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LEGAL REMEDIES FOR WOMEN VICTIMS OF MEDICAL NEGLIGENCE: A COMPARATIVE INTERNATIONAL STUDY

Cynthia Karim

Lecturer, Department of Law
State University of Bangladesh

ABSTRACT

Medical negligence poses a critical concern in healthcare law, as it raises serious threats to patients' rights and disproportionately impacts women, who encounter distinct challenges arising from biological, social, and institutional factors. This study examines the legal remedies available to women victims of medical negligence through a comparative international perspective. It explores how different legal systems, common law, civil law, and mixed jurisdictions which address medical malpractice claims, compensation mechanisms, and accountability of healthcare providers. Special attention is given to women-specific issues and challenges, such as maternal healthcare negligence, reproductive rights violations, and socio-cultural barriers in seeking justice. The study will also highlight the vulnerability of indigenous women and women in custodial or prison settings, who often face discrimination and barriers to healthcare justice. By analyzing case laws, statutory frameworks, and international human rights instruments, the research identifies both progressive practices and systematic shortcomings across jurisdictions. In the context of Bangladesh, despite constitutional guarantees and judicial

interventions, enforcement gaps and socio-cultural barriers continue to obstruct women's access to effective legal remedies. Therefore, the research sheds light on the need for strengthening patient-centered healthcare policies, and ensuring accessible, affordable, and gender-sensitive legal remedies for women victims of medical negligence.

Keywords: *Medical Negligence, Women Rights, Healthcare Law, Bangladesh, Access to Justice.*

Corresponding author: Cynthia Karim can be contacted at cynthiakarim.ck@gmail.com

1. INTRODUCTION

Medical negligence has become as one of the most crucial yet neglected violations of women's rights in global healthcare system (Islam, 2025). Throughout the world, women face 'disproportionate vulnerabilities during their health treatment (Khanam & Rubina, 2023). Failures in diagnosis, unsafe medical proceedings, and neglect during treatment (especially during pregnancy, child-birth, postpartum, other women specific issues) often result in serious injuries, disabilities, or even death. Such violations not only breach the ethical duties of healthcare professionals but also undermine the international commitments of states under the *Convention on The Elimination of All Forms of Discrimination Against Women* (CEDAW,1979) and the Universal Declaration of Human Rights (UDHR, 1948), which emphasize on women's rights to life, health, and non-discrimination in all spheres of life.

At the national level, the Constitution of Bangladesh ensures the right to life and equality establishing the obligation of the

State to safeguard the citizen's health and ensure equitable access to medical services, particularly for women (Government of Bangladesh, 1972). Nevertheless, in spite of these constitutional rights, instances of medical negligence continue to expose deep systematic loopholes in the country's healthcare system. Cases of maternal deaths following cesarean sections, denial of emergency care, and abusive behavior and treatment during childbirth are frequently reported in both public and private hospitals (Hossain, 2021; Rahman, 2025; Islam, 2025). A recent national survey revealed that nearly one in three patients in Bangladesh has faced some form of negligence in hospital procedure, due to the absence of accountability and regulatory oversight (Prothom Alo English Desk, 2023).

Within the broader aspect, indigenous women (Akter et al., 2020) and women in custodial or prison represent the most marginalized victims of healthcare system negligence. Indigenous women in the Chittagong Hill Tracts and other remote areas often experience misdiagnosis, language barriers and culturally intensive treatment, resulting in maternal deaths and long-term complications. Likewise, women in correctional institutions face negligence in healthcare (International Committee of the Red Cross, 2024), due to absence of qualifies medical staff, and denial of emergency services-violations that amount to cruel and degrading treatment under international human rights law (Ain o Salish Kendra [ASK], 2021; UN Women, 2022).

On the contrary, developed healthcare system in the United Kingdom and the United States have established specific tort-

based remedies, dedicated health tribunals, and patient rights legislation that accelerate prompt adjudication and compensation. Some developing South Asian countries, including India (Sohag & Eva, n.d.), Malaysia (Hatta et al., 2024) and Nepal have also initiated incorporating gender-responsive provisions in their medical accountability frameworks.

Thus, this research analyzes case laws, statutory frameworks, and empirical data to examine the healthcare accountability. It also shed light on the urgent need for gender-sensitive legal reforms that recognize women's unique healthcare experiences, strengthen law and policy and ensure access to justice for all, particularly for those who remain invisible in policy discussions, such as indigenous women and women in custody.

2. REVIEW OF LITERATURE

The Constitution of Bangladesh has ensured the right to life as a fundamental right of every citizen; however, in recent times, this right has increasingly been endangered by medical negligence. This issue has long been recognized as a critical issue in healthcare law, but there is no definition of medical negligence in any act of Bangladesh. Under tort law, negligence is defined as 'a failure to exercise the duty of care that a reasonable person would in similar circumstances, leading to harm or injury' (Brennan, 2019). Additionally, according to Collin's Dictionary, if someone is guilty of negligence, they have failed to do something which they ought to do (Collins English Dictionary, n.d.). However, in Bangladeshi statutes (i.e., The Penal Code, 1860; The Consumer Rights Protection Act, 2009) there are some punishable provisions for the medical

negligence, but no structured definition has been provided yet. Medical Negligence generally refers to an act or omission by a physician, dentist, nurse, medical assistant, pharmacist or any other provider of medical services in breach of the patient's required duty to care (Das, 2014). Bangladesh has no structured legal provisions to regulate medical negligence. Consequently, the offender has no accountability. For instance, in January 2024, the High Court directed the Directorate General of Health Services to investigate the death of a five-year-old child at United Medical College Hospital in Dhaka, questioning the hospital's responsibility and need for the compensation (Prothom Alo, 2024). Furthermore, in March 2025, the High Court issues a rule questioning why compensation should not be awarded to the family of a mother and her newborn who died allegedly due to negligence at South Bangladesh Hospital in Noakhali (The Daily Star, 2025).

Md. Abu Talha's (2022) analysis of medical negligence in Bangladesh emphasizes that, despite constitutional guarantees of the right to life, legal remedies remain inaccessible and largely dependent on tort law and case precedents. (Talha, 2022). Mohammad Faruk Hossain asserts that the effectiveness of existing laws addressing medical negligence (Hossain, 2022).

3. RESEARCH METHODOLOGY

This research follows a mixed-method research design, combining doctrinal legal analysis with empirical investigation. Conducted in Bangladesh between 20 September, 2025 and 11 October, 2025, it involved 73 female participants, 53 through an online survey and 20 via face-to-face interviews in public and private hospitals. Key Informant Interviews with two

doctors and one lawyer and one nurse provided expert insights. Additionally, three case studies from the field and secondary sources, including laws, policy documents, and academic literature, were analyzed to ensure comprehensive understanding.

4. DISCUSSION

4.1 Definition of Medical Negligence

In Bangladesh, the absence of a clear legal definition of medical negligence has led to significant challenges in ensuring accountability within the healthcare system. Medical negligence occurs when healthcare personnel violate the legal duty of care that causes harm to patients (Kumar, 2011). The violation can include misdiagnosis, treatment, aftercare, or health management (Zipursky & Goldberg, 2013). However, in the famous case of Blyth, negligence includes doing something that a prudent and reasonable person may do in the same situation (Blyth v. Birmingham Waterworks Co., 1856). Three basic conditions can constitute a negligence- firstly, there must be a duty of care; secondly, a breach of that and thirdly, that breach must cause substantial damage to the claimant (Lunney & Oliphant, 2008). To prove duty of care, the healthcare provider has a legal obligation to provide standard care; for proving breach of duty, the provider must fail to meet the established standard of care, either through action or omission. In addition, the breach leads to injury or harm to the patient. Lastly, the patient suffers harm, such as physical injury, emotional distress or financial loss (Karim, 2005).

4.2 Why Women Are Vulnerable to Medical Negligence in Bangladesh?

Women in Bangladesh are specifically vulnerable to medical negligence because of a combination of social, cultural, and systemic factors (Das, 2014; Talha, 2022). Women seeking reproductive or obstetric care face inadequate monitoring, insufficient informed consent, and lack of patient-centered communication, which increases their exposure to negligent practices (Karim, Goni, & Murad, 2023). Moreover, healthcare facilities in rural areas are understaffed with insufficient equipment, disproportionately affecting women with fewer alternatives for care (Hossaini, 2017; Hossain, 2022).

Additionally, indigenous women in Bangladesh face medical negligence due to intersecting social, cultural, and systemic barriers. Geographic isolation and poor transportation make access to healthcare facilities difficult, often delaying timely and necessary treatment (Chowdhury, 2019). Furthermore, traditional beliefs and marginalization discourage indigenous women from seeking formal healthcare, increasing dependency on informal or under-resourced services. Indigenous people consider pregnancy as a 'natural event'.

Furthermore, women in prison often face limited access to necessary, timely and adequate healthcare, including reproductive, mental, and chronic care services. Overcrowded facilities, insufficient medical staff, and lack of privacy accelerate risks. Moreover, many women also have past traumas and pre-existing health issues, which require sensitive and specialized care often unavailable in prisons. In some

prisons, women face physical abuse where medical care is contingent upon informal payments or bribes.

4.3 Available Legal Remedies for Women Victim of Medical Negligence

In the present legal system of Bangladesh, women affected by medical negligence can seek remedies through the existing legal framework, though access remains challenging. The current framework allows victims to pursue compensation and accountability.

4.3.1 Protection Under National Laws

In Bangladesh, various national laws and regulatory frameworks provide protection against medical negligence and remedies for women victims of medical negligence. These laws and policies form the core of Bangladesh's national framework for addressing medical negligence-

4.3.1.1 Constitution of People's Republic of Bangladesh

The Constitution of Bangladesh does not expressly mention the provision regarding medical negligence, rather it talks about the right to treatment under the Fundamental Principle of State Policy in Part II. However, it ensures the right to life and personal liberty under Article 32, establishing that no person shall be deprived of life or personal liberty except in accordance with law. Furthermore, this right has been interpreted in a broader sense by the judiciary to include the right to health and medical care, which forms the foundation for accountability in cases of medical negligence. Furthermore, Article 28 expressly

prohibits discrimination on the grounds of sex and mandates equal protection for women.

Through the evolution of Public Interest Litigation (PIL), in a landmark case is BLAST v. Bangladesh (55 DLR 363), where the High Court held that the failure of medical authorities to ensure proper treatment and humane conditions in hospitals amounts to a violation of the right of life. Similarly, in Dr. Mohiuddin Farooque v. Bangladesh (48 DLR 438), the court identifies that the right to life includes the right to a healthy environment and adequate medical care. These judgments reflect the judiciary's progressive interpretation of constitutional guarantees in protecting patients' rights.

4.3.1.2 The Penal Code, 1860

Although the Penal Code, 1860 does not provide a specific provision addressing medical negligence, several sections may apply when a practitioner's act or omission causes harm or death to women patient. Relevant provisions include those related to negligent and malpractice endangering life (sections 269-270), causing death by negligence (Section 304A), and acts causing hurt or grievous hurt through rash conduct (Sections 336-338). Nonetheless, Section 88 demonstrates protection to practitioners for acts done in 'good faith'. Thus, these provisions establish potential criminal liability for negligent medical acts.

4.3.1.3 The National Women Development Policy, 2011

The National Women Development Policy, 2011 of Bangladesh emphasizes the protection and advancement of women's rights across social, economic, and health areas. In the context of healthcare system, the policy provides the necessity of safe and

quality medical services for women, ensuring access to essential reproductive and maternal care

4.3.1.4 The Reproductive Health Services Policy, 2006

This policy discusses the protection and promotion of women's reproductive health, safe motherhood and equitable access to healthcare. It provides the provision of skilled birth attendance, emergency obstetric care and family planning services, aiming to reduce maternal mortality.

4.3.1.5 The Maternal Health Strategy of Bangladesh (2019-2030)

This Strategy of Bangladesh (2019-2030) aims to improve maternal health outcomes by ensuring best interest of women throughout pregnancy, childbirth and the postpartum period. It emphasizes on skilled birth attendance, emergency obstetric care, and access to essential medicines and proper equipment, especially in underserved areas. The strategy also focuses on training healthcare providers, strengthening health systems, and including communities to promote maternal health awareness and service utilization.

4.3.1.6 The Consumer Rights Protection Act, 2009

Under this Act, medical services are recognized as a consumer service, making health care provider accountable for professional negligence (Section 45, 52,53). If a patient suffers from negligence, they can file a complaint with the Directorate of National Consumer Rights Protection.

4.3.1.7 Remedies Available for Indigenous Women and Women in Prison

Indigenous women have limited access to formal legal remedies for medical negligence. While they can technically file complaints in District Courts or seek remedy under the Consumer Rights Protection Act when receiving care from registered healthcare providers. However, if treatment is received from local traditional healers, unregistered practitioners, Kabiraj, and negligence or harm occurs, there is practically no legal remedy available. Generally, indigenous people consider this as their 'fate' (Chowdhury, 2019; Islam & Ahmed, 2018; WHO, 2017).

Under the Chittagong Hill Tracts (CHT) Regulation of 1900, Headmen are responsible to maintain law and order within the hill tracts. However, their duties do not expressly cover medical negligence incidence. Consequently, while Headmen may intervene in local disputes, they lack the legal framework to address the health-related issues effectively.

On the other hand, while the Prisons Act, 1894 ensures that prisoners receive medical attention, it does not expressly provide procedures for addressing medical negligence. Practically, inmates can file complaints through prison authorities or administrative channels. Although NGOs and Human Rights Organizations occasionally intervene to address prison healthcare negligence, the enforcement of the Prisons Act largely depends on the discretion and responsiveness of the prison authorities. For this, actual remedies for women from suffering medical negligence in prisons remain limited, inconsistent, unavailable and often inaccessible to the victims.

4.3.2 International Legal Framework for Medical Negligence

Various international instruments collectively impose on states the duty to ensure quality healthcare and protect individuals from harm caused by medical negligence. The Universal Declaration of Human Rights (UDHR, 1948) provides that every person has the right to life, liberty and security (Art. 3), and to a standard of living adequate for health and well-being, including medical care (Art. 25) (United Nations General Assembly, 1948). These international provisions established the moral foundation of linking medical care to human rights protection.

The International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966) affirms that the right to the highest attainable standard of health, obligating states to regulate healthcare and prevent negligence. The International Covenant on Civil and Political Rights (ICCPR) 1966 links medical neglect to the right to life and humane treatment (Human Rights Committee, 2002; 2018). Under the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979), *Alyne da Silva Pimental v. Brazil* established that preventable maternal death constitutes gender-based discrimination (CEDAW, Committee, 2011).

The Convention on the Rights of the Child (CRC, 1989) and the Convention on the Rights of Persons with Disabilities (CRPD, 2006) protect children and persons with disabilities from neglect. The World Health Organization (WHO) Constitution (1946) and the World Medical Association (WMA) codes uphold patient safety and ethical medical practice. Overall, Together, the international legal framework affirms that ensuring quality

healthcare and preventing medical negligence are essential state obligations under global human rights law.

4.4 How to Avail Existing Legal Remedies?

If any female patient in Bangladesh suffers due to medical negligence, there are various ways to file a complaint to seek justice or compensation. In a broader sense, complaints can be made through four different routes. Firstly, through criminal procedure. Secondly, in a civil proceeding; thirdly, professional manner and fourthly, right under consumer protection.

4.4.1 Criminal Complaints

Under the Penal Code, 1860, the Prevention of Oppression Against Women and Children Act 2000, the Children Act 2013, and the Domestic Violence (Prevention and Protection) Act 2010, criminal complaints for medical negligence can be filed through First Information Report (FIR), leading to trial before criminal court or tribunal. The Process begins by visiting the local police station to file a FIR, detailing the nature of treatment, the negligent act, and the resulting harm. Additionally, supporting documents-such as prescriptions, hospital records, death certificates (if occurred) should be submitted as evidence. The Police then conduct an investigation and if sufficient evidence is found, a chargesheet. After the submission of the charge sheet, the case proceeds to trial. Through this process, negligent medical professionals or institutions may be held criminally accountable, ensuring justice for victims.

4.4.2 Civil Complaints

Civil complaints may be filed for compensation or damages before civil courts when medical negligence causes harm. The Constitution of the People's Republic of Bangladesh provides remedies through Public Interest Litigation (PIL) under Articles 31, 31, and 44 filed in the High Court Division under Article 102. The Code of Civil Procedure (CPC), 1908 does not contain a specific section for compensation for medical negligence. Instead, compensation claims are filed as civil suits under section 9 and 91-104, which empower courts to hear civil disputes and grant damages. Furthermore, under the Specific Relief Act, 1877, victims can enforce legal duties and seek compensation. It provides that the aggrieved parties can request a temporary and permanent injunction against medical practitioners who breach the service contract. It also allows compensation for the aggrieved patient.

On the other hand, the Women Development Policy, 2011, Reproductive Health Services Policy, 2006, and Maternal Health Strategy (2019-2030) support administrative or policy-based accountability but are non0justiciable. Thus, a victim of medical negligence in Bangladesh can file a civil complaint by submitting a plaint stating the facts of the medical negligence, the harm suffered and the relief sought. This plaint is submitted to the appropriate civil court along with supporting documents such as medical reports, prescriptions. The court then issue notices to the defendant, and the case proceeds through the civil trial process under the CPC, 1908.

4.4.3 Administrative Complaints

Victims of Medical Negligence in Bangladesh can avail administrative complaints by submitting detailed reports to regulatory bodies, such as the Bangladesh Medical and Dental Council (BMDC) or the Directorate of National Consumer Rights Protection under the Consumer Rights Protection Act, 2009. In BMDC, a written application should be submitted including the details of the alleged misconduct or negligence. It will include supporting evidence such as medical records, prescriptions, and reports. After the submission, BMDC reviews the complaint, may conduct an investigation or hearing and can take actions such as warnings, fines, or suspension/cancellation of the Practitioner's license to ensure accountability and professional compliance. Furthermore, under Section 76(1) of the Consumer Rights Protection Act, 2009, any individual, as a consumer can file a written complaint with the Director General or an authorized officer regarding violations of consumer rights. The complaint must include details of the purchase or service, along with the complaint's full name, percentage, address, contact information, and supporting documents such as receipts. These aforesaid mentioned mechanisms provide non-judicial mechanism to ensure accountability, complementing civil and criminal remedies.

4.5 Challenges of Availing the Existing Mechanisms

4.5.1 Criminal Complaint

Female patients pursuing criminal complaints from medical negligence often face various challenges. Collecting necessary medical records and expert opinions can be very difficult, especially for rural women, indigenous women and women in

prison. Additionally, social stigma or life-threatening threat from the wrongdoer may discourage reporting, while lack of awareness about legal procedures complicates the entire process. Consequently, delays in investigation and trial hinder the justice. Lastly, financial burdens, emotional and physical vulnerability, and pressure from family or community add to the obstacles, making it challenging for women to seek timely and effective legal remedies.

4.5.2 Civil Complaint

In Bangladesh, filing a civil case for medical negligence comes with several significant challenges, such as struggle to obtain crucial evidence, lengthy legal process and procedural delays, high costs for legal representation and documentation etc. Many female patients in rural areas, lack awareness of their rights and the steps required to file a suit. Institutional resistance from hospitals or practitioners further complicates the entire process, making civil remedies slow and complex and often inaccessible.

4.5.3 Administrative Complaint

Filing a complaint with the BMDC faces various challenges. The BMDC website does not provide a clear, step-by-step procedure for submitting complaints about medical negligence, leaving many patients unaware of how to proceed. Apart from this, if any person complaint by maintaining the procedure, the review process takes months or even years. Legal ambiguities, limited institutional powers, internal or non-public regulations further complicate effective resolution, discouraging many victims from pursuing administrative remedies.

4.6 International Best Practices to Address Medical Negligence

To understand the International Best practice, this study will discuss the existing legal remedies of medical negligence provide by India, Nepal, Malaysia, the United Kingdom (UK) and the United States (USA). These five countries were chosen for analysis because they represent a mix of legal traditions, healthcare system, and levels of development. Here, India and Nepal offer insight from neighboring South Asian contexts with similar social and legal challenges. Malaysia provides a perspective from Southeast Asia with civil and common law influences. The UK holds a well-established common-law system with robust patient rights, while the USA demonstrates a highly litigious healthcare environment with extensive malpractice frameworks.

4.6.1 India

In India, women facing medical negligence can seek justice through Consumer Protection Act before consumer courts at the district, state or national level. For example, in one significant case, a woman received 50,000 rupees in compensation after a hospital failed to provide timely and adequate treatment, highlighting the court's role in holding healthcare providers accountable. Furthermore, beyond civil remedies, criminal liability is also possible under the Indian Penal Code (IPC), 1860, Sections 304A and 338 permit filing charges against medical professionals whose negligence results in death or serious injury. Additionally, women can approach state medical councils, which have the authority to investigate

complaints and suspend or revoke a doctor's license if negligence is proven.

4.6.2 Nepal

In Nepal, women facing medical negligence can seek justice under several laws such as the Nepal Medical Council Act, 1964, the Code of Medical Ethics to regulate doctor's conduct. The National Criminal Code, 2017 further criminalizes negligent medical acts, while the Consumer Protection Act, 1998 allows victims to claim compensation through district courts. Despite these frameworks, weak enforcement, lengthy process and social stigma still create barriers to women's access to justice.

4.6.3 Malaysia

In Malaysia, medical negligence cases are primarily governed by principles of tort, supplemented by the Medical Act 1971 and the Civil Law Act, 1956. Aggrieved women of medical negligence have various legal routes to seek justice and compensation. However, the most common route is through civil litigation. In the landmark case of Foo Fio Na v Dr Soo Fook Mun (2007) clarified that Malaysian courts follow an updated standard of care emphasizing patient safety and accountability.

Apart from court litigation, patients can file complaints to the Malaysian Medical Council (MMC), which regulates professional conduct and ethics under the Medical Act 1971. The MMC reviews the complaint and impose sanctions ranging from license suspension to revocation. Furthermore, patients can seek remedy through hospital grievance mechanisms or Ministry of Health (MOH) inquiries, which are quasi-administrative procedures aimed at addressing complaints

without going to court. Nonetheless, these bodies can only recommend action, they do not award compensation. However, Malaysia does not have a dedicated medical tribunal or no-fault compensation system. Thus, victims often rely on lengthy and costly civil suits.

4.6.4 United Kingdom (UK)

In the United Kingdom, the legal procedure for addressing medical negligence is updated and patient oriented. Medical negligence often referred to as 'clinical negligence' allowing aggrieved parties to claim compensation if they can prove that a healthcare professional breached their duty of care, causing harm. Additionally, the National Health Service (NHS) has a dedicated body called NHS Resolution, which manages and settles negligence claims against NHS hospitals and doctors. This helps patients to receive compensation without lengthy court battles. For professional misconduct or ethical violations, the General Medical Council (GMC) investigates doctors and can impose suspension or removal from the medical register. However, apart from the civil route, in serious cases criminal prosecution is possible under the Offences Against the Person Act, 1861 or Gross Negligence Manslaughter charges though this is rare. Legal aid services are available to help victims.

4.6.5 United States (USA)

In the USA, medical negligence law originates from English common law and has developed primarily through state tort law provisions, with civil lawsuits being the main route. Patients must prove that a healthcare provider has a duty of care, breached that duty by deviating from the standard of care, and

caused injury or damages. Most claims are resolved through pre-trial settlements, with small number of proceedings. However, each state maintains a medical licensing board to regulate practitioners, while defense advocates are typically appointed by the provider's malpractice insurer. The system depends on contingency fees, discovery procedures, and alternative dispute resolution. Criminal prosecution is rare and reserved for extreme cases involving gross intentional harm.

4.7 Comparative Analysis of Legal Remedies for Medical Negligence (India, Nepal, Malaysia, UK, USA)

Compared to India, Nepal, Malaysia, UK and USA, Bangladesh's legal framework for addressing medical negligence remains significantly limited. While these countries provide multiple remedies and routes for patients, such as consumer courts in India and Nepal, civil liability and professional discipline under Malaysia's Medical Act 1971 and institutional remedy system like NHS Resolution in the UK or state-level malpractice litigation in the USA, Bangladesh lacks a specific and structured procedures. The BMDC has authority to investigate and discipline medical practitioners, yet its enforcement power is not strong and rarely results in meaningful sanctions. Furthermore, Bangladesh does not have separated medical tribunals, consumer courts or no-fault compensation systems, which are available in other jurisdictions. Unlike India and Nepal, where medical negligence can also lead to criminal liability, in Bangladesh most cases are handled under the outdated Penal Code of 1860 and the Consumer Rights Protection Act, 2009, which are not sufficiently equipped for modern healthcare disputes. For this reason, victims, especially

women often face lengthy, costly, and intimidating legal processes, making access to justice far more difficult in Bangladesh than in the comparative countries where patient protection frameworks are more evolved and enforceable.

4.8 Voice from the Field and Results

A total of 73 participants completed the questionnaire for this study. Among them, 53 responses were collected through Google Forms, while 20 were gathers manually from female participants of two public and two private hospitals.

4.8.1 Data Collected from Google Form

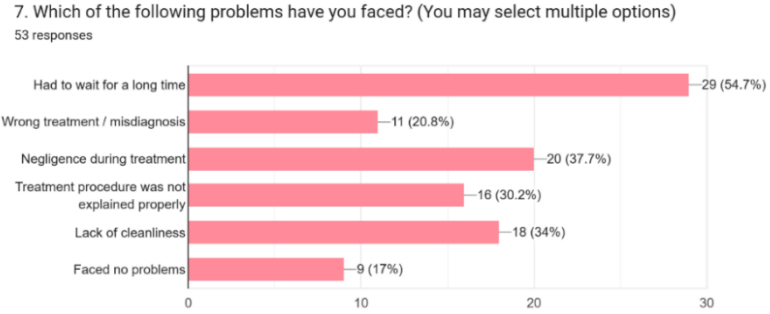

Figure 1. Problems Facing During Treatment

Here, 54.7% patients think that they had to wait for a long time, and 37.7% patients feel negligence during treatment.

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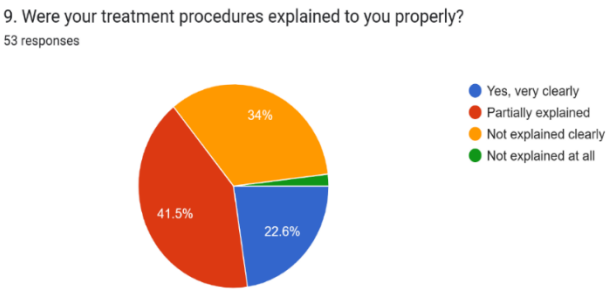

Figure 2. Explanation of Treatment Procedures

Among the 53 respondents, 41.5% reported that the treatment procedures partially explained to them properly. 34% said that the procedures have not been explained properly.

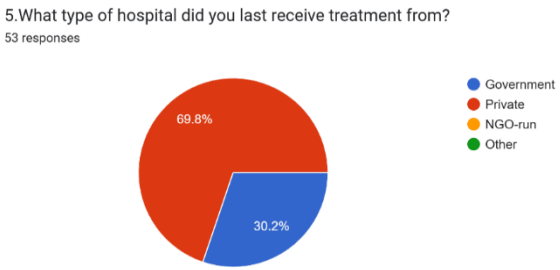

Figure 3. Treatment Received from Public or Private Hospitals

Among the 53 respondents, 69.8% reported receiving treatment from private hospitals, while 30.3% visited

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government hospitals. No respondents indicated treatment from NGO-run or other types of hospitals.

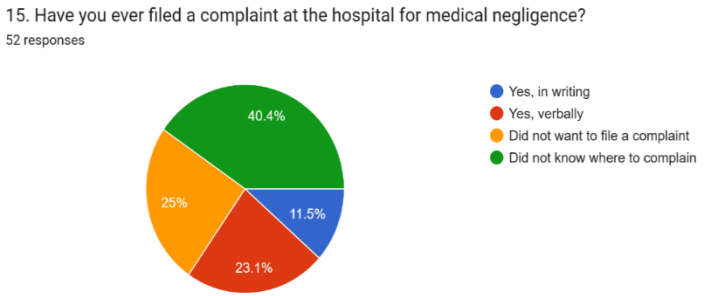

Figure 4. Whether Filed Any Complaint or Not

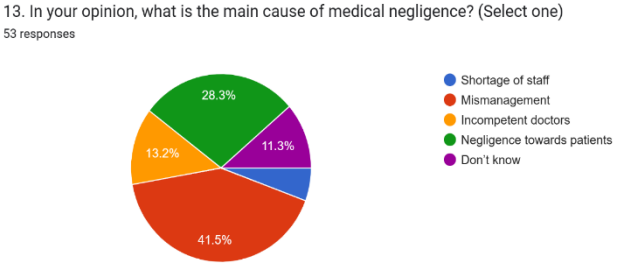

Figure 5. Main Causes of Medical Negligence

Forty-one-point five percent (41.5%) respondents think that 'Mismanagement' is the main cause for the medical negligence. However, 28.3% opines that negligence towards patient during

treatment is another cause of the negligence. In addition, 11.3% have no idea about the negligence.

4.8.2 Data Collected Manually

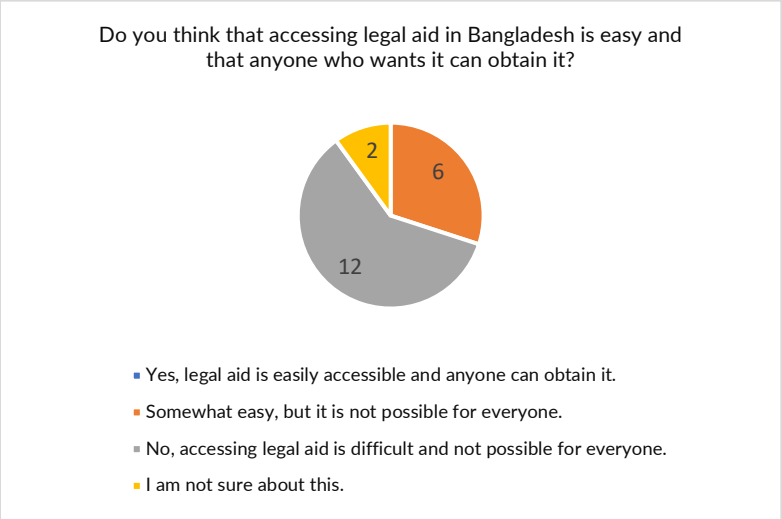

Figure 6. Accessing Legal Aid in Bangladesh

Among 20 responses, 12 opined that they have no access to legal aid which is difficult and not possible for everyone to access. Furthermore, 2 responses were about they were not sure about the legal aid in Bangladesh. Only 6 persons think that it may be easy but not for everyone.

Figure 7. Feeling Safe to Complaint Against Any Doctor

About the Complaint procedure, 7 responses were about safety regarding the complaint. Only 4 think that it is not safe, and other 4 also think that this is not safe. However, 5 responses were about they do not know where to complaint.

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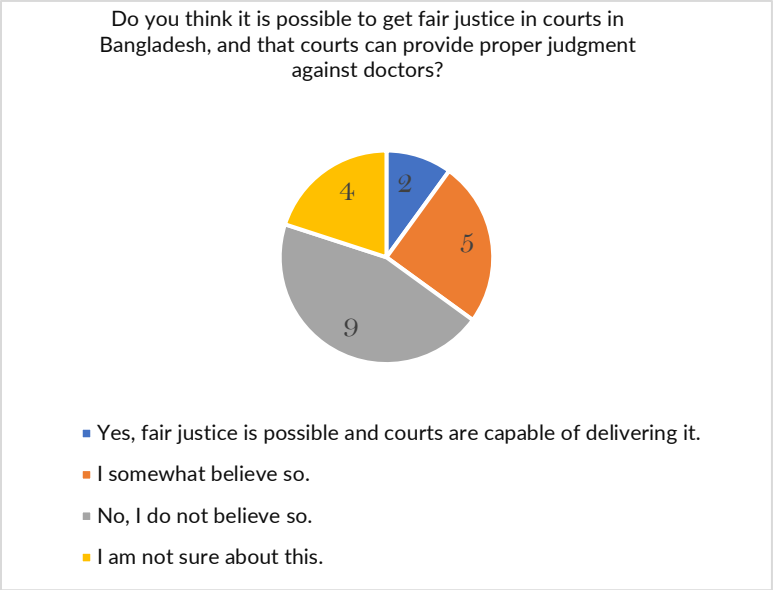

Figure 8. Possibility of Fair Justice in

All the respondents were asked about the fair justice in Bangladesh and proper judgment. However, 9 responses show that they don't think so. Only 2 persons think there is a fair justice. On the other hand, 4 people think they are not sure about this and 5 persons think that they somewhat believe in fair justice system in Bangladesh.

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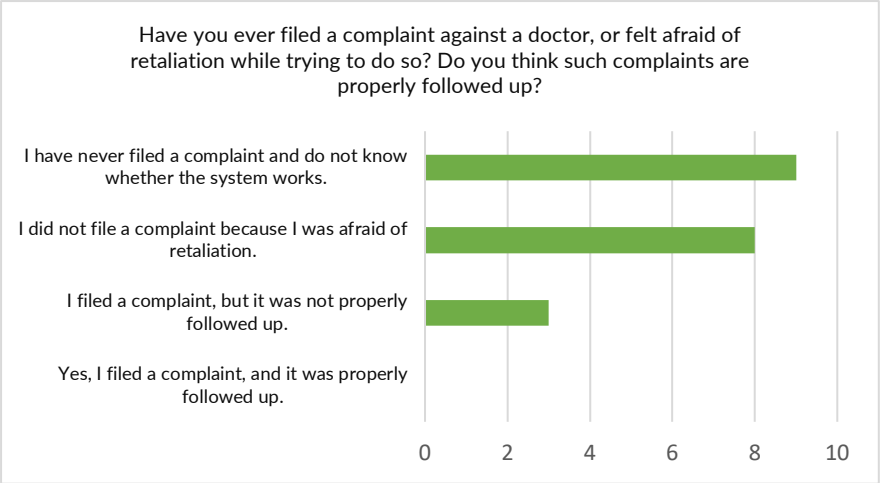

Figure 9. Follow Up Procedure After Submitting the Complaint

A question was asked about the follow up procedure of the complaint. Majority (9 persons) told that they have never complaint and do not know whether the system works. However, 8 responses were about they have fear of retaliation. Only 3 persons think that they filed a complaint but it was not properly followed up.

4.9 Narratives of Women Experiencing Medical Negligence

4.9.1 Case of Rojoni Rashid (Patient with Uterine Tumor)

On November 29, 2024, the patient suddenly experiences severe bleeding and was taken to green life hospital where a 17-inch uterine tumor was discovered. The family first consulted Dr. Maliha Rashid, who initially suggested preserving the uterus but later gave an injection to stop the bleeding,

which was ineffective. However, Dr. Rashid then recommended embolization, which was done, but the patient's condition did not improve. Excessive medications caused liver, thyroid, and diabetes-related complications, along with mental and physical trauma. Dr. Rashid suggested consulting Dr. Kohinoor Begum who administered further medications that worsened the condition. She refused surgery, and did not refer her for treatment in India. Finally, Dr. Farzana Diba took over, stopped unnecessary medications, performed surgery and successfully preserved the uterus. The patient is now healthy after enduring ten months of suffering due to medical negligence. She wanted to file a complaint but didn't do so, due to social stigma and further trauma.

4.9.2 Case of Rumana

During a field visit, a female garment worker, Rumana, reported experience of medical negligence at Dhaka Medical College Hospital while admitting her mother, a stroke patient (Rumana, Personal Communication, October 10, 2025). They were allocated bed in the balcony and asked to pay 500 Bangladeshi Taka for it. They faced overcharging by nurses for minor services, which she described as a 'syndicate'. Despite raising concerns, nobody addressed their complaints, leaving Rumana distrustful of legal remedies.

4.9.3 Case of Afrin Jahan Promi

Afrin Jahan Promi brought her sister-in-law to Popular Hospital for childbirth. She expressed deep fear and distrust in Bangladesh's medical system, having witnessed previous cases where negligent treatment caused harm to both mother and

child. Due to these experiences, she struggled to find a trusted facility and had little faith in legal remedies (A.J. Promi, personal communication, October 10, 2025)

4.10 Key Informant Interview (KII)

To understand medical negligence and its impact on women's health and justice, five Key Informant Interviews (KII) were conducted with two Doctors, one Advocate, one Retried Senior District Judge, and one Nurse.

They physicians opined that monitoring, lack of continuous training, and excessive workload as major causes of negligence. They identified that most errors arise from systemic flaws and insufficient patient rights awareness (KII, Doctor 1 & 2, personal communication, 2025).

The Advocate noted that women victims, particularly from low-income backgrounds, rarely seek justice due to lengthy legal process, weak evidence, and social stigma (KII, Advocate, personal communication, 2025).

The retired Senior District Judge opined that absence of expert testimony, and procedural delays often hamper verdicts, suggesting special judicial training (KII, Retired Senior District Judge, personal communication, 2025).

The registered nurse explained that overcrowding, staff shortages and informal payments as barriers to proper care (KII, Nurse, personal communication, 2025).

Overall, the KIIs reveal deep institutional and accountability gaps requiring systemic reform.

4.11 Recommendation

To address medical negligence effectively, this study presents a set of policy and legal recommendations focusing on improving accountability, access to justice, and the overall quality of healthcare for women. The recommendations have been structured into short-term measures, which focuses on immediate interventions and practical solutions, and long-term strategies, which aim to establish sustainable procedures and frameworks for preventing negligence and ensuring women's eights in healthcare sector.

4.11.1 Short Term (0-24 months)

4.11.1.1 Nationwide One Page Guideline

Within 3-6 months, a nationwide one-page guide "What to Do in Case of Medical Negligence" will be published and circulated in Bangla and regional languages, including clear instructions on filing complaints, contact numbers**.** The initiative led by Ministry of Health and Family Welfare, Directorate General of Health Services, Women NGOs, and the Consumer Directorate is expected to increase written complaints by 20-30%, tracked through monthly ((Bangladesh Medical and Dental Council, n.d.; Directorate General of Health Services, n.d.; Directorate of National Consumer Rights Protection, n.d.).

4.11.1.2 BMDC Complaint Fast-track Pilot

A BMDC – led pilot will implement a three-tier triage system with technical support from the Ministry of Health and Family Welfare and legal NGO partners, ensuring an initial decision within 90 days. The six-to-twelve-month pilot across three district hospitals will track response time and the percentage of

cases escalated to full inquiry ((Bangladesh Medical and Dental Council, n.d.; Uddin, 2021).

4.11.1.3 Hospital Grievance Desks (Simple written complaint form)

Public and Private hospitals, under the oversight of the Directorate General of Health Services, will establish 'Grievance Desk' with simple written complaint form in Bangla and local language, 7-day acknowledgment, informational leaflets, and staffs trained in patient communication. The fundamental aim of the desk will be the increase number of written submissions (Directorate General of Health Services, n.d.; Khan, 2025).

4.11.1.4 Emergency Maternal-care Protocols & Obstetric "Checklist" Enforcement

The Ministry of Health and Family Welfare, working with district hospitals and midwifery supervisors, will make sure every facility uses the WHO's obstetric safety checklist and has clear emergency referral routes for mothers. This is expected to remove delays in care within six to twelve months, tracked by how quickly emergencies are handled and changes in maternal health outcomes at each facility (World Health Organization, 2019; Directorate General of Health Services, n.d.).

4.11.1.5 Medical Legal-help Helpline and Medico-legal Advice Clinics (Pro bono)

Public and Private University law faculties, legal aid organizations, and Bar Council Volunteers will run monthly pro bono medico-legal clinics at selected hospitals and a mobile helpline for quick advice on complaint procedures. Over three

to eight months, the initiative will track calls handled and the percentage of callers who file formal complaints after receiving guidance (Bangladesh Legal Aid and Services Trust, n.d.; Uddin, 2021).

4.11.1.6 Targeted Awareness Campaign for Indigenous & Prison Women

The Ministry of Women and Children Affairs, prison authorities, and Indigenous rights NGOs will conduct language appropriate procedure/outreach, leaflets, and information sessions in prisons and communities. Over six to twelve months, the campaign aims to increase reporting, tracked by the number of outreach sessions and complaints from these target groups ((Ministry of Women and Children Affairs, n.d.; Khan, 2025).

4.11.2 Long Term (2-10 Years)

4.11.2.1 Adopting of Medical Accountability Act and Specialist Medical Tribunal

The Ministry of Health and Family Welfare, in collaboration with the Ministry of Law, the Parliamentary Committee, and legal experts, will draft a focused legislation to address medical negligence. The Act will include a) a clear legal definition of Medical Negligence; b) Establish a specialized Medical Tribunal empowered to award compensation, mandate remedial actions and recommend disciplinary measures; c) Ensure fast-track timeframe and clear appeal procedures. Furthermore, gender-sensitive provisions, including prioritization of maternal care and translation services, will be integrated to protect vulnerable groups. The law is expected to be enacted within one to three years, with the tribunal fully operational within three to six

years, measured by metrics such as average time to resolution compared with civil courts and tribunal case volume.

4.11.2.2 No-fault or Hybrid Compensation Pilot for Maternal Injuries

A no-fault or hybrid compensation pilot can be launched by the Ministry of Health and Family Welfare, Ministry of Finance, and development partners including the World Bank and UN agencies, targeting birth related injuries and other female-specific health issues such as Postpartum hemorrhage and Obstetric Fistula. Furthermore, the Government will increase the national budget on this sector. The scheme allows quick compensation for rural and indigent women without prolonged litigation.

4.11.2.3 Strengthen BMDC Powers & Transparency Reforms

The Bangladesh Medical and Dental Council, under the Ministry of Health and Family Welfare with guidance from civil society, will be strengthened through legal reforms to ensure quicker investigations, transparent reporting of disciplinary outcomes, and mandatory continuing professional development that emphasizes patient safety and informed consent. Within two to four years, the impact will be measured by the number of disciplinary actions taken each year and the rate at which healthcare professionals complete their training.

4.11.2.4 Integrated Health Information and Incident Reporting System

The Directorate General of Health Services, in collaboration with the national e-health unit, hospitals, and development partners, will establish an integrated health information and incident reporting system. This national database will accept anonymous, non-punitive reporting, helping hospitals identify risks and implement targeted solutions. Between two to five years, success will be measured by the number of incident reports per 500 admissions and the rate of corrective actions implemented.

4.11.2.5 Special Measured for Prisons and Indigenous Populations

The Ministry of Home Affairs, Ministry of Chittagong Hill Tracts Affairs, and NGOs will adopt special measures to improve healthcare for prisoners and indigenous populations. This will include deploying qualified visiting medical staff in prisons, guaranteeing rights, constituting an independent inspection regime for prisoner healthcare, and providing culturally sensitive maternal health programs in indigenous areas with language-trained midwives, health education sessions, and transport vouchers for facility-based care. Over two to four years, the initiative's impact will be measured by improvements in prisoner health indicators and reductions in maternal mortality rates in targeted districts.

4.11.2.6 Legal Aid and Gender-Sensitive Support Funds

The Ministry of Law, in collaboration with legal aid services and partners, will establish a dedicated fund to support women victims, particularly those who are indigent, indigenous, or imprisoned – ensuring access to legal representation and medical expert reports. Over two to four years, the program's effectiveness will be measured by the number of cases funded and the success rate of these supported cases.

4.11.2.7 Medical Education and Continuing Training Reforms

Medical Universities, the Bangladesh Medical and Dental Council, and the World Medical Association will collaborate to reform medical education and arrange professional training. Patient safety, effective communication, cultural competence, and medico-legal skills will be included into undergraduate and professional development curriculum, along with nationwide simulation-based obstetric emergency training. Over two to four years, progress will be measured by trainee numbers, standardized competency points and reduction in avoidable medical errors.

Thus, these recommendations (Short Term and Long Term) provide a structured guideline to ensure accountability, improve healthcare quality, and ensure timely legal remedies for women, especially those who are vulnerable or marginalized. If effectively implemented, they can significantly mitigate medical negligence and ensure women's health rights across Bangladesh.

5. CONCLUSION

In conclusion, medical negligence is Bangladesh represents a crucial challenge that disproportionately affects women, especially those who are marginalized. This study highlights existing systemic gaps in healthcare delivery, legal frameworks, and socio-cultural barriers that obstruct women from availing timely and effective remedies.

By examining both national and international practices, it becomes clear that Bangladesh requires a comprehensive, gender-sensitive approach combining legal reforms, accountability mechanisms, and health section development. By implementing short – term measures like grievance desks and awareness campaigns, alongside long – term strategies including dedicated tribunals, no-fault compensation pilots, and education reforms, can strengthen justice, mitigate negligence, and safeguard women's right to health nationwide.

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