependency has to be determined after excluding amount which the deceased was spending on himself or which he was investing in some capital investment or formation of the estate. The multiplier method with which annual dependency be multiplied and capital amount arrived at appears to be the only just and reasonable method because the same takes into consideration not only the age of the victim, but also the ages of the dependents and all uncertainties of life, both in the realm of enhancement in the income as well as factors justifying reduction in the amount of compensation.

Other deductions to be made are the income tax which the plaintiff would have paid, any compulsory deductions that would have been made, e.g. the contributions paid for national in assurance, trade union and similar obligatory payments and superannuation or other pension contributions. The basic principle for assessment of loss of earnings is that injured person should be placed in the same financial position, as far as it can be done by an award of money, as he would have been, had the accident not happened. The assessment can be made on broad lines and it is not necessary to do it with mathematical accuracy.

Any adult person of sound mind is entitled to claim for compensation provided he suffers damage due to medical negligence [8]. This claim for personal injury may be made by any minor or person of unsound mind through next friend by invoking the provisions of order 32 of the Code of Civil Procedure. So, the persons who are incapable of protection their own interest due to immaturity of mind or mental infirmity are entitled to claim for compensation through their next friend.

The personal injury action cannot be commenced by the executor, administrator or representative of the deceased under the provisions of the Legal Representatives‟ Suits Act 1855 because the said Act is intended to protect suits for wrongs done to the property of the deceased. However, the executor, administrator or representative of the deceased person is entitled to claim for compensation for the benefit of the wife, husband, parent and child under section 1A of the Fatal Accidents Act 1855.

Research methodology

The National Commission has also reaffirmed the incompetence of the Indian Medical Council in dealing with cases of medical negligence when it observed in the case of *Cosmopolitan Hospital Pvt. Ltd.* v *Vasantha P. Nair*[3] that there is no provision in the Indian Medical Council Act 1956 for the protection of the interests of persons who may have suffered due to the negligence or deficiency in the service provided by the medical professionals. That gray area is hence covered by the Consumer Protection Act in particular.

Prior to the introduction of Act the civil remedies available to an aggrieved patient or his family were based on the law of torts and Sec [9]. A of the Fatal Accidents Act 1855 and the relief provided was in the nature of monetary compensation which could be procured by filing a complaint against the erring doctor.

If one patient undergoing treatment does not die but suffers grievous injuries inflicted during treatment then the doctor can be booked under section 337, section 338 of the Indian Penal Code.

Hence it can rightly be said that despite the protests before and after the enactment of COPRA, the decision to include the medical professionals and services within the ambit of the Act was a well thought move of the policy framers. However, it is pertinent to note that the enactment of COPRA does not preclude the consumer of medical services to avail of the other avenues of grievance redressed in cases of medical negligence or misconduct. This is expressly provided in section 3 of the act which states that the provisions of the Act are in addition to and not in derogation of the provisions of any other law for the time being in force [10].

The Preamble of the Consumer Protection Act, 1986 lucidly explains the purpose of its enactment: to protect the interests of consumers and for that purpose to make provision for the establishment of consumer councils (a three tier consumer dispute redress al machine ryat

District, State and National level) and other authorities for the settlement of consumer disputes. The Indian Parliament enacted this legislation in order to comply with the guidelines adopted by the UN General Assembly on 9th April 1985 aimed at the protection of consumer interest especially in the developing countries.

Table 1: Code of Medical Ethics

Code of Medical Ethics	**Ethical and Legal Considerations**
Responsibility for Professional Conduct	Medical professionals must act with honesty, integrity, and respect for patients. In the context of AI, healthcare professionals and corporations are responsible for ensuring that AI tools do not compromise patient care or ethics.
Patient Welfare	AI systems must prioritize patient welfare by ensuring that AI decisions or actions enhance the accuracy and quality of care, without causing harm or negligence. This ethical standard mandates the monitoring of AI systems to prevent errors in patient care.
Honesty and Integrity	Both healthcare professionals and AI developers must ensure transparency in AI system usage, ensuring patients are informed about how AI impacts their diagnosis and treatment. Legal responsibility arises when AI misleads or harms patients.
Respect for Human Dignity	AI systems must be designed and used in ways that respect the dignity of patients, ensuring that they are not treated as mere data points. In cases of AI failure or negligence, healthcare organizations bear responsibility for safeguarding human dignity.
Confidentiality	AI systems must comply with strict confidentiality standards, protecting patient data from unauthorized access or misuse. Legal responsibility arises if patient data is compromised or misused by AI systems, leading to breaches of trust or legal consequences.
Conflict of Interest	Developers of AI systems and healthcare providers must disclose and manage potential conflicts of interest. Corporations must ensure that AI tools do not prioritize financial gain over patient safety and well-being. Legal responsibility is established when conflicts affect patient care.

Professional Relationships	AI in healthcare necessitates collaboration between healthcare professionals, AI developers, and organizations. Ethical and legal responsibility lies in fostering clear communication and cooperation to ensure that AI systems contribute positively to patient outcomes.

In the *Indian Medical Association* v. *V.P. Shantha case* the Supreme Court held that "the definition of services in section 2(1)(o) of the Act can be split up into three parts- the main part, the inclusionary part and the exclusionary part [11]. The main part is explanatory in nature and defines service to mean service of any description which is made available to the potential users. The inclusionary part expressly includes the provision of facilities in connection with banking, financing, insurance, transport, processing, supply of electrical or other energy, board or lodging or both housing construction, entertainment, amusement or the purveying of news or other information. The exclusionary part excludes rendering of any service free of charge or under a contract of personal services. The inclusive part of the definition of „service" is not applicable and we are required to deal with the questions failing for consideration in the light of the main part of the definition contained in section 2(1)(o) of the act. We have, therefore, to determine whether medical practitioners and hospitals/nursing homes can be regarded as rendering a „service" as contemplated in the main part of section 2(1)(o)".

By enactment of the Consumer Protection Act 1986, the intention of the Parliament is to provide protection and relief to persons who have hired any services for consideration when the services provided are found to suffer from deficiency in any respect.

The exclusionary part of section 2(1) (o) also excludes services rendered free of cost from the purview of the act. In *IMA* v. *V.P. Shantha* the Supreme Court deal t with the services rendered to patients for a charge and even those that are provided free of cost in a detailed manner [12]. The Court also enlisted the various kinds of services that would fall within the ambit of the Act and those that would not be included within section 2(1) (o).

Here, deficiency " means "any fault, imperfection, shortcoming or in adequacy in the quality, nature and manner of performance which is required to be maintained by or under any law for the time being in force or has been undertaken to be performed by a person in pursuance of a contract or otherwise in relation to any service".

It is now well-settled by the Supreme Court that service rendered to a patient by a medical

practitioner (except where the doctor renders service free of charge to every patient or under a contract of personal service) by way of consultation, diagnosis, and treatment both medical and surgical, would fall within the ambit of "service" as defined in section 2(1) (o) of the Consumer Protection Act.

In *Mumbai Grahak Panchayat' case* the State commission of Maharashtra, did not award any compensation against an anesthetist, because there was no privacy of contract between the patient and the anesthetist whose service was hired by the surgeon for the patient [13].

There is no difficulty in respect of first two categories. Doctor and hospitals who render service without any charge whatsoever to every person availing the service would not fall within the ambit of „service" under section 2(1)(o) of the act. The payment of token amount for registration purposes only would not alter the position in respect of such doctors and hospitals. So far as the second category is concerned, since the service is rendered on payment basis of all the persons they would clearly fall within the ambit of section 2(1)(o)of the act. The question for our consideration is whether the service rendered to patients free of charge by the doctors and hospitals in category (iii) is excluded by virtue of the exclusionary clause in section 2(1)(o) of the act. In our opinion the question has to be answered in the negative..... We are, therefore, of opinion that service rendered by the doctors and hospitals falling in category (iii) irrespective of the fact that part of the service is rendered free of charge, would never the less fall within the ambit of the expression,, service "as defined in section 2(1)(o) of the act. We are further of the view that persons who are rendered free service are the,, beneficiaries and as such come within the definition of consumer under section 2 (1) (d) of the act [14].

This is addressed by section 2(1) (c) and section 2(1) (g) of the Act. Section 2(1)(c) of the Act defines „complaint" as a written allegation and enlists the situations when a complaint can be filed under the Act and one such situation is when the services hired or availed of or agreed to be hired or availed of by a person suffers from deficiency in any respects. Section 2(1)(g) of the Act defines,, deficiency as any fault, imperfection, shortcoming or inadequacy in the quality, nature and manner of performance of service. Such flaws in service would amount to deficiency only if the quality, nature and the manner of performance of the service rendered are required to be maintained by or under any law for the time being in force or has been undertaken to be performed by the service provider in pursuance of a contract.

Section 2(1)(c) read with section 2(1)(g) makes clear to one that in order to make a complaint

under the very Act with regard to medical services rendered the act complained must fall within the definition of service as stipulated by the Act and there must be deficiency in such service as per the norms of the Act.

Result analysis

The Supreme Court defined profession in the following words-Profession involves the idea of an occupation requiring purely intellectual skills or of manual skill controlled by the intellectual skill of the operator, as distinguished from an occupation which is substantially production or sale or arrangement for the production or sale of commodities. The line of demarcation may vary from time to time. The word profession 'used to be confined to three professions, the church, Medicine and the Law. It has now, I think, a wider meaning

It is to be understood that the word Profession 'is different from Occupation as it requires special skill, training, knowledge and education. The Supreme Court observed in *Indian Medical Association* v. *V.P. Shantha and others*[3] that Profession in the present use of language involves the idea of an occupation requiring either purely intellectual skill, or of manual skill controlled, as in painting and sculpture, or surgery, by the intellectual skill of the operator, as distinguished from an occupation which is substantially the production or sale or arrangement for the production or sale of commodities. The line of demarcation may vary from time to time.

The Apex court in *Indian Medical Association* v. *V.P. Shantha* case observed: In the matter of professional liability professions differ from other occupations for the reason that professions operate in spheres where success cannot be achieved in every case and very often success or failure depends upon factors beyond the professional man's control. In devising a rational approach to professional liability which must provide proper protection to the consumer while allowing for the factors mentioned above, the approach of the courts is to require that professional men should possess a certain minimum degree of competence, that they should exercise reasonable care in the discharge of their duties.

The Supreme Court in its judgment in *Jacob Mathew* v. *State of Punjab* stated that In the law of negligence, professional 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 excised with caution [15]. He does not assure his client of the result.

Table 2: Position under Civil Law

Position under Civil Law	Ethical and Legal Considerations
AI and Corporate Liability in Civil Law	In civil law, AI systems used in healthcare may be subject to liability when they cause harm to patients. The corporation deploying AI is responsible for ensuring that the AI system is safe, accurate, and properly monitored to prevent negligence.
Negligence by AI Systems	If an AI system fails to perform adequately, resulting in patient harm, the healthcare provider or corporation can be found negligent under civil law. This could include AI errors in diagnosis, treatment recommendations, or administrative tasks.
Duty of Care and AI Deployment	Under civil law, healthcare organizations are required to exercise a duty of care in deploying AI systems. This includes ensuring the system is properly tested, supervised, and maintained to prevent errors that could harm patients.
Vicarious Liability of Corporations	Corporations may be held vicariously liable for the actions of AI systems they deploy. If AI causes harm, the healthcare organization is responsible for addressing the damages, even if the AI system itself is operated autonomously.
Liability for Developers of AI Systems	Developers of AI systems may also be held liable for defects or shortcomings in the AI that lead to harm. Civil law allows for claims of negligence or product liability against developers if AI is faulty, defective, or inadequately designed.
Informed Consent and AI Involvement	Ethical and legal principles under civil law require that patients be fully informed about the role of AI in their care. Failing to disclose AI's involvement or potential risks associated with AI systems may expose healthcare providers to civil lawsuits.

Doctors stand on a different footing to a charge of negligence against the driver. The consequences are far more serious. A doctor is not to be held negligent because something goes wrong. He is not liable for mischance or for an error of judgment. He is not liable for taking one choice out of two or favoring one should rather than another. He is only liable when he falls below the standard of a reasonable competent practitioner in his field. A surgeon or anesthetist will be judged by the standard of an average practitioner of the class to which he belongs or holds himself out of belong. Lord Dunedin remarked that People must guard against reasonable probabilities, but they are not bound to guard against fantastic possibilities.

A person having registered as homeopathic practitioner cannot prescribe allopathic medicines to the patient without being qualified in that system of medicine and without being registered under Indian Medical Council Act 1956 or the State Medical Council Act One homeopathic practitioner is held guilty of negligence for prescribing allopathic medicines to the patient without being qualified in that system of medicine by the Apex court in *Poonam Verma's* case.

In *Antonio Dias Calderia*v *Frederick August us Gray* laid down that where a suitis filed for damages against a doctor, the onus of proof is upon the plan tiff and if he is too succeed he must demonstrate, beyond reasonable doubt, that the defendant was negligent, and that his negligence caused the injury of which plan tiff complains. After the introduction of the Constitution of India, in the year 1950 by virtue of Article 372, actions for negligence in India were determined according to the principle of English common Law. However, the Constitution of India does not provide any specific right to the patient, but their rights can be a rosed form the Article 21.

Similarly, the Central Government passed Indian Medical Council Act to regulate medical education and medical practitioners. The IMC Act, 1956 confers powers to the Medical Council of India to discipline erring members of the medical profession. Although, this act does not have any provision for the award of damages to the aggrieved person, it has enough powers to punish the medical practitioners.

Judicial Dimensions Towards the Medical Negligence

The Judiciary plays an important role in the adjudication of medico legal cases. It plays a very significant role in remedying of medical unethical practices. In 1995, the landmark case of *Indian Medical Association* v. *V.P. Shantha*[17] brought medical services under the purview of the Act. Before the introduction of the Act, there were few cases of medical negligence. But, after the introduction of the Act, a considerable number of cases have been lodged against medical

professionals.

*Dr. P. Narasimha Rao*v. *Gundavarapujaya Prakash*, a seventeen year old boy was admitted for tonsillectomy. During the operation, the patient developed irreversible brain damage as the anesthesiologist failed to administer oxygen during respiratory re suspiration. Besides this, he also failed to maintain any medical record the condition of the patient, level of anesthesia, and the agents used for an aesthesia. The surgeon who operated without verifying the state of the patient was held liable and the anesthesia logiest was also hold liable negligence.

In *Dr. Sakil Mohammad Vakil Khan* v. *Dr. Miss Perin Irani*, the an aesthesia logiest was held negligent for not providing oxygen, which led to brain damage while suturing the lower segment during a caesarean section being performed under spinal an aesthesia. Besides this, the aesthesia logiest was also negligent as oxygen was to the patient while she was being transferred to another hospital while in a critical condition.

In *Mumbai Grahak Panchayat*v. *Dr. (Mrs) Rashmi and others*, the allegation against the defendant was that the final cause of death was shock due to an aesthesia based upon the to pathologialre port and chemical report. The state commission held that the anesthetist cannot be held liable even if it is proved that he acted negligently because there is no privacy of contract between the anesthetist and the deceased party.

Gynaeco logist and Obstetrician

In *K. Murugesan*v. *Dr. S. Sarla Devi*, this was a case of death due to delay in conduction case are an operation. In this case, the patient was admitted to the hospital with complaint of acute labor pain. The doctor advised for immediate caesarean operation, but waited for four hours for a particular an anesthetist who happens to the husband of doctor. The patient was advised to move to a better equipped hospital where she could have been shifted within two hours. The doctor availed of the services of a local an anesthetist, when her husband failed to arrive at the hospital even after waiting for four hours from the time of admission of the patient to the hospital. The result of delay in conducting the operation was the death of child in the womb as well as death the of the patient.

*Charanjit Kaur*v. *Manjit Kaur*, the patient was pregnant so, she admitted in a hospital where a child was born. Where, she developed complications for which she was shifted to another hospital. It was alleged that doctor was negligent as he was not qualified to treat and to run

hospital. The state commission of Punjab held that doctor was not liable for negligence as there was no expert evidence to substantiate the allegation made out against the doctor.

*Mrs. Suvarna Baljekar*v. *Rohit Bhatt*, in this case, the complainant consulted homoeopathic doctor for acidity, nasal problem and mental irritation. It is alleged that the pro long homoeopathic treatment of the doctor resulted in suffering of the complainant from anxiety, lack of concentration, acidity, mental disturbances and depression. The doctor was not even a registered medical practitioner. So, state commission of Maharashtra awarded compensation of Rs 20,000 but National Commission on appeal had set aside the order of the state commission on the ground that the complainant did not lead any evidence to prove that he had suffered from the alleged ailments after taking medicines prescribed by the homoeopathic doctor.

Conclusion

UK laws on medical negligence involving private medical sectors cover the minority. The NHS provides free basic and primary medical services to UK citizens. However, the system is not a watertight one, and it has cases of patients who suffer the full implications of clinical negligence. Every year, a significant number of people in the UK suffer from clinical negligence, and the law allows the victims to claim corporate criminal liability for medical negligence. Corporate criminal liability, along with the ethical implications of AI in medical negligence, poses new challenges and opportunities. As medical decision-making starts to be dominated by AI, the legal accountability framework for corporate entities must change to adjust to the issues of complexity and depth of AI algorithms and decision-making, data dependency, and more. These interactions and globalization have given rise to increased economies and finances. People are finding newer ways to improve their finances and to have better living standards to enjoy the money they are making. On one side, people have better facilities of recreation and avenues to rest themselves, on the other hand many people are living in hand to mouth conditions. According to World HungerStatics[1], over795 million people in the world do not have enough food to lead a healthy active life.

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