



Commentary Article

Introducing Indian Medical Ethics (IME): Challenging medical negligence and misconduct in India

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ABSTRACT

Medical negligence, misconduct, and preventable harm remain persistent challenges in healthcare systems worldwide. These challenges are often compounded by weak transparency and limited accountability. In India, these problems are further shaped by fragmented processes for recognising, documenting, and addressing negligence, misconduct, and malpractice.

This article introduces Indian Medical Ethics (IME), a public health initiative formally launched on 28 January 2026 to examine, challenge, and address medical negligence, misconduct, and malpractice in Indian healthcare. IME pursues this aim through patient-safety literacy, evidence-based public discussion, and advocacy for governance mechanisms that reduce preventable harm and support fair processes.

IME examines how medical negligence, misconduct, and malpractice arise in everyday healthcare practice. It distinguishes unavoidable adverse outcomes from negligent or unethical conduct, and draws attention to both individual actions and the systems that enable preventable harm. By framing medical ethics as a public health concern, IME seeks to strengthen accountability and contribute to more trustworthy healthcare systems in India.

Keywords: Indian medical ethics, medical negligence, medical malpractice, medical misconduct, patient safety, preventable harm, public health ethics, ethical governance, healthcare accountability.

INTRODUCTION

Indian Medical Ethics (IME) is an independent public health initiative. It is introduced through this article, marking the formal public launch of the initiative on 28 January 2026. IME aims to examine, challenge, and address medical negligence, misconduct, and malpractice in healthcare systems.

IME is not a substitute for existing regulatory authorities, legal bodies, professional councils, or courts. IME aspires to achieve its purpose (i.e., to challenge and mitigate medical negligence and misconduct) through patient-safety literacy, evidence-based discussion, and advocacy for transparent governance mechanisms that reduce preventable harm and ensure fair processes for addressing medical negligence and misconduct.

Figure 1.



Figure 1- Logo of Indian Medical Ethics (IME)

Why is IME needed?

Clinical knowledge and technology have significantly increased across the globe. However, medical negligence, unethical conduct, and preventable harm remain persistent challenges globally. The World Health Organisation (WHO, 2023), for example, highlights that approximately one in ten patients is harmed during health care, with over three million deaths annually attributed to unsafe healthcare worldwide; moreover, more than half of such harm is preventable. These figures strongly suggest that medical negligence and misconduct are paramount and established public health concerns worldwide.

India reflects this global burden within a distinct accountability context. In India, patient safety has been formally recognised as a national priority, most notably through the National Patient Safety Implementation Framework (2018-2025) by the Government of India's Ministry of Health and Family Welfare (2018). However, the processes for identifying, documenting, and addressing medical negligence and misconduct remain fragmented and difficult for patients to navigate (Pathare, 2025).

Hospital-based studies in India reveal significant preventable patient safety risks, particularly medication-related errors (Govil, Khan, Agarwal, & Ghosh, 2025); however, these cannot be directly equated with medical negligence and misconduct. Therefore, India lacks robust national-level estimates of the prevalence of medical negligence and misconduct.

Importantly, this absence may not be neutral. As previously analysed by Pathare (2025), medical negligence in India is shaped by systemic under-reporting, denial, and procedural limitations, including self-regulatory mechanisms in which doctors primarily investigate other doctors, prolonged delays in complaint resolution, and pronounced informational asymmetries between patients and professionals.

This suggests that weak quantitative visibility of medical negligence, misconduct and malpractices in India should not be understood as evidence of low prevalence. However, it should indicate limited transparency and constrained learning systems. When concerns about medical negligence, malpractices, and misconduct are difficult to raise, poorly understood by the public, or resolved through opaque processes, ethical accountability becomes exceptional rather than routine.

Indian Medical Ethics (IME) is introduced in response to this gap between ethical ideals and lived experience. Its focus is not episodic outrage, but durable improvement—strengthening patient-safety literacy, enabling evidence-based discussion, and advocating for transparent governance mechanisms that reduce preventable harm and support fair processes for addressing medical negligence and misconduct.

What IME does and how it is positioned

IME is a public health initiative aimed at strengthening ethical accountability in healthcare by engaging patients, clinicians, doctors, researchers, and policymakers. IME's work focuses on clarifying ethical expectations, strengthening

patient-safety literacy, and enabling evidence-based discussion around medical negligence and misconduct, particularly where systemic practices permit harm or obscure accountability.

IME functions as a platform for ethical engagement and public accountability. It does not seek to replace existing legal, professional, or institutional mechanisms, but to complement them by making ethical standards more visible, understandable, and difficult to neglect.

By framing ethics as a public health concern—rather than solely a legal or professional issue—IME seeks to exert sustained ethical pressure on systems and practices that tolerate negligence and misconduct, while supporting clinicians and institutions committed to patient safety and integrity.

IME's ethical principles and positioning

IME's ethical stance is clear and focused:

1. Clinicians whose practice upholds accepted standards of care benefit from IME.
2. Clinicians whose actions or omissions contribute to medical negligence, misconduct, or malpractice are challenged by IME.
3. Healthcare systems that promote transparency, learning, and patient safety are strengthened by IME.
4. Healthcare systems whose structures or practices enable, normalise, or conceal medical negligence, misconduct, or malpractice are challenged by IME.

IME recognises that responsibility for medical negligence and misconduct differs from case to case and is shaped by clinicians' actions, the decisions they make, and how healthcare institutions operate, among other contributing factors. Adverse outcomes can occur without negligence, and distinguishing unavoidable harm from negligent or unethical practice is essential for fairness.

At the same time, negligence and misconduct arise not only from individual clinical decisions but also from institutional arrangements, professional cultures, and governance structures that tolerate opacity, discourage scrutiny, or prioritise professional protection over patient safety.

IME therefore directs its ethical challenge toward conduct and practices, rather than professional identity alone. Evidence consistently shows that transparent, learning-oriented systems with fair accountability processes are more effective at reducing harm than environments characterised by denial, avoidance of accountability, or inadequate review and monitoring (Reason, 2000; Vincent & Amalberti, 2016).

IME's scope of work

IME's work is oriented toward both prevention and response, with prevention as the priority. Its activities include:

- (1) Advancing the patient-safety and ethics literacy for the public.
- (2) Promoting ethical communication, informed consent, and respect for patient dignity.
- (3) Synthesising and disseminating evidence on system-level drivers of harm.
- (4) Advocating policy and organisational reforms that support transparency, disclosure, and learning after adverse events.

IME distinguishes clearly between poor outcomes and unethical conduct, and between individual actions and the systems that enable or conceal them. This distinction is central to credible accountability and to protecting ethical clinicians while addressing wrongdoing.

As IME evolves, its scope of work may expand in response to emerging needs, evidence, and institutional gaps, while remaining anchored to its core mission of addressing medical negligence, misconduct, and malpractice within healthcare systems.

IME's positioning within existing institutions

Although IME complements existing professional, legal, and regulatory mechanisms, it does not assume that their presence alone guarantees effective accountability. IME's role is to strengthen the ethical conditions under which such institutions function. This includes clarifying standards, improving public understanding, and sustaining attention on patterns of medical negligence, misconduct, and malpractice that may otherwise remain obscured or normalised.

When institutional processes are transparent and responsive, IME's work helps ensure that mistakes are examined fairly, and lessons are learned to prevent repeat harm. However, where the institutional processes are opaque, delayed, or inconsistently applied, IME serves as an external ethical reference point—highlighting gaps, reinforcing standards, and maintaining public focus on preventable harm without assuming adjudicatory or regulatory roles.

Legal and professional disclaimer

At the time of publication, IME is not a regulatory authority or legal body, and it does not substitute for judicial or professional disciplinary processes. At this stage, IME does not adjudicate guilt, conduct investigations, or provide legal or medical advice. Its current role is limited to public education, evidence-informed analysis, public-health-relevant advocacy, and policy-oriented engagement aimed at addressing medical negligence, misconduct, and malpractice within healthcare systems.

Looking ahead

IME begins as a public-interest effort to examine, challenge, and address medical negligence, misconduct, and malpractice in healthcare. IME is designed to grow carefully and deliberately. Its initial focus is on documenting recurring ethical failures at the system level, strengthening public understanding of how medical negligence and misconduct arise and persist, raising general awareness of available routes and responses for those affected by medical negligence or malpractice, and contributing to evidence-based public discussion and policy thinking.

IME focuses on how healthcare systems operate and what standards guide medical care. Its work examines how responsibility is fairly addressed when things go wrong, and is not contingent on professional consensus. Where constructive engagement from clinicians or institutions is possible, IME remains open to it. Where it is not, IME continues its work independently by clarifying ethical expectations, highlighting institutional gaps, and sustaining attention on preventable harm. Through this approach, IME seeks to support accountability and restore trust in healthcare systems where it has been undermined.

Author notes

This article introduces Indian Medical Ethics (IME), an independent public health initiative founded by the author.

Conflict of interest

The author is the founder of Indian Medical Ethics (IME).

Funding

Indian Medical Ethics (IME) is currently self-funded by the author.

About the author

Abhinav Vitthalrao Pathare is an India-based public health researcher with a Master of Science in Applied Public Health from the University of Central Lancashire, United Kingdom, and the founder of Indian Medical Ethics (IME). His work focuses on patient safety, health systems accountability, and ethical challenges in healthcare.

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