



CONSUMER PROTECTION IN HEALTHCARE: RIGHTS, REMEDIES, AND REGULATIONS

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Abstract

The promotion of patient safety, rights, and well-being is facilitated by consumer protection in the healthcare industry through the use of legal and regulatory frameworks. This study explores numerous frameworks and looks at the role that organizations play in supporting patient rights such as informed consent, privacy, and access to high-quality care. The goal of this study is to gain a better understanding of patient rights such as these. It provides case studies on how consumer protection laws are implemented, as well as an examination of grievance channels, which include patient advocacy organizations, healthcare ombudsmen, and legal channels, among others. The consequences of the progression of technology and the spread of globalization are also taken into consideration, which draws attention to new problems and suggests potential solutions. It is recommended in the conclusion of the study that ongoing changes and enhanced stakeholder involvement be implemented in order to protect and empower consumers of healthcare provision.

Keywords:- Consumer, Protection, Healthcare, Regulations.

1. INTRODUCTION

South Africa has very recently begun implementing the Consumer Protection Act 68 of 2008, which occurred in 2008. All transactions that take place within the nation and include the sale of goods or services in return for consideration are subject to the Act's application, unless the transaction is excluded

from the Act's application. The definition of consumer services in the Act makes it abundantly clear that a patient is considered to be a "consumer" for the purposes of this regulation. Despite the urgent need for a comprehensive framework that regulates consumer affairs and safeguards consumers in general, the application of the Act to the health care business offers considerable practical barriers and causes a great deal of confusion. This is despite the fact that such framework is urgently needed¹. In this article, we will first discuss the Act's scope, intent, and execution, and then we will go on to discussing the Act's introduction of no-fault liability. Following this, a discussion is held about the impact that the Act's enhanced consumer rights will have on general medical practice. Particular focus is paid to the modifications that practitioners and facilities will need to make in order to comply with the new requirements. Following that, this article will discuss comparable legal provisions in the United States of America and the European Union. This is due to the fact that the Act clearly implies that relevant foreign and international law may be taken into consideration while interpreting the Act. In conclusion, the article examines the remedies and remedial procedures that are available under the Act. It concludes with some recommendations to health care providers and establishments to ensure that the services they provide are in compliance with the Act. These recommendations are based on the conclusions that were drawn from an interpretation of the Act as well as comparable international examples.

2. MEANING OF HEALTH

One such term that the majority of people have difficulty defining, despite the fact that they are aware of what it alludes to is "health." In the human situation, everyone is in agreement that health is extremely important. genuinely has a practical value for the practice of health care and satisfies more than simply the academic need of health analysis. When this is taken into consideration, several attempts have been

1. Bharati, A. S., Mallannavar, V., SriKrishna, S., & Nataraj, H. R. CONSUMER PROTECTION ACT

1986 AND IT'S IMPLEMENTATION IN HEALTHCARE SYSTEMS.



made to define health. According to the World Health Organisation (WHO), health is defined as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity²." This is a comprehensive definition of health. When it comes to this term, the most prevalent manifestation is international recognition. On the other hand, it highlights how important it is to recognize not just the right to healthcare but also the right to a range of fundamental requirements for health. Some of the preconditions that are considered to be necessary are as follows: (i) access to medical and health-related education and information, including sexual and reproductive health; (ii) a sufficient supply of safe food, nutrition, and shelter; (iii) safe and potable water and sufficient sanitation; and (iv) a healthy occupational and environmental environment.⁵ In the case of *Kirloskar Brothers Ltd. v. State Insurance Corporation*, the Supreme Court of the United States ruled that the right to health included not only the right to sanitary working conditions but also the right to eliminate disease and physical disability. The criteria that were presented by the World Health Organization served as the basis for this ruling made by the court³.

3. RIGHT TO HEALTH UNDER INDIAN CONSTITUTION

In India, the right to get medical treatment has been recognized for a very long time. Following India's attainment of independence, it has been recognized by a number of the sections that are included in the Constitution. When it comes to the implementation of Article 19 (1) (g), which provides all Indian citizens the right to participate in any profession or business, public health is stated as one of the concerns that might be considered as a constraint. There is a provision in the Constitution known as Article 21 that

provides that no one may be deprived of their life or personal freedom unless a procedure that has been lawfully established is followed. A number of rulings were made by the Supreme Court and High Courts in order to interpret Article 21 in the context of a variety of international agreements. This was done in an effort to widen the scope and extent of the provision. In accordance with Article 21, they were successful in including the right to health care as an essential component of life protection.¹² In addition, the Supreme Court of the United States decided in the case of *State of Punjab v. Mohinder Singh*¹³ that the right to health is now generally acknowledged as a legal prerequisite for the right to life. Under Article 39(e) of the Constitution, the State is specifically expected to focus its policies on safeguarding the values that preserve the health, strength, and development of workers as well as the tender age of children. This obligation is imposed on the State⁴. Under Article 41 of the Constitution, "[t]he state shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education, and to public assistance in case of unemployment, old age, sickness and disablement, and in other cases of undeserved want." The implication of this is that individuals have the right to receive help in the event that they become ill or disabled. It should come as no surprise that these laws have implications for health. Article 42 of the Constitution mandates that the state is responsible for ensuring that working conditions are humane and equitable, as well as providing maternity leave. Increasing the standard of life for its residents, encouraging better nutrition, and enhancing public health are the key tasks that are listed in Article 47 of the Constitution of the State of the United States. It is also the intention of the state to make it illegal to use alcohol and medications that are particularly

²ELENA, C. (2020). COMPATIBILITY OF CONSUMER RIGHTS WITH PATIENT RIGHTS IN MEDICAL SERVICES.

³Nothling Slabbert, M., & Pepper, M. S. (2011). *Medicine and the law: the Consumer Protection Act: no-fault liability of health care providers*. South African Medical Journal, 101(11), 800-801.

⁴Slabbert, M. N., Maister, B., Botes, M., & Pepper, M. S. (2011). The application of the consumer protection act in the South African health care context: concerns and recommendations. *Comparative and International Law Journal of Southern Africa*, 44(2), 168-203.



hazardous to one's health, unless they are recommended by a medical professional. Article 48-A states that the state "shall endeavor to protect and improve the environment and to safeguard the forests and wild life of the country." This obligation is placed on the state. It has a significant impact on the cleanliness of a person as well as their overall health. The essential responsibilities of every Indian citizen are outlined in Article 51-A (g) of the Constitution^[5]. These responsibilities include having compassion for all living things and maintaining and developing the natural environment, which includes forests, lakes, rivers, and animals. Compassion is also required of every Indian citizen. The public's health is intimately connected to these responsibilities.

This right is primarily enforced by the government of India, which is the principal authority responsible for doing so. According to the Indian Constitution, health is an issue that falls under the jurisdiction of the state, despite the fact that the concurrent list includes a number of health-related themes. As a consequence of this, the Central government is in a position to initiate reforms in the health sector by means of its policies and the distribution of financial resources^[6].

4. REMEDIES AVAILABLE UNDER CONSUMER PROTECTION ACT, 1986 AGAINST UNFAIR TRADE PRACTICES

- In response to a consumer complaint submitted to it, the District Consumer Disputes Redressal Fora, State Commission, or National Commission may, as the case may be, mandate the following remedies:
- To return the price, or in some cases, the charges paid by the complainant, to the complainant;
- To pay any amount that may be awarded by it as compensation to the consumer for any loss or

injury suffered by the consumer as a result of the opposite party's negligence;

- To remove the defect identified by the appropriate laboratory from the goods in question;
- To replace the goods with new goods of similar description that shall be free from any defect.
- To remove any defects in the goods or deficiencies in the services in question;
- To stop unfair trade practices or restrictive trade practices, or not to repeat them; to stop offering hazardous goods for sale; to remove hazardous goods from being offered for sale;
- To stop producing hazardous goods and to stop providing services that are hazardous in nature; and, if it believes that a significant number of customers who are not easily identifiable have suffered loss or injury, to pay the amount that may be determined by it.
- To Compensate for Appropriate Costs to Parties Involved;
- To release a correction advertisement to offset the impact of a misleading advertisement at the expense of the opposing party that released it.

5. ROLE OF JUDICIARY

India has always recognized the access to health care as a fundamental human right. In accordance with Article 21 of the Constitution of India, the Indian court played a significant role in the acknowledgment of this constitutionally granted right. In the case of Consumer Education and Research Centre v. Union of India, 15 the Supreme Court of India ruled that the right of a worker to receive health and medical assistance in order to maintain their health and vitality while they are employed or after they retire is a fundamental right under Article 21, when read in

⁵Menon, A. (2022). A Legal Exploration of Deceptive Healthcare Practice and Medical Negligence under Consumer Protection Law. Issue 4 Int'l JL Mgmt. & Human., 5, 512.

⁶Jacobs, W., Stoop, P. N., & Van Niekerk, R. (2010). Fundamental consumer rights under the Consumer

Protection Act 68 of 2008: A critical overview and analysis. Potchefstroom Electronic Law Journal/Potchefstroomse Elektroniese Regsblad, 13(3).



conjunction with Articles 39(e), 41, 43, and 48A⁷. The worker's life will be more important and significant for society as a result of this acknowledgment, which will assist to guarantee that it is meaningful. Clauses (e) and (f) of Article 39, as well as Articles 41 and 42, are the sources of the directive principles of state policy, which are the source of the right to live with human dignity, which is protected by Article 21⁸. As a consequence of this, it is an absolute need that it safeguards the physical and mental well-being of workers, both male and female, as well as the vulnerable age of children, against any form of abuse. In addition, there must be chances and facilities available for children to develop in a manner that is favorable to their health. In its decision on the matter of *Bandhua Mukti Morcha v. Union of India* (16), the Supreme Court of India made this observation. It is not within the jurisdiction of either the federal government or any state government to take any action that would prevent someone from having access to these essentials. These are the basic minimums that must be provided in order for a person to live with human dignity. In the case of *C.E.S.C. Limited v. Subhas Chandra Bose*, 17, the Supreme Court came to the conclusion that access to healthcare is a fundamental right. As evidence, the court cited the Universal Declaration of Human Rights and the International Covenant on Economic, Social, and Cultural Rights.

Over the course of time, Indian courts have interpreted different constitutional articles in the framework of human rights jurisprudence, and as a result, they have recognized a number of other rights that are connected to the right to health. These rights include the right to get medical treatment in a timely manner (18), the right to receive treatment in government hospitals (20), the right to health for women and children (21),

the right to receive medical practice care (22), the right to access medications and public health (23), and the right of workers to have a job[8]⁹.

Even though the right to health is guaranteed by a number of international treaties, it is clear that the situation in India is considerably different from what is observed in other countries. In our country, many people do not consider health to be a fundamental right¹⁰. On the other hand, the right to health is not mentioned anywhere in the Indian Constitution. The Supreme Court and the High Courts have both acknowledged that health is a basic right; nevertheless, legislative measures have not been successful in achieving this recognition. As a consequence of this, the right to health is not expressly protected by any type of legislation. The advancement of medical research has also been accompanied by an increase in the number of incidents in which medical professionals, public hospitals, and commercial enterprises have acted in a reckless manner. And now that the Consumer Protection legislation of 1986 has been implemented, it acts as a way of enforcing the health right and resolving complaints of medical malpractice. This is because the legislation was passed in 1986.

6. DEFICIENCY IN SERVICES UNDER CONSUMER PROTECTION ACT

It is possible for a consumer to make a complaint with the appropriate Consumer Forum in accordance with the Consumer Protection Act of 1986 in the case that there is a problem with the service.²⁹ On the other hand, the question arises as to what kinds of services are included in this category and when a service is considered to be lacking in terms of service. "Deficiency means any fault, imperfection, shortcoming or inadequacy in the quality, nature and

⁷ Manoj, N. K. (2022). Study on The Medical Negligence Liability of Doctors with Special Reference to The Consumer Protection Act 2019.

⁸ Askarov, J. (2024). CONSUMER PROTECTION IN THE PROVISION OF HEALTH SERVICES. *World Bulletin of Management and Law*, 31, 17-21.

⁹ Prayuti, Y., Lany, A., Santosa, B., Juliantary, S. R., & Antoni, R. (2024). Legal Implications of

Consumer Protection on Healthcare Access: A Qualitative Study of Consumer Experience in Community Health Centers. *ARRUS Journal of Social Sciences and Humanities*, 4(2), 169-183.
¹⁰ Nuryaasiinta, C. M. W. (2020). How Far is Consumer Protection in the Health Care Sector?. *Unnes Law Journal*, 6(1), 47-72.



manner of performance which is required to be maintained by or under any law for the time being in force or has been undertaken by a person in pursuance of a contract or otherwise in relation to any service," according to the definition of the term that is provided in the Act's Section 2(1)(g) subsection.30 % When it comes to occurrences of poor service, there is no rule that can be set with absolute certainty; rather, each situation needs to be reviewed and judged based on the specific qualities that it possesses. A deficiency in the service that is being offered may be indicated by a number of concerns, including but not limited to inefficiency, carelessness, lack of authenticity, rashness, rush, omission, and other similar issues[9]¹¹. A number of service categories have been identified by the courts as having "deficiencies in services" on a few occasions. The sectors of (i) medical services; (ii) insurance services; (iii) financial services; (iv) railway services; and (v) telephone services are the only ones in which a limited number of these aspects of service shortcomings are discovered. services in the immediate area, etc.

7. CHALLENGES BEFORE THE HEALTH CARE SYSTEM

It is still mostly unknown what the current state of health care is in India. It is impossible for the laws that are now in place to adequately address the issues that are plaguing both the public and private health care systems. Each and every one of these challenges has an impact on the entirety of civilization. Excessive expenses, food safety, workplace cleanliness, maternity and child health, rural health care systems, medicine access, infectious illnesses, a lack of human resources, and a lack of public awareness are the most significant challenges that the public and private health care sectors are now confronting¹².

An enormous amount of financial resources are utilized by the healthcare system. It is impossible for those who are economically disadvantaged to make use of the cutting-edge medical system and all of its gear since they do not have the money.41% This results in the government having to extensively fund the health care system, which in turn brings about a decrease in the quality of the system. Furthermore, as a result of advances in scientific knowledge, farmers are placing a greater emphasis on boosting their output, and in the process, they are compromising the safety of their food supply. The result remains the same even if there are laws that are intended to restrict this and organizations that are tasked with taking necessary action since these laws and organizations are not being executed. Growing plants continues to include the use of pesticides and other chemical components, which puts the food safety of the general population in jeopardy[10]¹³.

Hygiene in the workplace is one of the most significant challenges that the government must face. There is a significant difference between the job situation in private enterprise and that in the government. A variety of measures are being taken by governments in order to ensure that workers in mines, textile factories, chemical factories, and other businesses are provided with the basic minimum of cleanliness while they are on the job. Furthermore, the government continues to struggle with the provision of care services for high-risk occupations, as well as diseases and accidents that are connected to the workplace. The discontent of the working class is further worsened by the absence of the application of ergonomic principles, the carelessness of employers in the installation of safety equipment, inadequate monetary recompense, and the weak enforcement of labor laws and regulations.⁴² The prevalence of low birth weight and premature delivery has remained relatively stable, despite the fact that there has been

¹¹ Nevers, A. H. (2001). ERISA Right to Sue: An Rx for Health Care That Places Forum over Substantive Consumer Rights. *NmL Rev.*, 31, 493.

¹² Sindhu, S., & Dayal, B. (2023). Health Care Services under the Consumer Protection Act, 2019: An Overview.

¹³ Pauerstein, R. (2020). Consumer Protections in the Context of Holistic Healthcare. *SMU Sci. & Tech. L. Rev.*, 23, 65.



progress in mother and child health.^{43.1} In order to address these issues, it is required to have a more sophisticated understanding of the biological, social, economic, environmental, and psychological factors that have an impact on the health of mothers and children¹⁴.

In addition, the health care systems in urban and rural areas are very different from one another in a substantial way. Despite the fact that governments have made attempts to create health care facilities in every hamlet, these institutions nevertheless struggle to function since they do not have appropriate equipment or pharmaceuticals for emergency situations¹⁵. The general population is confronted with a number of challenges, one of the most significant of which is the costly and limited availability of emergency medical care. In spite of the fact that the concept of a shop that sells drugs at reasonable prices is gaining popularity, it is being seriously impeded by a lack of information as well as a corrupt relationship between dealers and experts. As a result of the emergence of novel infectious illnesses and the resurgence of drug-resistant strains, it is very necessary to continue the battle against infectious diseases. One more obstacle that stands in the way of universal access to healthcare is the scarcity of medical personnel, including physicians and assistants. The majority of people who experience this problem live in rural areas. The public's lack of awareness regarding the many health plans, health insurance, and free medical camps that are available is another source of conflict for the government, which is also experiencing challenges.

8. SCOPE AND IMPLICATIONS OF CPA 2019 IN THE HEALTH SECTOR

Pecuniary jurisdiction

The definitions of "pecuniary" and "jurisdiction" are respectively "relating to or consisting of money" and "the official power to make legal decisions and judgments." Every court in the legal system has

financial restrictions. The pecuniary jurisdiction has undergone a number of modifications as of CPA 2019. Initially, cases up to Rs 1 crore, Rs 1 to Rs 10 crore, and Rs 10 crore or more will be submitted with the District, State, and National Commissions, in that order. Second, the consideration paid—rather than the compensation claimed—would determine the pecuniary jurisdiction. The sum of money that the patient must pay the doctor in order to receive the services is referred to as "consideration." This means that rather than taking into account the true worth of the service, consideration is determined by the amount paid by the customer. This is a significant shift because, under CPA 1986, the patient's compensation claim—rather than the actual consideration—determined the pecuniary jurisdiction.

For example, a patient might pay a doctor or hospital Rs 2 lakh for an operation, get hurt during the procedure because of alleged medical malpractice, and then demand compensation totaling Rs 2 crore. Since the claim exceeds Rs. one crore, the National Commission would have heard this matter under the prior legislation. Since the consideration is less than Rs 1 crore, it would go to the District Commission under the present Act. As a result of the new clause, cases that were filed with the State or National Commission are now more likely to end up before the District Commission.

The location of the complaint filing is the subject of the second significant modification. Consider the situation of a Bengaluru-based physician who treats a patient from Bihar with specialized urological care. When the patient experiences difficulties, she chooses to sue the physician. The patient had to file the complaint in Bengaluru in accordance with CPA 1986. As per the CPA 2019, the patient is able to lodge a complaint at the location of the service provider or at their place of employment.

Third, the ability to teleconference permits medical professionals to attend proceedings from anywhere in the nation.

¹⁴ Smith, K. (2000). Consumer protection in health care. Policy, Politics, & Nursing Practice, 1(2), 128-132.

¹⁵ Bantekas, I. (2012). Consumer rights as human rights. Cyprus Hum. Rts. L. Rev., 1, 184.



Due to the fact that these understaffed authorities would be taking on lawsuits worth up to Rs one crore, the District Commission's workload is expected to significantly expand. The fundamental goal of the CPA, which was to obtain swift remedy unavailable in the civil courts, will be defeated if extra human resources are not provided to satisfy the objectives of this modified law. This will result in a further and significant delay in the delivery of justice.

Mediation cells

In CPA 2019, mediation cells—an alternative conflict resolution mechanism—were introduced. Through the process of mediation, parties to a disagreement choose to resolve their differences amicably while receiving the assistance of an impartial third party who serves as a mediator.

The use of mediation cells could speed up the resolution process between parties, which could otherwise take months or even years. Furthermore, after hearing the needs of each party, a settlement is established through mediation. As a result, the settlement is decided upon jointly and cannot be changed once it is made. It is not necessary for the panelist in the mediation to be an expert on the case at hand.

The Consumer Protection (Mediation) Rules, 2020, however, clearly state that some cases are not covered by mediation, including those involving medical malpractice that caused serious injury or death. Therefore, it is crucial that medical professionals understand that mediation is not an option in cases involving medical negligence that result in serious injury or death.

Litigation

Following the ruling in *Indian Medical Association v. VP Shantha*, there has been a concerning rise in medical lawsuits in India. There are new provisions on the grounds and procedures for litigation in the CPA 2019.

First, there are several reasons to file a lawsuit: not providing the patient with a bill or receipt; not obtaining informed consent (which falls under the

category of unfair trade practices); not protecting patient privacy; endorsing services in a false or deceptive manner; liability for product services; and "deficiency" in services. "Any act of negligence or omission or commission by such person which causes loss or injury to the consumer and deliberate withholding of relevant information by such person to the consumer" is covered by the last clause.

Second, there is no price associated with filing a lawsuit for services up to Rs five lakh. A small fee is required in order to file a lawsuit for services exceeding Rs five lakh. The CPA 2019 allows telehearings and the electronic filing of complaints. We've already covered changes to the financial jurisdiction for complaint filing.

9. CONCLUSIONS

The preservation of patients' rights and the assurance of the delivery of high-quality medical services are both dependent on the healthcare industry's efforts to safeguard consumers. This study highlights the necessity of comprehensive legal and regulatory systems that protect patients from malpractice, negligence, and unethical behavior. These mechanisms should be in place to protect patients. In view of the fact that patient rights include the right to receive high-quality medical treatment, the right to privacy, and the right to give informed consent, it is essential to have robust protocols in place for the management of complaints and the maintenance of standards. The promotion of patient rights and the enhancement of the effectiveness of consumer protection legislation are both areas in which governmental and non-governmental organizations play an enormously important role. Case studies shed light on the practical application of consumer protection legislation and the outcomes of such laws, so demonstrating the importance of continuously enhancing and adapting to new challenges brought about by globalisation and technology improvements. The study emphasizes the importance of ongoing improvements and improved collaboration among various stakeholders, such as lawmakers, healthcare providers, and patient advocacy groups, in order to enhance the level of consumer protection in



the healthcare industry. Through the cultivation of a culture of accountability and trust, these programs have the potential to ensure that consumers of healthcare are adequately protected and have the capacity to seek remedies in the event that their rights are violated. A collaborative approach is required in order to construct a resilient healthcare system that prioritizes the health and safety of patients throughout the whole process.

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