

ACCOUNTABILITY IN THE HEALTH SECTOR: LEGAL REMEDIES FOR MEDICAL NEGLIGENCE IN PAKISTAN

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ABSTRACT

The health system in Pakistan has long been grappling with issues of accountability, with patients being the biggest victims. Yes, there are laws, and regulatory bodies are supposed to oversee, but neither has had a big impact. Enforcement, at best, is highly inconsistent; there take too long to access the courts; and the average man or woman is not even that familiar with what can be done if things go wrong. When individuals do make an attempt to rise up, it's made very hard. There's a need for actual communication between the hospital, the court, and regulators, as opposed to just bouncing the issue off one another. And the complaints procedure must be understandable even to a layman. Here, the introduction of dedicated medical tribunals would make a big difference. Now, cases that take years could be taken care of by individuals who are conversant with both the medical and legal aspects. That will keep so many families from simply giving up halfway through. There needs to be a change of attitude in hospitals as well. The environment is safer by default when doctors and administrators are truly dedicated to reporting errors, taking lessons from that and keeping themselves accountable. Such a culture won't come by itself. This should be developed intentionally and sustained over time. None of this can be accomplished without informing patients. Individuals should be aware of their rights and what they should do if their rights are infringed. But things like awareness campaigns, community education and accessible information are more important than they are given credit for. Combine that with monitoring systems that are similar in all of the provinces, and you begin to create something that works for everyone, not just those who are in the right place, connected to the right people.

Keywords: challenges, historical context, laws, opportunities, theoretical context

INTRODUCTION

The accountability crisis in Pakistan's healthcare system is far deeper than is often recognized (Ahmed et al., 2024). There is a lack of a professional responsibility culture, institutions

are unduly resourced, and regulations in the system are relatively new (Mumtaz et al., 2023). In that kind of environment, medical negligence doesn't just happen by accident. Occurs because the structures that are designed to prevent it are

not sufficiently strong to prevent it consistently. Such grave mistakes on the part of a physician, or at a hospital level, erode patients' trust in the medical system and compromise their well-being (Haque et al., 2024). Today's people are more aware of what they should expect from good health care, and their expectations have also increased. They are looking for legal safeguards that are effective, rather than merely in theory. There are technically civil, criminal and administrative avenues in Pakistan's laws to deal with negligence, but these are time-consuming, cumbersome and inaccessible for the majority of the common patients. There is a wide disconnect between the promise and delivery of the law (Amir et al., 2025).

Part of the challenge with fixing this is that not all medical practitioners would cooperate in an investigation of negligence, and there is no consensus on a standard of care to which medical conduct could be held (Khatri et al., 2024). If those two are not, there is no possibility of holding anybody accountable. Victims become disheartened and go away. The culprits are not held accountable in any way. And the cycle continues (Rasheed, 2023). It is not just a new policy that is required, but a real re-thinking of the real working of the system. The language in the law should be unambiguous and effective (Saleem et al., 2023). The decision-making should be quickened. But the attitude of the health care institutions has to change from a defensive to an open approach. Access to remedies and assurance that complaints are heard paves the way for the system to function more effectively for everyone (Pradhan et al., 2024).

Research Justification

The issue with the health care system in Pakistan is that you have no trust in the system, and you're the one who suffers. Unfortunately, when someone is made the victim of negligence, they will find that the legal avenues that they're pursuing are not going to be the ones that they want. Civil claims will be very lengthy. Criminal cases stall. Administrative complaints can't be used by most people separately, but they're incorporated into the administrative system. This allows for bad medical practice to be practiced

virtually without interference, and the perpetrators of the practice are hardly pressured to change. It is nothing new, but the unsolved observation, nevertheless. There are multiple reasons for these failures. Some are procedural, some institutional and some more deeply entrenched in the professional culture in health care settings. So many reform initiatives turn out to be sub-optimal because they choose to work on one layer without knowledge of the other layers.

This becomes more urgent in the context of the speed of change that is going on around it. The healthcare industry is rapidly expanding in Pakistan. Private hospitals/ clinics now cater to a much higher proportion of the population than they did 10 years ago. Patients, too, are different. They pose more questions, are more knowledgeable about their rights and are less likely to tolerate mistreatment without resisting it. Research into the systems where they actually break down is worthwhile, but only if it is going to lead somewhere. Better investigation processes. Certain regulating agencies operate with some regularity. Adjudication systems that are based on what it takes for patients to actually be adjudicated, not the aspirational adjudication system. These are things that can be accomplished, but if the foundations are not set correctly. Beyond solving individual processes, that sort of honest self-scrutinizing is what ultimately leads to improvement in policy, the raising of ethical standards throughout the profession, and a reason for people to trust the system once again.

Literature Review

A missing link has long plagued the healthcare system in Pakistan, which does not openly discuss accountability. However, poor regulation, lack of resources and professionals not under proper monitoring have enabled negligence to become much more common than it should be (Saleem et al., 2023). These events are harmful to real people, and the harm extends long after the event with wrong diagnosis, substandard care, unsafe environments and unprofessional personnel. The awareness of people's rights has increased over the last 10 years, and they expect the system to react if their rights are infringed upon (Ahmed et

al., 2024). There are legal mechanisms in place in Pakistan (both civil and criminal), but little knowledge of their existence and even less to actually use them. Cases drag on. Poor handling of evidence. Access to the medical professionals who can decipher medical scenarios in legal environments is difficult (Ashraf et al., 2025). Different rules are in effect in various locations. Under all of this, there are also low levels of admission of error by healthcare workers, incomplete records and a complaint system that deters most people from initiating.

There is no need for further legislation on this issue. The only thing that matters is to make what already exists, to make it work. This involves good supervision, well-designed procedures, and environments where people feel it is safe to report an issue, without jeopardizing their careers (Mumtaz et al., 2023). Realistically, the medical courts would be able to deal with cases at a faster rate and with more expertise than general courts. There is a need for considerable improvement in investigation methods. Patients should be able to easily access information regarding their rights and the steps they can take to demand it (Pradhan et al., 2024). There is a need for a genuine partnership between healthcare institutions and legal entities, as opposed to existing in distinct spheres (Khatri et al., 2024). It will take a long time to restore faith in the health system of Pakistan. However, the first step is to ensure that accountability becomes a reality, rather than merely a concept in a document that isn't ever put into practice (Javed et al., 2024).

Historical Context of Accountability in the Health Sector in Pakistan

The accountability mechanism in the health sector has never been properly planned since independence. It grew sometimes due to public pressure, sometimes due to legal changes and sometimes it was to the extent where the issues couldn't be ignored (Haque et al., 2024). Initially, it was run by professional bodies. They took care of licensing, disciplined and were accountable to no one outside their own group (Javed et al., 2024). As the population expanded, the health care system expanded, and as it did, there became more failures, some of them apparent. It was the

facilities that were well below acceptable standards that proved difficult to defend. But the doubt over the qualification of practicing professionals was now starting to become part of public discourse in a manner not done previously (Rasheed, 2023).

In the latter part of the twentieth century, consumer protections, guidelines for hospital administration and rules for the public sector were put in writing by the government (Ahmed et al., 2024). However, translating law into action and developing the capacity to do so is a different task, and Pakistan did not do a good job with the latter (Ashraf et al., 2025). There was a lack of administrative systems and a shortage of medico-legal expertise to support these systems. The expansion of private healthcare during this time was rapid, and the monitoring systems were unable to keep track of it (Khatri et al., 2024).

Real impetus was from outside the system. Negligence cases in the press, advocacy groups unwilling to remain silent, and courts entering into areas previously unregulated by official policy all contributed to propelling this debate forward beyond the bounds of official policy. Provincial measures started to be implemented. Gradually, quality assurance became something that institutions had to take into consideration (Mumtaz et al., 2023).

Theoretical Context of Accountability in the Health Sector in Pakistan

The need for accountability in the health system in Pakistan is evident. However, it is useful to know what makes systems not work and what makes them work, in order to create them in a way that “sticks”. There are a number of perspectives which are useful, and which collectively give a fairly full account. Governance is the beginning point. Whether institutions actually do what they should, whether the rules that they establish are actually adhered to, whether there is genuine oversight and whether healthcare providers are actually held to account, if they fail to do what they should. The truthful responses to most of those questions in Pakistan have been disheartening. Sometimes, accountability is regarded as a mere formality and not a true commitment, which has a price if there

are no clear expectations and monitoring, and inequality is exploited, on purpose or just through negligence.

A legal basis is that everything depends on the concept of 'duty of care', the professional's obligation to the person being treated. If that responsibility is not adhered to, then there must be repercussions. Financial compensation helps to deal with individual harm. The most egregious failings are addressed by criminal accountability. Professional sanctions – issues within the field of practice. Every one of them plays a specific role, and the system can only be weakened by a faulty operation of one of them. Patients are not passive. They have rights. To safe care, to honest information and to a real way towards justice, in case anything goes wrong. The system does not offer accountability, it's not given. It is an obligation, something that is due.

Pakistan does not have to opt for any one of these options. It is based on the premise that they have to be on the same page. In fact, the governance system is less likely to be abused and easier for people to trust when there is a match between governance structures, legal standards and professional ethics. It's the real-world base for patient protection.

Laws Regarding Accountability in the Health Sector in Pakistan

The reality is that Pakistan has more legal provisions surrounding medical negligence than people realize. The problem is not that there are no rules; it's the enforcement that is the real problem.

1. Pakistan Penal Code (PPC), 1860: Under this law, if a practitioner causes serious injury or death to his or her patient through action or neglect, criminal charges are a possibility. The issue is that most cases do not proceed to prosecution because investigators have limited medical knowledge to enable them to establish strong cases, and courts are moving too slowly for most complainants to wait for cases to be resolved.

2. Civil Procedure Code (CPC), 1908: This is the route that patients who seek financial

damages take. The essence of a winning case is that a duty of care was breached, and that's not as easy as it sounds. Of course, the judges lack medical expertise, and it is upon the shoulders of expert witnesses that much of the burden falls in such cases. With no support of medicine, a claim will hardly ever prevail, no matter what has transpired. The real problem is that there are not a lot of doctors, and they tend to be very tightly knit, and it will be hard to find one who is willing to come and testify against another doctor, before they even get to court.

3. Constitution of Pakistan, 1973: Advocates have brought the constitutional right to life and safety in negligence suits to provide them better leverage. But, rather than relying solely on a particular piece of legislation, elevating patient protection to a constitutional issue has led some courts to apply a more stringent standard than they otherwise would. This is an innovative and, at times, successful way to solve problems, it is very case-specific and is not necessarily repeatable and subject to the skills of the hearing judge.

4. Sindh Health Care Commission Act, 2013 (Sindh Act VII of 2014): Sindh has developed an entity here that the rest of the country has still not been able to compare to, yet. The Commission is applicable to both private and public facilities; it has the authority to investigate malpractice claims and, once it has determined there is a failure, the Commission can revoke or suspend licenses. It's not just symbolic powers, these are practical ones. However, it is not as widespread in practice. Complaints are not necessarily heard as fully as they should be across the spectrum (rural and urban), and there are often resource constraints for investigations.

5. Pakistan Medical and Dental Council (PMDC): Professional oversight at the National level is through PMDC. It determines who can practice and has disciplinary power over the individuals who have overstepped the bounds in serious ways. Consumer protection statutes that sit side-by-side with this provide patients with a much more feasible alternative in many cases, as consumer courts are much less daunting and

costly to ordinary folk than full-fledged civil litigation. The issue of credibility here is that PMDC is traditionally more of a protector of the profession than a genuine body accountable to the public.

Challenges for Accountability in the Health Sector in Pakistan

The real issue with healthcare accountability in Pakistan is that there are no missing laws. The laws exist. Unfortunately, the problem that persists is that there is a disconnect between owning them and using them in any significant manner. Civil, criminal and administrative provisions are all in place, but patients attempting to avail themselves of them soon hit their heads. Cases are protracted and last for years. Attorneys' costs can add up quickly. Procedures are complex, so that most of the general public would not be able to do this without the assistance of others, which they may not be able to afford. Over time, many simply give up, and all of the mechanisms are for naught. The lack of uniformity in medico-legal standards makes it more difficult. The court and regulatory agencies rely on expert testimony, but there are few experts available to analyze cases, and their methods of analysis differ to such an extent that results are unpredictable. Families that have already been through a traumatic experience are then subjected to years of uncertainty and a lack of any certainty that the process will result in anything just and timely.

The institutions themselves are a problem. Mostly, health commissions, medical councils, and licensing bodies at the provincial level are poorly manned and inadequately funded. Many are not independent and thus are susceptible to political interference and, in some instances, to corruption. Culture comes into it, too, and it's a difficult aspect to consider. When it comes to mistakes, it's too easy for healthcare workers to cover for one another, rather than being honest. Often, patients on the other side are unaware of their rights, don't have any way to help them go forward with complaints against a doctor, or are simply intimidated by the social repercussions of taking on a doctor.

Fragmentation is an additional challenge. There may not be a consistent policy across the country and provinces. There are significantly different standards between the public and private sectors. There are different monitoring systems based on the area. The outcome is a nation in which the quality of the justice a patient receives varies a great deal depending on where he happens to reside and which sector he was treated in. This is no easy fix, and yet it's clear what we need to do. There must be real resources and independence for the regulatory bodies. The number of medico-legal capacities is a field that should be well invested in. There is a need to provide people with information in a way that they can understand their rights, and simple ways to exercise their rights. It can't be a spot check enforcement. If there is no action on all of the above, the same results will be achieved as always.

Opportunities for Accountability in the Health Sector in Pakistan

People in Pakistan who have ever tried to expect some accountability from a healthcare provider understand how demoralizing it can be. Civil and criminal laws against medical negligence do exist, but in real life, it doesn't seem the same as it does on the books. Complaints are not acted on and remain unresolved for months or years. It is difficult to find qualified professionals who can properly assess medical harm, and difficult to afford. The whole process is bureaucratic and emotionally and financially taxing before they're ever settled. All the leverage that the legal system was to exercise against the negligent practitioners is lost. The office(s) charged with monitoring all this have their own serious issues. Regulatory bodies at both the federal and provincial levels suffer from a lack of independence from political pressure, insufficient staffing, and, in many cases, lack the necessary training. Limits on freedom and the ability of those to whom responsibility for standards enforcement is delegated have an impact on patients who have no voice in the matter.

But there are some practical paths to go forward, if there is the will to do so. Policies can be immediately improved, and authority and resources can be provided to the regulatory

bodies they need. The setting up of special tribunals, in which medical and legal men should sit together in cases of negligence, would remove in part that delay which now makes justice unattainable. Standardization of the assessment of cases would ultimately lead to much less variability in outcomes than is currently the case. Another aspect that is overlooked is awareness. Patients with rights are not to be ignored. Those who have true ethics training and are employed in a workplace that views reporting a true error as a standard process and not a death sentence will act differently over time. For many, the overall process is too burdensome, and that's because of tools like electronic records and straightforward online complaint systems that remove friction and make it easy to get the process going.

Discussion

The issues of accountability in the healthcare system in Pakistan are deeper than being officially recognized in various reports. Both civil and criminal medical negligence laws have been around, but in practice, it is different. Complaints are made and languish. Months pass. Years sometimes. Finding someone who is qualified to evaluate the medical harm is a different battle, and the battle of bureaucracy takes a toll on all people involved, without promise of any outcome until the battle is won. None of these legal measures has had much impact on the deterrent effect intended. Regulatory institutions have too few people, inadequate training, and in many cases, actual susceptibility to external political pressures, both federally and provincially. If an oversight body cannot operate independently, then it is not really an oversight body, and the patients bear the results of this absence of oversight.

Part of the equation for making things better is recognizing what needs to be fixed and refraining from taking a shotgun approach. Before anything significantly changes, we must first give regulatory bodies the resources and protection they need from interference. The consolidation of medical and legal specialties within specially created tribunals would expedite the processing of such cases, which generally take too long in the main courts. If there were no differences in the way

children are assessed across the country, achievement would no longer fluctuate so wildly between different circumstances and locations. This includes keeping the patient informed, too. If someone knows what he or she deserves, he or she is much more likely to seek a remedy when something does go wrong.

Within the healthcare organizations themselves, fostering an environment where employees are comfortable reporting errors without consequential job repercussions is a slow and steady process. An easier complaints process and better record keeping make it easier for those who would not otherwise bother to complain. The development of legal structures, institutional capacity, professional culture and patient awareness must all go hand in hand and be consistent. That's the only thing that will create a healthcare atmosphere that people can trust.

Conclusion

The biggest sufferers are the patients, and there is a huge gap in accountability in the healthcare system of Pakistan. The effects are seen in postponed or delayed justice, unheard grievances and a general disillusionment on the part of the people regarding the system that they are supposed to be served by. The civil, criminal and administrative means of resolving medical negligence are all in theory available – but that is a long way from success. The regulatory authorities are unable to do what is being requested. The culture of “fessing up” to errors in health care is very uncomfortable, and so errors are not reported. There is no uniformity in medico-legal assessment, and therefore, the results are not perceived as being uniform.

There is a need to focus on the culture of professionals within healthcare contexts as well. Those practitioners who regard morals not as rules, but as their true obligation to others, behave differently. Transparency and awareness of risk as part of training set the stage for negligence to be less likely to occur and more likely to be reported. That which cements it together is informing and engaging the patient. Knowledge and a realistic way of exercising rights change the provider/patient relationship in significant ways. Pakistan's population in the

future needs a healthcare system that they can rely on, and that progresses as a whole and not individually or in bits and pieces.

Recommendations

To get accountability right in Pakistan's health system, it is necessary to do specific things right, rather than make grand statements. There is a need for real powers of regulation. Although the provincial health commissions are in place, they are understaffed, underfunded and politically fragile. Another way to strengthen them is to prevent them from being interfered with and to make penalties for negligence more effective, irrespective of the parties involved.

Second, the speed of Justice is another issue. In negligence cases, general courts are not equipped with medical expertise and have been found to cause delays and make decisions that are not in line with the medical realities. Cases would be resolved more quickly, and compensation determinations would be more consistent if there were medical tribunals with staff who have a knowledge of medical and legal aspects. The use of technology has not been maximized. It is more difficult to manipulate evidence in digital health records. Online complaint is a system that eliminates the current 'red tape' that patients have to go through.

Third, there's more to Awareness than is given credit for. If a patient understands their rights, they're more likely to take the necessary action in the event of a problem. So, over time, this changes the culture of an institution when coupled with professional development that takes ethics seriously instead of as a compliance activity, and accountability becomes a standard, instead of a scary thing.

Lastly, there are dangerous inconsistencies between public and private, and between federal and provincial systems. Geographic and facility type should not be barriers to access to justice. Giving these frameworks a single direction is no technical matter, but rather the difference between an accountable system and a lottery.

Research Limitations

In the research of healthcare accountability in Pakistan, due recognition must be made upfront

of the fact that what is being researched is an incomplete picture, and all the conclusions that are made are incomplete. The data condition is the beginning point to understand why. Researchers don't have a national database of medical errors or negligence cases from which they can work. What exists are anecdotal and qualitative reports from small samples and a few case studies. These are not worthless, but they are not exhaustive either, and any findings based on them will acknowledge or not, take their due share from them.

In Pakistan, it is even more difficult due to the regulatory system. Federal and provincial systems are different, in addition to the differences between public and private healthcare establishments. There is no standardization of reporting practices. Procedures are different in different institutions depending on location and/or the individuals involved. If the subject studied is different in these regions and sectors, the generalization of findings is risky because what might be true in one region or sector may not be true in another.

All this happens under the guise of a reporting issue, which quietly influences everything else. Numerous patients do not make formal complaints. A lot of institutions don't even admit that they have made mistakes. Many professionals are silent and do not report other professionals. The consequence is that the cases studied are a much thinned-down version of what is really going on nationally. Throw in the lack of standardized medico-legal documentation and the varying expertise of professionals to evaluate cases, and the ground upon which researchers work is made even shakier. All this does not make the research worthless. It does not, however, imply that conclusions should be made lightly, arrived at with undue modesty, or regarded as only partial solutions to problems which could one day be solved with better data and more transparent institutions.

Research Implications

The importance of research on the failure of any system depends on what direction it takes, however, in the Pakistani context, there are a number of directions worth taking when it comes

to research on healthcare accountability. A policy perspective is one where specificity is key. General campaigns for reform don't tend to work so well because they don't provide decision makers with anything that they can actually do to make a difference. This research will identify areas in which enforcement is not working, the procedural steps that are creating the delays, and the institutional gaps that are enabling negligence to continue, and, therefore, provide a genuine starting point for policymakers. It is a different matter to make the argument with the evidence in the book and not merely because it was perceived that medical tribunals are needed, or digital complaints are needed, or that the medico-legal procedures should be uniform.

The learning for healthcare organizations is that there are benefits to consider in accepting the truth of this research. Noticing the shortcomings in documentation practices, the culture of the institution that may not promote staff to raise issues, and any discrepancies in ethical practices, gives institutions something to really correct. Conversely, groups that are willing to embrace them and to act on the results that they produce tend to have fewer major incidents over the years and deal with the ones that happen a lot more transparently than others.

But there are also places that are still very much underutilized. There has been insufficient research into how communities and geographical areas differ in their awareness of patients' rights. Implementation of regulations is very different in urban areas compared to rural areas, often inadequately documented. There are some meaty ideas there in looking at how other countries with similar accountability problems have achieved it and what has worked/lacked in the process. The takeaway is that thoughtfully collected evidence is action-oriented. It alters the course of policy debates, policy behaviors and over time, public trust, which legislation alone cannot.

Future Research Directions

What little research that exists in Pakistan on healthcare accountability has provided some foundation, but there is much more to be done to arrive at an unambiguous picture that can be

used to stimulate meaningful reform. The greatest need is empirical. There is no available data to reflect the real magnitude and nature of medical negligence in the medical institutions of Pakistan. While public hospitals and private clinics may run in vastly different circumstances, they share the same characteristics in terms of a lack of documentation on where negligence happens, how often it is reported and what action, if any, is taken as a result. It's not optional if serious reform is the goal to build that evidence base.

Second, this is very dependent on Geography and that has been overlooked. The variation in access to legal remedies, knowledge of rights and the quality of regulation between provinces and urban-rural areas is also great, and it is important that these variations be studied individually, rather than included in national generalizations. These things, more than most policy documents, really have a much bigger impact on how the system actually works on the ground, reporting attitudes, cultural factors that affect reporting, and awareness of rights at the community level.

It's good to think outside the box as well. Similar issues of medical accountability have been faced in other countries, some of which have solved problems that are applicable to learn from. Learning from other countries' success and, no less important, from what they have failed to achieve across cultures can help Pakistan avoid past pitfalls. Finally, the most fruitful area for future research will probably be a composite of legal, medical and ethical viewpoints rather than a compartmentalization of these viewpoints. Issues that fall on the blurred edges of these disciplines do not often yield solutions that are provided by a single discipline.

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