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BRIDGING LAW AND MEDICINE: MEDICAL JURISPRUDENCE IN INDIA'S DIGITAL AGE

- Hira[1]

Introduction: The Fusion of Medical Science and Legal Ethos

Medical jurisprudence is the application of medical science to legal questions, and it is essential to delivering justice in healthcare-related matters. In India, integrating medical knowledge into the legal system poses distinct challenges but also opens significant opportunities to strengthen that system. As the branch of law that examines the relationship between medical facts and legal issues, it is indispensable to medical practitioners and legal professionals alike, drawing on forensic knowledge as well as professional ethics. Though the field is ancient, it continues to evolve alongside changes in technology and law. The intersection of medicine and law offers valuable insight into criminal and civil investigations: the scientific disciplines of diagnosis, treatment, surgery, biochemistry, and botany often assist courts in reaching sound decisions, and in some cases are indispensable to that process. A clear understanding of medical jurisprudence therefore enhances professional practice and decision-making wherever medical and legal considerations overlap.

Objectives

- To examine the evolving relationship between law and medicine in India.
- To study the legal framework governing digital healthcare in India.
- To evaluate the impact of emerging technologies on medical ethics and patient rights.
- To critically examine judicial pronouncements and statutory regulations.
- To assess the adequacy of existing Indian laws, such as the Information Technology Act, 2000 and the Digital Personal Data Protection Act, 2023.
- To identify gaps in the current medico-legal framework.

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Research Problem

The rapid digitalisation of healthcare in India - through telemedicine, electronic health records, artificial intelligence, and biotechnology - has blurred the traditional boundaries between law and medicine. While these innovations improve efficiency and access, they also raise complex legal, ethical, and regulatory challenges. Existing medico-legal frameworks, such as the National Medical Commission Regulations and the Telemedicine Practice Guidelines 2020, were designed chiefly for conventional medical practice and often fail to address emerging concerns: data privacy, informed consent in virtual consultations, AI-driven medical negligence, digital evidence in medico-legal investigations, and the judiciary's evolving stance on abortion. There is thus a pressing need to examine the intersection of law and medicine in the digital era.

Research Questions

1. How has digital technology transformed the scope, interpretation, and application of medical jurisprudence in India?
2. In what ways can digital evidence and forensic technology strengthen the enforcement of medical law and the delivery of justice in medico-legal disputes?
3. How does digitalisation affect the traditional concepts of medical negligence, consent, confidentiality, and professional accountability?
4. What role can policy reform and awareness initiatives play in bridging the gap between technological advancement and medico-legal regulation?
5. What is the judiciary's position on consent-based termination of pregnancy and the wider scope of abortion law in India?

Hypothesis

This study rests on the premise that the convergence of law and medicine calls for sustained legal analysis. The evolution of digital technology has significantly reshaped the scope and application of medical jurisprudence in India, necessitating adaptive legal frameworks to ensure ethical, accountable medical practice. A lack of legal awareness among practitioners, coupled with low digital literacy among patients, contributes to the misuse or misunderstanding of digital medical tools and, in turn, to medico-legal disputes. Ethical concerns - particularly around data protection and algorithmic bias in medical decision-

making - call for closer coordination between legal oversight and medical ethics. This research maps the landscape of medical jurisprudence in India, identifies key challenges such as regulatory gaps, ethical dilemmas, and inadequate forensic infrastructure, and highlights opportunities to strengthen the field through legislative reform, technological advancement, and interdisciplinary collaboration.

Research Methodology

This research adopts a doctrinal design, relying primarily on existing legal and medical literature, statutory provisions, case law, and academic commentary to analyse how digital technology has shaped medical jurisprudence in India. It examines legal principles and precedents relating to medical negligence, patient rights, consent, data protection, and telemedicine regulation, and traces the transformation of these traditional concepts in the digital context.

Historical Panorama and Evolution

Ancient Roots

Medical jurisprudence has roots in prehistoric law. In Mesopotamia, Egypt, and Greece, early legal codes governed medical practice, laying the field's foundations. The Babylonian Code of Hammurabi prescribed severe penalties for medical errors, while ancient Egyptian law imposed the death penalty on physicians who departed from established practice.

Medieval Developments

This period marked a shift towards scientific method. Song Ci's treatise was used to distinguish murder from suicide, and famously described how flies drawn to traces of blood could expose the weapon used in a killing and unmask the culprit. Such techniques spurred the growth of forensic pathology as a discipline fusing medical and legal inquiry.

The Contemporary Era

The nineteenth century marked a turning point for medical law, with advances such as DNA profiling, digital forensics, and the articulation of bioethical principles. Debate intensified around euthanasia, organ transplantation, surrogacy, miscarriage, and genetic modification, and the right to health became central to patient welfare and medical ethics. India's legislature

responded with statutes such as the Transplantation of Human Organs and Tissues Act, 1994, the Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994, and the Medical Termination of Pregnancy (Amendment) Act, 2021. In the post-colonial period, institutions such as the All India Institute of Medical Sciences (AIIMS) further expanded medical jurisprudence through forensic education and research.[2]

Conceptual Understanding of Medical Jurisprudence

Courts draw on medical knowledge to establish justice in both civil and criminal matters. Medical jurisprudence is the branch of law that examines the correlation between medical facts and legal principles: it applies clinical science to legal disputes and aligns medically relevant findings with legal process. It sets out the basic legal obligations that a medical professional must observe, and it is under this branch that professionals give testimony before courts, tribunals, inquests, licensing authorities, and boards of inquiry. In short, medical jurisprudence is the law that examines how medical facts intersect with legal application.

In ***K.M. Nanavati v. State of Maharashtra***[3] — one of the most well-known Indian cases on medical jurisprudence — a naval officer, Nanavati, shot and killed his wife's lover, Prem Ahuja, after his wife admitted to the affair. Nanavati surrendered himself to the police. The case turned on several medico-legal questions: the autopsy, which was decisive in establishing the cause of death and corroborating the sequence of events; ballistic evidence on the weapon used, the range from which the shots were fired, and the angle of entry, which helped the court reconstruct the shooting; and a psychological appraisal of Nanavati's state of mind on learning of the affair, and his conduct afterward, which bore on his intent.

In ***Virender v. State of NCT of Delhi***[4], the court held that sexual intercourse, for the purposes of the offence, requires only the slightest degree of penile penetration, with or without emission, and that rape can be committed without causing genital injury. On the facts, the finding of guilt under Section 64 of the Bharatiya Nyaya Sanhita, 2023 was set aside as unsustainable.

[2]S Chattopadhyay, Legal and Ethical Aspects of Medical Practice in India, 97 (Kamal Law House, Calcutta, 5th edn., 2018).
[3]AIR 1962 SC 605.
[4](2013) 5 AD 580.

In ***Justice K.S. Puttaswamy v. Union of India***[5], the Supreme Court recognised the right to privacy as a fundamental right under Article 21, with significant implications for the right to health, particularly in relation to health records and bodily integrity. Although the judgment did not name a stand-alone "right to health", it treated privacy as intrinsic to human dignity — meaning healthcare decisions and personal health information are constitutionally protected, and the state may restrict them only under strict conditions. This protection is central to a person's ability to make healthcare decisions free of undue interference.

Key Principles

Fundamental norms: these include beneficence (the welfare of the patient), patient autonomy, and justice in the fair distribution of healthcare resources, and they set the baseline legal obligations of a medical professional.

Informed consent: no medical treatment may be given without the patient's voluntary consent, and the patient must be told the nature, purpose, risks, and alternatives of the procedure.

Confidentiality: physicians must protect patient privacy but may, under law, be required to disclose information in the interests of justice — a balance that calls for care in weighing medical ethics against legal duty.

Competency and capacity: a patient must have the mental capacity to understand a proposed treatment; where a patient is a minor or otherwise mentally incapable, consent must come from a guardian or legal representative.

Core Areas of Medical Jurisprudence

Autopsy and post-mortem examination: conducted to determine the cause and manner of death in suspicious cases, and capable of confirming or ruling out criminal activity.

Forensic toxicology: the analysis of bodily fluids and tissue for harmful substances, important in cases of poisoning or drug overdose.

[5](2017) 10 SCC 1.

Injury and wound analysis: assessment of injuries to determine their nature, cause, and the circumstances in which they occurred.[6]

Sexual assault examination: the collection and documentation of evidence — DNA, injuries, and other physical proof — that supports the investigation and prosecution of sexual violence.

Age estimation: often necessary where a person's identity or legal age is in dispute.

Medical negligence and malpractice: forensic experts assess whether a healthcare provider met the required standard of care and give evidence in civil and criminal proceedings alleging medical fault.

Expert testimony: forensic medical experts routinely appear as expert witnesses, explaining medical findings and their legal implications.

Convergence of Law and Medicine in India

Medicine and law have both benefited from the growth of medical jurisprudence, which has made it possible to resolve problems that were once intractable — from establishing a child's paternity to identifying human remains disfigured in bomb blasts or industrial accidents, and from murder and rape to a wide range of other offences. DNA profiling results, for instance, remain admissible as expert evidence under the Bharatiya Sakshya Adhiniyam, 2023.[7] In forensic drug cases especially, medicine and law work in tandem: a forensic specialist typically conducts a detailed post-mortem examination — scanning every organ, examining some sections microscopically, and subjecting samples to DNA testing. This work regularly raises ethical questions, including: when should life support be withdrawn; on what criteria should scarce medical resources be distributed; and how far does patient confidentiality extend?

These questions call for a careful balance between legal knowledge, medical practice, and ethical norms. In ***Jacob Mathew v. State of Punjab***[8], the Supreme Court laid down guidelines on the criminal liability of doctors for negligence — a good example of law and medicine working together. The Court held that even taking the complaint at face value, the facts did

[6]Dr Lok Narayan Mishra, "Medical Jurisprudence in India", 3 IPRRJ 145 (2024).
[7]The Bharatiya Sakshya Adhiniyam, 2023 (Act 47 of 2023), s 39(1).
[8](2005) 6 SCC 1.

not disclose criminal negligence: the complainant had not alleged that the doctor was unfit to treat the patient. The case arose from an empty oxygen cylinder — whether because the hospital had failed to keep one ready, or because the cylinder in use ran out at a critical moment — and the Court held that this could ground civil liability on the hospital's part, but not criminal negligence on the doctor's.[9]

The Indian Statutory Framework

Grasping the legal dimension of medical jurisprudence requires an understanding of India's criminal law framework, which plays a crucial role in linking law and medicine: it gives shape to the constitutional right to health and life, the ethical duties of doctors, and the weight given to forensic evidence in legal proceedings.

The Bharatiya Nyaya Sanhita, 2023

- Section 25 — an act not intended, and not known to be likely, to cause death or grievous hurt, done with consent.
- Section 28 — consent known to have been given under fear or misconception.
- Section 200 — punishment for failing to treat victims of acid attacks and sexual offences.
- Section 234 — issuing or signing a false certificate.
- Section 271 — a negligent act likely to spread infection of a disease dangerous to life.

Section 106(1) — causing death by negligence: in ***S.K. Jhunjhunwala v. Dhanwati Kaur***[10], the Court held that a direct causal link is required before a doctor can be held guilty of medical negligence, and that a disease-related complication known to medical science is distinct from suffering caused by a practitioner's negligent procedure.

- Section 108 — attempt to commit suicide.
- Section 123 — causing hurt by poison or similar means, with intent to commit an offence.
- Section 116 — grievous hurt.

[9]The Bharatiya Nyaya Sanhita, 2023 (Act 45 of 2023), s 106.
[10](2019) 2 SCC 285.

Section 63 — rape: in ***State of Gujarat v. Ramesh Chandra Panchal***[11], the Court held that medical examinations must not be conducted in a cruel or degrading manner, and that patient welfare must remain paramount when dealing with gender-based violence.

The Bharatiya Nagarik Suraksha Sanhita, 2023

- Section 51(1) — examination of an accused person by a medical practitioner at a police officer's request.[12]
- Section 51(2) — examination of a female accused to be conducted only by, or under the supervision of, a female medical practitioner.
- Section 54 — examination of an arrested person by a medical officer.
- Section 194 — police duty to inquire into and report on suicides.

The Bharatiya Sakshya Adhiniyam, 2023

Section 39(1) — opinion of experts: where ocular evidence is credible, contrary medical opinion cannot erode its evidentiary value; the doctor who conducts the post-mortem is the sole authority on the injuries and cause of death.[13]

- Section 120 — presumption as to absence of consent in certain prosecutions for rape.

Medical Jurisprudence Through the Courts

India's medical jurisprudence is best understood through the judicial pronouncements that have consistently accorded it a place of importance.

In ***Madan Lal v. State of Rajasthan***[14], the High Court examined medical evidence relating to a rape allegation, focusing on the state of the victim's hymen. Medical jurisprudence offered insight into the anatomical indicators of sexual assault, including bruising patterns, helping the court assess the credibility of the prosecution case; the Court's reliance on this evidence led it to acquit the accused of rape under Section 63 of the BNS while convicting him of assault on a woman.

[11](2020) SCC Guj 114.
[12]The National Medical Commission (NMC) Act, 2019 (Act 30 of 2019).
[13]Ravi Kumar v. State of Punjab, (2005) 9 SCC 315.
[14](2012) 1 RLW 639.

In ***BharatbhaiMohanbhai Chavda v. State of Gujarat***[15], reliance on medical literature helped establish that the victim had been strangled rather than having died by suicide, as initially claimed, supporting a conviction under Section 103 of the BNS. The case illustrates how medico-legal principles play a pivotal role in providing the scientific insight courts need to resolve criminal matters fairly.

In ***Mulakh Raj v. Satish Kumar***[16], the Supreme Court relied on Taylor's Principles and Practice of Medical Jurisprudence to determine whether the deceased had died of asphyxia; the medical indications on the body pointed unambiguously to pressure on the neck, and the doctor's testimony was consistent with the accepted medical literature.

J. Venkatesan v. State of Tamil Nadu[17] shows the difficulty that arises when medical evidence is not adequately weighed: the initial verdict was overturned once fresh medical findings contradicted the earlier evidence, underscoring the need for careful medical investigation, and raising questions on the admissibility of evidence, the burden and standard of proof, and the underlying ethical principles at stake.

In ***Anil v. State of Maharashtra***[18], the Court held that a DNA profile is reliable, but that its reliability depends on the quality of laboratory procedure, and — as later cases have observed — on quality control outside the laboratory as well.

Digital Transformation of Medico-Legal Practice

Digital technology has reshaped medical jurisprudence in India by improving accuracy and efficiency through digital records and AI, widening access through telemedicine, and introducing new legal challenges around data privacy and cybersecurity. It has made medical evidence more accessible, enabled more advanced forensic analysis, and required new legal frameworks for issues such as patient consent and data security — marking a shift from paper-based documentation and in-person consultation to digital, technology-driven systems that has expanded both the scope and the efficiency of medical jurisprudence.

Artificial Intelligence in Medical Jurisprudence

[15](2021) INSC 295.
[16](1992) INSC 105.
[17](2008) Crilj 3052.
[18](2014) 2 Bom CR 94.

AI is increasingly used across the domains of medical jurisprudence — toxicological examination, identifying pathology in organs, and weapon identification among them. A 3D convolutional neural network, for example, can perform both generative and analytical tasks: by evaluating soft-tissue thickness from a skull, it can help estimate age and sex. DNA profiling and fingerprinting remain the two principal identification techniques in medical law, and comparing biometric data captured on a device against records already held can help establish identity. A more recent development is the use of AI to enhance virtual post-mortem CT and MRI scans, training algorithms on body imaging to help detect organ pathology and, potentially, the cause of death.[19] Estimating the time since death is a related and important task in criminal investigation, and blood contains markers that can assist in that calculation. AI is accordingly being used to:

- examine toxicology samples for the presence of substances or poison in blood, urine, and hair;
- assist medico-legal post-mortem examinations in identifying the pathological cause of death; and
- detect substance abuse using dedicated testing software.

As AI use in healthcare grows, clear guidance from professional bodies will help the field realise its benefits responsibly.[20] It has also been argued that AI-assisted surgery could be treated as a form of clinical trial under law — a characterisation that raises further questions about the patient's right to health under Article 21 of the Constitution, and underlines the need for a clear legal framework governing AI in surgical practice.

Telemedicine and E-Health

Telemedicine — literally, "healing from a distance" — is defined by the WHO as the delivery of healthcare using information and communication technology to exchange valid information for diagnosis, treatment, and disease prevention. It has grown steadily over the past decade and saw a sharp rise in use after 2020 because of the COVID-19 pandemic. Its aims include reaching large numbers of patients, narrowing the distance between patients and doctors through phone, email, and other digital channels, and making better use of communication technology to improve access to care.

[19]Arijit Dey, "Role of AI in Medical Jurisprudence", 8 RFPJHM 32 (2024).
[20]Ibid.

The absence of a dedicated telemedicine statute does not make the practice unlawful in India. In March 2020, the Government of India issued the Telemedicine Practice Guidelines, 2020, incorporated as Appendix 5 to the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002. Their salient features include:

Who may practise telemedicine? Any Registered Medical Practitioner enrolled on the State or Indian Medical Register.

Ethics and confidentiality: RMPs must observe the same principles of medical ethics — including safeguarding patient privacy and confidentiality — in their use of technology as in clinical practice, and must exercise reasonable caution to prevent any breach.[21]

Mode of consultation: left to the RMP's discretion, based on the patient's complaint, the need for visual or audio interaction, the patient's condition, and available resources; the RMP retains the right to insist on an in-person consultation where warranted.

Consent: implied where the patient initiates the teleconsultation; where the RMP initiates it, explicit consent — by email, text message, or a stated intention over phone or video — is required.

In ***Deepa Sanjeev Pawaskar v. State of Maharashtra***[22], a postnatal patient who returned to hospital with severe vomiting was examined only by a nurse and admitted; the treating doctor prescribed medication over the phone, based on the nurse's account, without a proper diagnosis. The patient's condition deteriorated and she died. The Court held the doctor negligent for prescribing medicine by telephone without obtaining the necessary clinical information or arriving at a diagnosis.

Electronic Health Records and the DPDP Act, 2023

Electronic health records (EHRs) are digital versions of a patient's medical history maintained by healthcare providers. The Digital Personal Data Protection Act, 2023 regulates EHRs by requiring healthcare providers, as Data Fiduciaries, to obtain explicit patient consent for processing, and by giving patients, as Data Principals, the right to access, correct, and know how their sensitive health information is used. The Act imposes robust security

[21]The Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 (Act 102 of 1956), s 7.
[22]AIR 2018 Bom 432.

obligations and significant penalties for non-compliance, and requires hospitals to delete EHR data once it is no longer necessary, unless retention is otherwise legally required.[23] Key provisions include:

Section 4 — obligations of Data Fiduciaries: hospitals, clinics, insurers, and digital health platforms are responsible for lawfully processing EHRs.

Section 5 — consent-based processing: EHRs may be processed only with the patient's free, informed, specific, and unambiguous consent.

Section 8 — rights of the Data Principal: patients have the right to access, correct, delete, and restrict the sharing of their EHR data.

Digital Forensics and Evidence

Combining digital expertise with traditional forensic method is essential to effective investigation, allowing evidence to be drawn from both physical and digital sources. Digital crime scenes call for specialised techniques to preserve and analyse evidence accurately, extracting data from sources such as EHRs, hospital management systems, telemedicine consultations, hospital CCTV, correspondence between doctors and patients, and digital prescriptions or consent forms. Proper procedure in gathering such evidence is vital to its admissibility; inadequate handling - compromising accuracy, authenticity, or completeness - has kept many cases from succeeding in court.[24] The admissibility of digital evidence turns on its originality, reliability, and relevance under Indian evidence law.[25] In the landmark case of ***Arjun Panditrao Khotkar v. Kailash Kushanrao***[26], the Supreme Court held that although a certificate under Section 63 of the BSA is generally required for digital evidence to be admissible, it may be produced later where it was genuinely impossible to obtain at the time of filing - a pragmatic approach that upholds procedural safeguards without letting formality defeat justice.[27] Digital forensics, in short, is the scientific examination of data on electronic devices to uncover evidence admissible in court; in suspected homicide, medical malpractice, or custodial death, digital autopsy reports, wearable-device data, and imaging records can provide crucial leads.

[23]The Digital Personal Data Protection Act, 2023 (Act 22 of 2023), s 11.
[24]Kunal Kanwat, "The Role of Forensic Evidence in Criminal Investigations in India", 12 IJCRT 117 (2024).
[25]The Bharatiya Sakshya Adhiniyam, 2023 (Act 47 of 2023), s 63.
[26](2020) 7 SCC 1.
[27]Ibid.

DNA Profiling in Medical Jurisprudence

DNA testing is now central to forensic science, allowing scientists to compare genetic material from individuals or evidence to link, or rule out, suspects.[28] Its admissibility depends on scientific validity and general acceptance. The DNA Technology (Use and Application) Regulation Bill, 2019 - which proposed a national and regional DNA data bank - lapsed for want of the requisite assurance in the Rajya Sabha. In ***Rahul v. State of Delhi***[29], DNA evidence was excluded because the samples had remained in police custody for two months, casting doubt on the integrity of their collection and sealing. More recently, in ***Kattavellai Devakar v. State of Tamil Nadu***[30], the Supreme Court issued guidelines to preserve the integrity of DNA samples in criminal cases, directing police to maintain a proper chain-of-custody register and supporting documentation. The key requirements are:

- samples must be collected with due care, packed appropriately, and documented with the FIR number, relevant sections, and details of the investigating officer and police station;
- the investigating officer must ensure the sample reaches the appropriate police station or hospital, and the concerned forensic laboratory within 48 hours;
- once samples are stored pending trial or appeal, no package may be opened or altered without proper authority; and
- the chain-of-custody register must record the full timeline from collection to final disposal.

The Medical Expert Witness

A medical expert witness is a specialist — usually a doctor or healthcare professional — who brings advanced medical knowledge to bear on legal proceedings involving medical issues, such as medical negligence, personal injury, and wrongful death. In a negligence case, for example, the expert assesses whether the healthcare provider met the accepted standard of care, helping the court decide questions of liability and compensation. In ***State of Karnataka v. J. Jayalalitha***[31], the Court held that an expert is not a witness of fact: expert evidence is

[28]Editorial, "What do SC guidelines say on DNA", The Hindu (15 September 2025).
[29]2022 SCC OnLine 132.
[30]2025 INSC 845.
[31](2017) 6 SCC 263.

advisory in character, intended to give the court scientific criteria against which to test the accuracy of a conclusion, with the final judgment remaining the court's own. The expert's role typically includes:

Explaining technical detail: translating complex medical concepts and findings into terms a non-specialist court can follow.[32]

Establishing the standard of care: assessing whether a practitioner met or departed from accepted medical practice — central to any negligence claim.

Determining the facts: establishing a person's physical condition, cause of death, the nature and effect of injuries, and the likely time frame of injury or disease onset.

Providing an unbiased opinion: offering an objective, fact-based view rather than advocating for either party.

Assisting the court: helping the court form its own view on technical questions; expert testimony is persuasive but not binding.

Supporting the litigation process: from the registration of an FIR through to the final outcome of the case.

Abortion Law in India: Statutory Framework and Judicial Trends

In ordinary usage, "abortion" refers to the termination of pregnancy resulting in the death of the embryo or foetus. The landmark American decision in ***Roe v. Wade***[33] recognised a woman's right to make decisions about her pregnancy as deserving of a high level of constitutional protection, while allowing the state to impose certain restrictions to protect maternal health — and it influenced many jurisdictions, India included, to legislate on abortion. Indian law on the subject sits across two statutes: Sections 88–94 of the BNS, and the Medical Termination of Pregnancy Act, 1971. Section 88 of the BNS criminalises the termination of pregnancy, exposing both the woman and the doctor to liability where consent was given; the MTP Act, 1971 created a conditional exception permitting termination in defined circumstances. In its 2022 ruling, the Supreme Court went further, treating abortion rights as fundamental rights: on facts concerning an unmarried woman seeking termination

[32]Id. at 26.
[33]410 U.S. 113.

between 20 and 24 weeks under Section 3(2)(b), the Court held that the case fell outside Rule 3B of the MTP Rules as then framed and denied the termination sought, but observed — in the words of Justice Chandrachud — that "[a] changed social context demands a readjustment of our laws. Law must not remain static and its interpretation should keep in mind the changing social context and advance the cause of social justice."[34] The ruling established three propositions: unmarried women are entitled to seek termination; transgender persons fall within the framework; and the right to terminate a pregnancy forms part of the decisional autonomy of a pregnant person.

The MTP Act, 1971: A Closer Look

Section 3 of the MTP Act sets out the conditions under which a registered medical practitioner may terminate a pregnancy. Sub-section (1) opens with a non-obstante clause overriding the Indian Penal Code's provisions on abortion, so that a practitioner who terminates a pregnancy in accordance with the Act is not liable under the IPC or any other law then in force. Sub-section (2), subject to sub-section (4), permits termination up to twelve weeks on the opinion of one registered practitioner given in good faith, and up to twenty weeks on the opinion of two, where either there is a risk to the pregnant woman's life or health (Section 3(2)(b)(i)) or a substantial risk that the child, if born, would suffer serious physical or mental abnormality (Section 3(2)(b)(ii)). In assessing risk under Section 3(3), the woman's actual or reasonably foreseeable circumstances are to be taken into account. Section 3(4)(a) requires a guardian's consent to terminate the pregnancy of a minor or a person of unsound mind, while Section 3(4)(b) requires the pregnant woman's own consent regardless.

Constitutional Challenges to Sections 3(2), 3(4), and 5

The constitutional validity of these provisions is under challenge before the Supreme Court under Article 32, in ***Swati Agarwal & Ors. v. Union of India***[35], on the ground that they violate Articles 14 and 21. The petitioners argue that Section 3(2)(a)'s requirement of a practitioner's opinion places an undue burden on a woman's reproductive choice; that the twenty-week limit in Section 3(2)(b) is unduly restrictive given advances in medical technology that make later termination safe; that Explanation 2 to Section 3(2), which applies only to married women, discriminates against unmarried women even though the

[34]X v. The Principal Secretary Health and Family Welfare Department & Another, (2022) SCC OnLine 1322.
[35]Civil Writ Petition No. 825 of 2019.

consequences of an unwanted pregnancy can be graver for them; and that Section 3(4)'s requirement of guardian consent for minors and persons of unsound mind is arbitrary and fails to account for evolving medical and social circumstances, in violation of Articles 14 and 21.[36]

Should the Law Move Beyond Rigid Gestational Limits?

The MTP Act sets a general outer limit of 24 weeks, subject to two exceptions: substantial foetal abnormality certified by a medical board, and risk to the pregnant woman's life. The Supreme Court has, on occasion, permitted termination as late as 33 weeks in cases of foetal anomaly, exposing a gap between rigid statutory categories and the realities of medicine and lived experience. Commentators argue that, where termination can be performed safely and with the pregnant person's consent, the same logic should extend to other situations warranting late termination — sexual assault, rape, and acute mental-health crises among them — particularly since survivors of sexual assault, minors, and adolescents often present late because of trauma, stigma, limited awareness of their entitlements under the Act, restricted mobility, or delayed recognition of pregnancy, rather than through any choice of their own. On this view, risk should be assessed clinically rather than by an inflexible statutory cut-off, and the 2022 ruling's recognition of reproductive decisional autonomy as a fundamental right should mean that the decision to terminate ultimately rests with the pregnant person rather than the doctor or the state.

In ***Suchita Srivastava v. Chandigarh Administration***[37], the Supreme Court held that the Chandigarh Administration could not authorise termination of Suchita Srivastava's pregnancy against her wishes, affirming that a woman's right to make reproductive choices is a fundamental right, and that mental disability does not extinguish that right.

Devika Biswas v. Union of India[38] is a landmark ruling establishing that negligent, coercive sterilisation in government-run camps violates women's rights to life, health, and reproductive autonomy, and reinforces the state's duty to enforce strict safety protocols, recognising reproductive rights as integral to personal dignity.

[36]The Medical Termination of Pregnancy Act, 1971 (Act 34 of 1971), s 5.
[37]AIR 2009 SC 989.
[38](2016) 10 SCC 726.

In ***A (Mother of X) v. State of Maharashtra***[39], the Supreme Court upheld reproductive autonomy, bodily integrity, and dignity as fundamental rights under Article 21, permitting a minor to terminate a 30-week pregnancy arising from sexual assault, and held that the pregnant person's consent is paramount, capable of overriding the recommendations of medical boards and strict statutory timelines in cases of severe trauma.

Challenges in the Current Medico-Legal Framework

Regulatory gaps and inconsistency: the regulatory architecture governing medical jurisprudence in India remains fragmented, with no consistent set of principles guiding authorisation across agencies.

Ethical dilemmas: forensic practitioners often face conflicting duties — confidentiality against patient welfare, for instance, or thorough forensic examination against a sexual-assault victim's privacy and dignity. Informed consent on digital platforms can be reduced to a mere checkbox, and it is often unclear who owns patient data — the patient, the hospital, or the technology provider.

Data privacy and confidentiality: EHRs and cloud-based systems make patient data more accessible but also more vulnerable to breach and unauthorised access, complicating doctor-patient confidentiality when third parties — technology vendors, insurers, or attackers — can reach sensitive information.

Cybersecurity and digital-forensic limitations: hospitals and clinics are frequent ransomware targets, putting patient safety and evidentiary integrity at risk; recovering, preserving, and interpreting medical data without breaching privacy calls for specialised expertise that is currently in short supply.

Inadequate forensic infrastructure: India's forensic infrastructure remains under-resourced and short of advanced equipment and trained personnel, and questions of liability — for instance, who answers for an AI misdiagnosis — remain legally unresolved, as does jurisdictional clarity for cross-border teleconsultation.

Gaps in awareness and training: though medical jurisprudence is a compulsory subject in medical education, the depth of training varies considerably, and many practitioners lack

[39]Civil Appeal No. 51890 of 2024.

grounding in cyber law, digital-evidence handling, and data-protection compliance, leading to procedural error and legal exposure.

AI and automation: AI-driven diagnostics and robotic surgery raise unresolved questions of accountability and standard of care — whether liability for AI-related harm should fall on the doctor, the developer, or the hospital — and algorithmic bias risks discriminatory outcomes that compromise patient rights.

Way Forward and Recommendations

Legislative reform: address regulatory gaps by establishing a unified regulatory authority for forensic matters, enacting comprehensive legislation on digital medical practice — covering telemedicine, AI-based diagnostics, and EHRs — and harmonising the Information Technology Act, 2000, the DPDP Act, 2023, and the BSA, 2023 with principles of medical ethics and patient privacy.

Data protection and cybersecurity: mandate encryption, anonymisation, and access controls for patient data; require periodic cybersecurity audits of hospitals and digital health platforms; and develop a national digital-health security framework under the Ministry of Health and Family Welfare, in partnership with cybersecurity experts.

Scientific capacity-building: invest in digital forensics, DNA profiling, and advanced toxicology to improve the precision and reliability of forensic investigation.

Training and digital literacy: strengthen medical jurisprudence in the curriculum and expand professional-development opportunities so forensic specialists are equipped to handle complex cases.

Standardised consent and documentation: establish uniform digital consent protocols so patients understand how their data is used, stored, and shared; explore blockchain-based consent management for traceability; and give digital signatures and e-authentication clear statutory recognition in medico-legal documentation.

Public awareness: build public understanding of forensic medicine through education, media engagement, and community outreach, so as to build support for reform and confidence in forensic institutions.

Conclusion

On balance, the research bears out the hypothesis with which this study began. Medical law sits at a critical junction of India's justice system, binding medicine and law together in ways that, despite considerable friction, offer real potential for the development of both fields. Forensic practitioners bring scientific expertise to the aid of law enforcement, and the scientific disciplines of diagnosis, treatment, biochemistry, and related fields remain, in many cases, indispensable to a court reaching a sound decision. Addressing the challenges identified in this paper — regulatory gaps, ethical dilemmas, and inadequate forensic infrastructure — through legislative reform, technological investment, capacity-building, interdisciplinary collaboration, and public awareness would strengthen medical jurisprudence in India, improve outcomes in criminal proceedings, and reinforce public confidence in the justice system.

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