

**ANNEXURE R-3/1**

**MOST IMMEDIATE/URGENT**  
**HON'BLE SUPREME COURT MATTER**

From

Director,  
 Bureau of Investigation,  
 Punjab, Chandigarh.

To

1. IGP/NRI Wing, Punjab, SAS Nagar.
2. All Commissioners of Police in Punjab.
3. All Sr. Superintendents of Police in Punjab.
4. AIG/GRP, Punjab, Patiala.
5. SP/Incharge –State Crime Police Station, SAS Nagar.
6. SP/Incharge State Cyber Crime Police Station, SAS Nagar.

Copy to:-

1. The ADGP/GRP, Punjab, Patiala.
2. All Zonal Inspectors General of Police in the State.
3. All Range Deputy Inspectors General in the State.

No. 27820-63 /CR-LA-5 dated Chandigarh, the:- 2.12.2014.

Subject: Civil Writ Petition No. 19472 of 2014 titled as 'Medicos' Legal Action Group Vs. Union of India & Ors.'

Memo:

Please refer to the subject cited above.

2. Enclosed please find herewith copies of judgments passed by Hon'ble Supreme Court of India in Criminal Appeal Nos. 144-145 of 2004, titled as ' Jacob Mathew Vs. State of Punjab an Anr.'; and, Civil Appeal No. 3541 of 2002, titled as ' Martin F. D'Souza Vs. Mohd. Ishfaq'.
3. In the case of Jacob Mathew Vs. State of Punjab and Anr. , Hon'ble the Supreme Court of India has passed the following directions:-

... "**Conclusions summed up**

49. *We sum up our conclusions as under:-*

(1) *Negligence is the breach of a duty caused by omission to do something which a reasonable man guided by those considerations which ordinarily regulate the conduct of human affairs would do, or doing something which a prudent and reasonable man would not do. The definition of negligence as given in Law of Torts, Ratanlal & Dhirajlal (edited by Justice G.P. Singh), referred to hereinabove, holds good. Negligence becomes actionable on account of injury resulting from the act or omission amounting to negligence attributable to the person sued. The essential components of negligence are three: 'duty', 'breach' and 'resulting damage'.*

(2) *Negligence in the context of medical profession necessarily calls for a treatment with a difference. To infer rashness or negligence on the part of a professional, in particular a doctor, additional considerations apply. A case of occupational negligence is different from one of*

*professional negligence. A simple lack of care, an error of judgment or an accident, is not proof of negligence on the part of a medical professional. So long as a doctor follows a practice acceptable to the medical profession of that day, he cannot be held liable for negligence merely because a better alternative course or method of treatment was also available or simply because a more skilled doctor would not have chosen to follow or resort to that practice or procedure which the accused followed. When it comes to the failure of taking precautions what has to be seen is whether those precautions were taken which the ordinary experience of men has found to be sufficient; a failure to use special or extraordinary precautions which might have prevented the particular happening cannot be the standard for judging the alleged negligence. So also, the standard of care, while assessing the practice as adopted, is judged in the light of knowledge available at the time of the incident, and not at the date of trial. Similarly, when the charge of negligence arises out of failure to use some particular equipment, the charge would fail if the equipment was not generally available at that particular time (that is, the time of the incident) at which it is suggested it should have been used.*

3. *A professional may be held liable for negligence on one of the two findings: either he was not possessed of the requisite skill which he professed to have possessed, or, he did not exercise, with reasonable competence in the given case, the skill which he did possess. The standard to be applied for judging, whether the person charged has been negligent or not, would be that of an ordinary competent person exercising ordinary skill in that profession. It is not possible for every professional to possess the highest level of expertise or skills in that branch which he practices. A highly skilled professional may be possessed of better qualities, but that cannot be made the basis or the yardstick for judging the performance of the professional proceeded against on indictment of negligence.*

(4) *The test for determining medical negligence as laid down in **Bolam's case** (1957) 1 W.L.R. 582 holds good in its applicability in India.*

(5) *The jurisprudential concept of negligence differs in civil and criminal law. What may be negligence in civil law may not necessarily be negligence in criminal law. For negligence to amount to an offence, the element of mens rea must be shown to exist. For an act to amount to criminal negligence, the degree of negligence should be much higher i.e. gross or of a very high degree. Negligence which is neither gross nor of a higher degree may provide a ground for action in civil law but cannot form the basis for prosecution.*

(6) The word 'gross' has not been used in Section 304A of IPC, yet it is settled that in criminal law negligence or recklessness, to be so held, must be of such a high degree as to be 'gross'. The expression 'rash or negligent act' as occurring in Section 304A of the IPC has to be read as qualified by the word 'grossly'.

(7) To prosecute a medical professional for negligence under criminal law it must be shown that the accused did something or failed to do something which in the given facts and circumstances no medical professional in his ordinary senses and prudence would have done or failed to do. The hazard taken by the accused doctor should be of such a nature that the injury which resulted was most likely imminent.

(8) *Res ipsa loquitur* is only a rule of evidence and operates in the domain of civil law specially in cases of torts and helps in determining the onus of proof in actions relating to negligence. It cannot be pressed in service for determining per se the liability for negligence within the domain of criminal law. *Res ipsa loquitur* has, if at all, a limited application in trial on a charge of criminal negligence.

50. In view of the principles laid down hereinabove and the preceding discussion, we agree with the principles of law laid down in **Dr. Suresh Gupta's case** MANU/SC/0579/2004 : 2004 CriLJ3870 and re-affirm the same. *Ex abundanti cautela*, we clarify that what we are affirming are the legal principles laid down and the law as stated in **Dr. Suresh Gupta's case**. We may not be understood as having expressed any opinion on the question whether on the facts of that case the accused could or could not have been held guilty of criminal negligence as that question is not before us. We also approve of the passage from *Errors, Medicine and the Law* by Alan Merry and Alexander McCall Smith which has been cited with approval in *Dr. Suresh Gupta's case* (note vide para 27 of the report).

**Guidelines – re: prosecuting medical professionals**

51. As we have noticed hereinabove that the cases of doctors (surgeons and physicians) being subjected to criminal prosecution are on an increase. Sometimes such prosecutions are filed by private complainants and sometimes by police on an FIR being lodged and cognizance taken. The investigating officer and the private complaint cannot always be supposed to have knowledge of medical science so as to determine whether the act of the accused medical professional amounts to rash or negligent act within the domain of criminal law under Section 304A of IPC. The criminal process once initiated subjects the medical professional to serious embarrassment and sometimes harassment. He has to seek bail to escape arrest, which may or may not be granted to him. At the end he may be exonerated by acquittal or

52. We may not be understood as holding that doctors can never be prosecuted for an offence of which rashness or negligence is an essential ingredient. All that we are doing is to emphasize the need for care and caution in the interest of society; for, the service which the medical profession renders to human beings is probably the noblest of all, and hence there is a need for protecting doctors from frivolous or unjust prosecutions. Many a complainant prefers recourse to criminal process as a tool for pressurizing the medical professional for extracting uncalled for or unjust compensation. Such malicious proceedings have to be guarded against.

53. Statutory Rules or Executive Instructions incorporating certain guidelines need to be framed and issued by the Government of India and/or the State Governments in consultation with the Medical Council of India. So long as it is not done, we propose to lay down certain guidelines for the future which should govern the prosecution of doctors for offences of which criminal rashness or criminal negligence is an ingredient. A private complaint may not be entertained unless the complainant has produced prima facie evidence before the Court in the form of a credible opinion given by another competent doctor to support the charge of rashness or negligence on the part of the accused doctor. The investigating officer should, before proceeding against the doctor accused of rash or negligent act or omission, obtain an independent and competent medical opinion preferably from a doctor in government service qualified in that branch of medical practice who can normally be expected to give an impartial and unbiased opinion applying Bolam's test to the facts collected in the investigation. A doctor accused of rashness or negligence, may not be arrested in a routine manner (simply because a charge has been leveled against him). Unless his arrest is necessary for furthering the investigation or for collecting evidence or unless the investigation officer feels satisfied that the doctor proceeded against would not make himself available to face the prosecution unless arrested, the arrest may be withheld.

#### **Case at hand**

54. Reverting back to the facts of the case before us, we are satisfied that all the averments made in the complaint, even if held to be proved, do not make out a case of criminal rashness or negligence on the part of the accused appellant. It is not the case of the complainant that the accused-appellant was not a doctor qualified to treat the patient whom he agreed to treat. It is a case of non-availability of oxygen cylinder either because of the hospital having failed to keep available a gas cylinder or because of the gas cylinder being found empty. Then, probably the hospital may be liable in civil law (or may not be -- we express no opinion thereon) but the accused appellant cannot be

*proceeded against under Section 304A IPC on the parameters of Bolam's test." ...*

4. Similary, in the case of Martin F. D'Souza Vs. Mohd. Ishfaq, the Hon'ble Supreme Court has passed the directions as under:-

*... "124. It must be remembered that sometimes despite their best efforts the treatment of a doctor fails. For instance, sometimes despite the best effort of a surgeon, the patient dies. That does not mean that the doctor or the surgeon must be held guilty of medical negligence, unless there is some strong evidence to suggest that he is."...*

5. It is hereby directed that the directions issued by the Hon'ble Supreme Court of India, in the abovesaid Criminal Appeal Nos. 144-145 of 2004, titled as 'Jacob Mathew Vs. State of Punjab an Anr.'; and Civil Appeal No. 3541 of 2002, titled as 'Martin F. D'Souza Vs. Mohd. Ishfaq', be circulated to all the SHOs and Investigating Officers under your jurisdiction, for meticulous compliance of the same.

Encl: As above.

Sd/-  
for Director,  
Bureau of Investigation,  
Punjab, Chandigarh.

*Attested*

*Melinder Singh*

Assistant Inspector General of Police,  
Investigation, BOI, Punjab, Chandigarh