

Dentistry: Ethics, Law, and Professional Responsibility

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Abstract

Dentistry, like other healthcare professions, is increasingly influenced by medico-legal considerations due to heightened patient awareness, expanding treatment modalities, and evolving legal frameworks. Dental practitioners are expected not only to provide competent clinical care but also to adhere to legal and ethical obligations. Failure to comply with these responsibilities can result in allegations of negligence, professional misconduct, or legal liability. Medico-legal issues in dentistry encompass informed consent, duty of care, negligence, documentation, consumer protection laws, professional misconduct, and medico-legal responsibilities during emergencies. This review aims to comprehensively analyze the medico-legal aspects relevant to dental practice, emphasizing preventive strategies to minimize litigation and promote ethical, lawful practice. Awareness and proper implementation of medico-legal principles are essential to protect both patients' rights and dentists' professional integrity.

Dentistry is governed not only by clinical and ethical standards but also by legal frameworks that protect both patients and practitioners. With increasing patient awareness, litigation pressure, and inclusion of dental services under consumer protection laws, dental professionals must understand medico-legal responsibilities to ensure ethical practice and legal safety [1-3].

Keywords: *Medico-Legal Case (MLC); Dentistry; Ethical Practice and Legal Safety*

Introduction

A Medico-Legal Case (MLC) is defined as any case of injury, disease, or treatment outcome in which, after eliciting a detailed history and performing a thorough clinical examination, the attending medical or dental practitioner forms an opinion that the circumstances of the case necessitate legal investigation to establish responsibility, causation, or intent. Such cases require systematic documentation, preservation of evidence, and communication with law-enforcement authorities, as the medical opinion may be used in the administration of justice [4-6].

In the context of dentistry, an MLC encompasses orofacial injuries, maxillofacial trauma, suspected abuse, occupational and road-traffic-related dental injuries, and allegations of professional negligence, wherein dental findings and expert opinion have direct legal relevance [6,7].

Medico-legal negligence in dentistry refers to situations where a dental professional fails to meet the standard of care, resulting in patient harm that can lead to civil or criminal liability.

Common examples include improper tooth extractions causing infections, lack of informed consent, or failure to diagnose conditions properly. In India, such cases often go to consumer courts, where compensation is awarded for pain, additional treatments, and expenses.

Negligence requires proving duty of care, breach of that duty, patient injury, and a direct link between the breach and injury.

The Bolam test assesses if the dentist acted per a responsible body of professional opinion. Without these, complaints like dissatisfaction with treatment outcomes do not qualify as negligence.

Legal framework governing dental practice in India

Dental practice in India is regulated by a combination of statutory enactments, ethical regulations, and judicial interpretations aimed at ensuring professional competence, patient safety, and legal accountability. Knowledge of these laws is essential for dental practitioners to prevent medico-legal complications and to practice dentistry within the framework of law [1-3].

Consumer protection act (CPA), 2019

The Consumer Protection Act, 2019 plays a crucial role in dental medico-legal jurisprudence by recognizing patients as consumers and dentists as service providers when services are rendered for consideration. Under the Act, dental services fall within the definition of “service,” and any shortcoming or inadequacy in performance may amount to deficiency in service [9].

The applicability of consumer law to medical and dental services was conclusively established by the Supreme Court of India in *Indian Medical Association v. V.P. Shantha*, which held that services provided by medical professionals for a fee are covered under consumer law [10].

Under the CPA, patients can seek legal remedies for dental negligence, lack of informed consent, improper diagnosis, or substandard treatment. Consumer courts may award compensation, order corrective measures, or impose penalties. The Act provides for faster and cost-effective redressal compared to civil courts [9,11].

The CPA, therefore, significantly increases legal accountability of dentists and underscores the importance of documentation, consent, and adherence to standard care protocols [10-12].

Indian Penal Code (IPC), 1860

The Indian Penal Code governs criminal liability and may be invoked against dentists in cases of gross or reckless negligence resulting in injury or death. Unlike civil negligence, criminal negligence requires a higher degree of culpability [13].

Section 304A IPC deals with causing death by negligence and may be applied in rare cases where dental negligence directly results in the patient’s death. Sections 337 and 338 IPC relate to causing hurt or grievous hurt by a rash or negligent act, respectively [14].

The Supreme Court in *Jacob Mathew v. State of Punjab* clarified that criminal prosecution of medical professionals requires proof of gross negligence or recklessness and that a mere error of judgment or accident does not attract criminal liability [15].

Dentists are therefore protected from frivolous criminal proceedings; however, they may still face prosecution if conduct falls far below accepted professional standards. Proper documentation and adherence to standard protocols remain the strongest defense against criminal allegations [13-15].

Duty of care in dentistry

The duty of care in dentistry refers to the legal obligation of a dental practitioner to exercise reasonable skill, care, and diligence while providing treatment to a patient, consistent with the standards expected of a competent dental professional in similar circumstances. This

duty arises the moment a dentist-patient relationship is established, either explicitly or implicitly, and continues throughout diagnosis, treatment, and post-operative care [1-3].

The standard of care is defined as the level and quality of care that a reasonably competent dental practitioner, possessing similar training and experience, would provide under comparable clinical conditions. It is not measured by the highest level of expertise but by what is ordinarily accepted and practiced by a responsible body of dental professionals at the relevant time [2-4].

In legal proceedings, determination of breach of duty is commonly guided by the Bolam test, which states that a dentist is not negligent if the treatment provided is in accordance with a practice accepted as proper by a responsible body of dental professionals skilled in that particular art [4]. This principle has been consistently applied in Indian courts, including in cases adjudicated under the Consumer Protection Act, where deficiency of service is assessed against the prevailing standard of dental care [5,6].

The Supreme Court of India, in *Jacob Mathew vs State of Punjab*, clarified that medical negligence must be judged in light of the standard of an ordinary competent professional, emphasizing that an error of judgment does not amount to negligence unless it falls below the acceptable standard of care [7].

In dentistry, the duty and standard of care encompass proper diagnosis and treatment planning, obtaining informed consent, adherence to aseptic protocols, appropriate use of materials and technology, maintenance of accurate records, and provision of reasonable post-treatment instructions and follow-up [1,3,8]. Failure to adhere to these obligations may constitute professional negligence, attracting civil liability and, in certain circumstances, criminal liability [5-7].

Legal duties of a doctor/dentist in emergency situations

In emergency situations, every medical and dental practitioner has a statutory, ethical, and professional duty to render immediate medical care with the primary objective of preserving life and preventing further harm. The medico-legal status of the case, consent formalities, or financial considerations must not delay the provision of emergency treatment. Failure to do so may amount to professional misconduct and medical negligence under civil and criminal law [1-3].

The Supreme Court of India, in the landmark judgment *Parmanand Katara vs Union of India*, unequivocally stated that preservation of human life is of paramount importance, and that every doctor, irrespective of the nature of practice, has an obligation to provide emergency medical aid without waiting for legal or procedural formalities [4].

Specific legal duties in emergency care

The foremost legal duty is the duty to provide immediate lifesaving treatment. Emergency care must be initiated promptly to stabilize the patient and prevent deterioration, even in the absence of consent or police intimation [1,4].

A doctor or dentist has no legal right to refuse emergency treatment on grounds such as non-payment, lack of prior consent, or the medico-legal nature of the case. Such refusal has been consistently viewed by courts as a breach of professional duty [2,3].

In situations where the patient is unconscious or incapable of giving consent, implied consent is legally recognized, allowing the practitioner to proceed with necessary emergency interventions in the patient's best interest [2,5].

In cases involving accidents, assault, poisoning, or suspicious injuries, the practitioner has a duty to intimate the police after initiating emergency care, thereby ensuring that legal procedures are followed without compromising patient survival [1,6].

Dental negligence

Dental malpractice refers to professional misconduct or failure on the part of a dental practitioner to meet the accepted standard of care, resulting in harm or injury to the patient. It is a specific form of professional negligence, wherein the dentist breaches the duty of care owed to the patient by acts of omission or commission that fall below the legally recognized standard of dental practice [1-3].

Negligence in dentistry is legally established when the following essential elements often referred to as the “four D’s”-are satisfied: duty, dereliction (breach of duty), direct causation, and damage. The existence of a dentist–patient relationship gives rise to a duty of care; failure to conform to the accepted standard constitutes a breach; a causal link must exist between the breach and the injury; and actual damage must have occurred to the patient [2,4].

The determination of negligence is commonly guided by the Bolam principle, which states that a dentist is not negligent if the treatment rendered is in accordance with a practice accepted as proper by a responsible body of dental professionals skilled in that particular field [5]. This principle has been endorsed by Indian courts and reaffirmed by the Supreme Court of India in *Jacob Mathew vs State of Punjab*, which emphasized that negligence must be assessed in comparison with the conduct of an ordinary competent professional, and that mere errors of judgment or unsuccessful outcomes do not constitute negligence [6].

Under Indian law, dental malpractice claims are frequently adjudicated under the Consumer Protection Act, wherein deficiency in service is evaluated based on deviation from standard dental care [7]. In addition, professional misconduct may attract disciplinary action under the Code of Ethics prescribed by statutory regulatory bodies [1,8].

In dental practice, malpractice may arise from improper diagnosis or treatment planning, failure to obtain informed consent, inadequate sterilization and infection control, procedural errors, lack of post-operative care, poor documentation, or abandonment of the patient [1,3,9]. Adherence to evidence-based practice, effective communication, and meticulous record-keeping are therefore critical in minimizing medico-legal liability.

Common examples

- Wrong tooth extraction.
- Failure to diagnose oral pathology.
- Improper implant placement.
- Inadequate infection control.
- The landstrament separation without disclosure.

In a mark case *Dr. Laxman Balkrishna Joshi vs. Dr. Trimbak Babu Godbole* (1969) established the principle of reasonable standard of care.

Patient confidentiality and priority in dental practice

Patient confidentiality is a fundamental ethical and legal obligation in dentistry, requiring that all personal, medical, and dental information disclosed by a patient be protected from unauthorized access or disclosure. Respect for confidentiality is essential to maintain patient trust, professional integrity, and the effective delivery of healthcare [1-3].

The dentist’s primary priority is the welfare and best interests of the patient, and confidentiality must be upheld throughout diagnosis, treatment, and follow-up care. Disclosure of patient information is permitted only with the patient’s informed consent or when mandated by law, such as in medico-legal cases, public health requirements, court orders, or situations involving risk to the patient or others [1,4,5].

In India, professional guidelines and judicial interpretations recognize that confidentiality is not absolute. The Code of Ethics stipulates that while a dentist must preserve patient secrets, disclosure is justified when it is necessary to protect public interest, comply with statutory obligations, or aid the administration of justice [2,6].

Courts have consistently held that unauthorized disclosure without lawful justification constitutes professional misconduct and deficiency of service, whereas disclosure made in good faith and in accordance with legal requirements does not attract liability [3,5].

In dental practice, confidentiality extends to clinical records, radiographs, photographs, digital data, and communication. Proper record maintenance, secure storage of patient information, and restricted access are integral to fulfilling the dentist's duty of confidentiality while ensuring patient-centred care remains the highest priority [1,7].

Record keeping in dentistry

Proper record keeping is a fundamental professional, ethical, and legal obligation in dental practice. Dental records serve as a permanent, contemporaneous account of patient care, reflecting diagnosis, treatment planning, procedures performed, and follow-up care. Accurate documentation not only facilitates continuity and quality of care but also constitutes primary legal evidence in cases of professional negligence, consumer disputes, and medico-legal proceedings [1-3].

Dental records should be clear, complete, dated, and signed, and must include patient identification details, medical and dental history, clinical findings, investigations, diagnosis, informed consent, treatment rendered, materials used, post-operative instructions, and recall visits. Radiographs, photographs, study models, and digital data form an integral part of the dental record and carry equal legal significance [2,4].

From a legal perspective, inadequate or altered records are often interpreted against the dentist, whereas well-maintained records support the clinician's adherence to the standard of care. Courts and consumer forums in India have consistently emphasized that "if it is not written, it is presumed not to have been done", highlighting the evidentiary value of dental documentation [3,5].

Professional regulations mandate that dental records be preserved securely for a prescribed period and produced when required by statutory authorities or courts. Confidentiality of records must be maintained, with disclosure permitted only with patient consent or under legal obligation [1,6].

In the era of digital dentistry, electronic health records must ensure data accuracy, secure storage, restricted access, and audit trails, aligning with ethical principles and legal requirements. Proper record keeping thus safeguards both patient welfare and the dentist against medico-legal liability [1,7].

Consumer protection act and its application to dental practice

The Consumer Protection Act (CPA) provides a statutory framework for the protection of consumers against deficiency in service, unfair trade practices, and negligence. Healthcare services, including dental services rendered for consideration, have been brought within the ambit of the Act, thereby enabling patients to seek legal redressal against medical and dental negligence [1-3].

The applicability of the Consumer Protection Act to the medical and dental profession in India was conclusively established by the Supreme Court in *Indian Medical Association vs V.P. Shantha*, which held that services rendered by medical and dental practitioners for a fee constitute "service" under the Act, and patients availing such services are "consumers". However, services rendered free of charge to all patients are excluded from the purview of the Act [4].

Under the Consumer Protection Act, dental negligence is assessed as “deficiency in service”, which refers to any fault, imperfection, shortcoming, or inadequacy in the quality, nature, or manner of performance expected to be maintained under law or contract [1,5]. Complaints may be filed at the District, State, or National Consumer Disputes Redressal Commissions, depending on the value of compensation claimed.

The Consumer Protection Act, 2019, which replaced the 1986 Act, further strengthened consumer rights by introducing provisions for speedy dispute resolution, product liability, enhanced pecuniary jurisdiction, and stricter penalties. The principles governing medical and dental negligence under the earlier Act continue to guide adjudication under the new legislation [6,7].

In dental practice, common grounds for litigation under the Consumer Protection Act include failure to obtain informed consent, improper diagnosis or treatment, procedural errors, inadequate infection control, lack of post-operative care, and poor record keeping. Maintenance of proper documentation, adherence to accepted standards of care, and effective patient communication are therefore crucial safeguards against consumer litigation [2,3,8].

Informed consent

Informed consent is the voluntary agreement by a patient after receiving adequate information regarding the diagnosis, nature of treatment, risks, benefits, alternatives, and consequences of refusal.

Types of consent

- Implied consent.
- Oral consent.
- Written consent.
- Proxy consent.

Written consent is mandatory for invasive procedures such as implant placement, surgical extractions, laser therapy, and procedures under sedation or general anesthesia. Failure to obtain valid consent may result in legal action even if the treatment outcome is favorable.

Consumer protection act and dentistry

The Consumer Protection Act (CPA) plays a pivotal role in regulating the doctor-patient relationship in India by recognizing patients as consumers and dental services as services under law. The inclusion of dentistry within the ambit of consumer law has significantly increased legal accountability, patient awareness, and professional responsibility among dental practitioners [12].

Consumer protection act: An overview

The Consumer Protection Act, 2019, which replaced the Consumer Protection Act, 1986, aims to provide simple, speedy, and inexpensive redressal of consumer grievances. Dental practitioners fall under this Act when they provide services in return for consideration [3].

The act establishes a three-tier redressal mechanism:

- District consumer disputes redressal commission.
- State consumer disputes redressal commission.
- National consumer disputes redressal commission.

Applicability of CPA to dentistry

Dentistry was brought under the purview of consumer law following landmark judicial interpretation, wherein dental treatment was considered a service and patients were regarded as consumers [4].

Dental services are covered under CPA when:

- Treatment is provided for a fee.
- Services are rendered in private clinics or hospitals.
- Charges are paid directly or indirectly.

However, free services rendered in government hospitals without any consideration generally fall outside the Act [5].

Medical records and documentation

Dental records are legal documents and serve as primary evidence in medico-legal cases. Proper documentation includes case history, diagnosis, treatment plan, consent forms, radiographs, prescriptions, and follow-up notes. Inadequate or incomplete records can weaken legal defense. Records should be preserved for a minimum period as prescribed by law.

Recent medico-legal issues in India and their outcomes

In recent years, Indian consumer courts and tribunals have delivered several important judgments in dental and medical negligence complaints. These cases highlight how medico-legal principles are applied in real practice and illustrate legal outcomes when standards of care are breached.

Case 1: Wrong tooth extraction (Chennai)

A private dental clinic in Chennai was found guilty of negligence for extracting the wrong tooth. The district consumer disputes redressal commission held that the dentist failed to maintain adequate clinical records and breached the duty of care. The dentist was ordered to pay ₹2 lakh compensation and ₹5,000 legal costs. The case underscores the importance of accurate records and correct treatment planning.

Case 2: Negligent extraction causing infection (Coimbatore)

The Coimbatore District Consumer Commission held a dentist liable for infection and complications that arose from an extraction procedure. Compensation of ₹1 lakh plus legal expenses was awarded to the patient for deficiency in service due to improper treatment and follow-up.

Case 3: Lack of explanation in root canal treatment (Delhi)

In South Delhi, a dentist and hospital were held liable for failing to adequately explain a root canal procedure to the patient. The court ordered ₹15,000 compensation, strengthening the principle that fully informing the patient about procedures is part of the duty of care.

Judicial developments affecting healthcare professionals

The Supreme Court of India issued notice on a Public Interest Litigation requesting a statutory framework for criminal prosecution of medical professionals in negligence cases. This indicates judicial recognition of the need for clearer guidelines on how criminal liability is applied in healthcare contexts, including dentistry.

In Kerala, the High Court drafted 12-point guidelines to ensure fair hearings for doctors in medical negligence cases, emphasizing procedural safeguards for practitioners.

These recent judgments reflect an evolving judicial approach that balances patient rights with fair, evidence-based adjudication of professional conduct.

Medicolegal documentation with case sheets

Definition and importance

Medicolegal documentation consists of dental case sheets, histories, reports, and records maintained professionally to serve both clinical and legal purposes. These records serve as primary evidence in complaints, negligence claims, police investigations, and civil disputes.

Contents of case sheets:

- Patient demographics and contact details.
- Medical and dental history.
- Chief complaints, clinical findings, diagnosis.
- Treatment plan and informed consent.
- Progress notes with dates, procedures, materials, drug dosages, clinicians involved.
- Investigations and radiographs.
- Referrals, prescriptions, discharge summaries.

All entries must be clear, complete, chronological, legible, and signed by the clinician to avoid ambiguity in medicolegal scenarios.

Legal obligations

Under the DCI Code of Ethics Regulations, dental practitioners must maintain complete dental/medical records for all patients and preserve them for a minimum of three years (often longer per specific laws) and produce them within 72 hours if requested by patients or authorities. dciindia.gov.in.

Photographic records

Photographic records in dentistry refer to systematically captured visual documentation of a patient's oral condition, treatment stages, and outcomes, stored as part of the permanent dental record. In medico-legal cases, dental photographs serve as objective evidence supporting diagnosis, treatment decisions, and clinical outcomes [12].

Legal importance of photographic records

Photographs are considered documentary evidence under the Indian Evidence Act, 1872, when properly authenticated. They help the court visualize clinical conditions that may otherwise be difficult to interpret through written records alone [3].

Indian courts increasingly recognize clinical photographs as corroborative evidence, especially in allegations of negligence, overtreatment, or cosmetic dissatisfaction [4].

Indications for dental photographic documentation

Photographic records are particularly essential in:

- Aesthetic and cosmetic dentistry.
- Orthodontic and periodontal therapy.
- Implant placement and soft tissue management.
- Trauma and injury cases.
- Pre- and post-operative comparisons.
- Suspected medico-legal cases [5].

Failure to document visually may weaken the dentist's defense.

Types of dental photographs

Dental photographs may include:

- **Extraoral photographs:** Facial symmetry, profile, swelling.
- **Intraoral photographs:** Gingiva, teeth, lesions, restorations.
- **Procedural photographs:** Surgical stages, implant placement.
- **Post-treatment photographs:** Outcomes and healing [6].

Each image should be dated, labeled, and linked to the patient's case sheet.

Standards for medico-legal acceptability

For photographs to be legally valid, they must:

- Be taken with patient consent.
- Be unaltered and original.
- Contain identifiable markers (date, patient ID).
- Be securely stored and retrievable.
- Be reproducible in court when demanded [3,7].

Tampering or selective deletion of photographs may be viewed adversely by courts.

Role in negligence litigation

Photographic records help establish:

- Baseline clinical condition.
- Severity and progression of disease.
- Justification for treatment rendered.
- Evidence of compliance with standard of care [8].

Courts have held that absence of photographic evidence in aesthetic cases may raise doubt regarding professional diligence [9].

Ethical and confidentiality considerations

According to professional ethics:

- Patient identity must be protected.
- Images must not be used for publication or teaching without consent.
- Unauthorized disclosure constitutes breach of confidentiality [10].

Prescription writing rules in dental medico-legal practice

A dental prescription is a legal document through which a registered dental practitioner authorizes the dispensing of drugs for a patient. In medico-legal scrutiny, prescriptions reflect the dentist's clinical judgment, pharmacological knowledge, and standard of care [11].

Legal status of dental prescriptions

Prescriptions are governed by:

- Drugs and Cosmetics Act, 1940.
- Drugs and Cosmetics Rules, 1945.
- Dentists Act, 1948.
- Consumer Protection Act, 2019 [12].

An improper prescription may attract civil, criminal, and disciplinary liability.

Essential components of a valid dental prescription

A legally valid prescription must contain:

- Dentist's name, qualification, registration number.
- Clinic address and contact details.
- Date of prescription.
- Patient's name, age, and gender.
- Drug name (preferably generic).
- Dose, frequency, and duration.
- Route of administration.
- Dentist's signature and seal [13].

Omission of these elements weakens medico-legal defensibility.

Rules to be followed in prescription writing

- Drugs must be prescribed only within dental scope of practice.
- Avoid unnecessary polypharmacy.
- Use legible handwriting or digital prescriptions.
- Avoid ambiguous abbreviations.
- Clearly mention warnings and instructions.
- Maintain copy of prescription in records [14].

Courts often treat illegible prescriptions as evidence of negligence.

Prescription errors and legal consequences

Common medico-legal prescription errors include:

- Wrong drug or dosage.
- Failure to consider allergies or systemic conditions.
- Excessive antibiotic prescription.
- Use of banned or irrational drug combinations.

Such errors may constitute medical negligence per se if harm occurs.

Prescription as evidence in court

Prescriptions serve as:

- Proof of diagnosis.
- Evidence of treatment plan.
- Indicator of standard of care.
- Tool to assess foreseeability of adverse effects.

Inconsistent prescriptions without clinical justification are often criticized during cross-examination.

Ethical guidelines for prescription writing

According to DCI and IDA:

- Prescribing should be rational and evidence-based.
- Financial inducement-based prescribing is unethical.
- Brand promotion must not influence prescriptions [17].

Photographic records and prescription writing form the backbone of medico-legal defense in dental practice. While photographs provide objective visual evidence of clinical findings and outcomes, prescriptions reflect the dentist's therapeutic competence. Meticulous adherence to documentation standards, ethical principles, and legal requirements significantly reduces the risk of adverse medico-legal consequences.

Professional requirements:

- Use a legible prescription pad/letterhead displaying dentist name, degrees, registration number, and contact details.
- Prescribe generic drugs when possible and rational medication based on diagnosis.
- Include drug name, dose, route, frequency, duration, and patient instructions.
- Never abbreviate in ways that can be misunderstood.

Legal standing

Misleading prescriptions are unethical and may attract disciplinary or legal action, as per IDA and DCI ethical regulations.

Referral notes

A referral note is a written communication when a patient is sent to another clinician or specialist. It ensures continuity and protects against legal claims for incomplete care.

Contents:

- Patient's details and clinical findings.
- Reason for referral and provisional diagnosis.
- Relevant investigations and treatments done.
- Urgency or specific specialist input required.
- A copy of the referral note must be maintained in the patient record.

Discharge summary

A discharge summary is a formal written document provided to a patient at the completion of dental treatment or upon referral/discontinuation of care, summarizing the diagnosis, treatment rendered, clinical outcome, and post-treatment instructions. In medico-legal contexts, the discharge summary serves as a key legal record reflecting the continuity, adequacy, and completeness of dental care provided [12].

Legal status of discharge summary in dentistry

Under Indian law, a discharge summary is considered documentary evidence when produced before a court or consumer forum. It is scrutinized under:

- Indian Evidence Act, 1872 - Documentary evidence.
- Consumer Protection Act, 2019 - Deficiency in service.
- Dentists (Code of Ethics) Regulations - Professional obligations [16].

Courts consider the discharge summary as an official communication between dentist and patient, and inconsistencies between the summary and case records may raise suspicion of negligence.

Importance of discharge summary in dental negligence cases

A properly drafted discharge summary helps to:

- Establish completion or transfer of care.
- Demonstrate adherence to standard treatment protocols.
- Provide evidence of post-treatment instructions and warnings.
- Limit future liability by documenting patient compliance or refusal [5].

Absence or inadequacy of a discharge summary has been cited as deficiency in service in consumer litigation [6].

Indications for issuing a discharge summary in dentistry

A discharge summary should be issued in the following situations:

- Completion of surgical or invasive dental procedures.
- Implant placement or periodontal surgery.

- Hospital-based or day-care dental procedures.
- Referral to another dentist or specialist.
- Patient leaving against medical advice (LAMA) [7].

Essential components of a dental discharge summary

A legally sound discharge summary must include:

- Patient identification details.
- Date of admission and discharge (if applicable).
- Final diagnosis.
- Brief treatment summary.
- Materials, implants, or drugs used.
- Post-operative instructions.
- Medications prescribed at discharge.
- Follow-up schedule.
- Warning signs and emergency instructions.
- Dentist's name, signature, and registration number [8].

Each entry should be clear, legible, and consistent with the case sheet.

Discharge summary as evidence of continuity of care

Courts evaluate discharge summaries to assess:

- Whether the patient was adequately informed.
- Whether complications were anticipated and addressed.
- Whether follow-up care was advised appropriately [9].

Failure to mention potential complications or follow-up instructions may be interpreted as lack of due care.

Role in referral and transfer of responsibility

When a patient is referred, the discharge summary acts as a handover document, transferring responsibility to the receiving practitioner. Proper documentation protects the original dentist from future liability for events occurring after referral [10].

Ethical obligations related to discharge summary

According to DCI and IDA ethical guidelines:

- The discharge summary must be provided without concealment or misrepresentation.
- Copies must be issued upon patient request.
- Deliberate omission or alteration is unethical and punishable [11].

Judicial perspective on discharge summaries

Indian courts have held that:

- Medical and dental records, including discharge summaries, are patient property.
- Non-issuance or delayed issuance constitutes deficiency in service.
- Altered or backdated summaries severely weaken the dentist's defense [6,12].

Common errors in dental discharge summaries

Medico-legal disputes often arise due to:

- Vague or incomplete summaries.
- Missing post-operative instructions.
- Absence of follow-up advice.
- Discrepancies with treatment records.
- Lack of dentist identification [13].

Significance in risk management

A well-prepared discharge summary:

- Reduces medico-legal risk.
- Enhances patient understanding and compliance.
- Demonstrates professional diligence.
- Strengthens legal defense in negligence claims.

Rules to give medical/dental certificate

Legal requirements:

Under both IDA guidelines and DCI Code of Ethics, when issuing any certificate, the dentist:

- Must record patient identification marks, address, signature/thumb impression.
- Maintain a register of all certificates issued.
- Not issue false or misleading certificates; doing so can lead to disciplinary action. dciindia.gov.in.

Certificates include fitness certificates, disability reports, injury documentation, or dental reports for third-party purposes.

Rules in road traffic accident (RTA) and police case - What a dentist must do

When treating an accident victim:

- If injuries are brought by police or are of medicolegal interest, the treating dentist must ensure the case is documented as an MLC (Medico-Legal Case) and react according to legal procedures. Dental records and clinical findings become legal evidence. Preserve all documentation, photos, radiographs and provide to authorities upon official request.
- Police intervention and medico-legal case (MLC) registration in dental practice.

Circumstances leading to police intervention in dental cases

Police intervention in dental practice is not routine and occurs only under specific circumstances, including:

- Allegation of criminal negligence.
- Grievous injury, permanent disability, or death following dental treatment.
- Treatment performed under influence of intoxication or illegal practice.
- Fabrication or destruction of medical records.
- Assault-related or trauma cases first reported to the dentist.
- Court or magistrate direction to register an MLC [16].

Most dental negligence cases remain civil in nature, but police involvement occurs when criminal liability is suspected.

Legal basis for police intervention

Police intervention in dental MLCs is governed by:

- **Section 39, Code of Criminal Procedure (CrPC), 1973:** Duty to inform police of certain offences.
- **Sections 176 & 304A, Indian Penal Code (IPC):** Criminal negligence causing injury or death.
- **Jacob Mathew v State of Punjab (2005):** Landmark judgment regulating criminal prosecution of doctors [5].

The supreme court clarified that criminal prosecution of medical professionals requires prima facie evidence of gross negligence, not mere error of judgment [5].

Registration of MLC in dental practice

An MLC may be registered in dentistry when:

- Patient or attendant files a police complaint.
- Dentist suspects legal implications of injury or outcome.
- Death occurs on dental chair or soon after procedure.
- Injury appears unnatural or suspicious.
- Court or police requisition is received [6].

Once registered, the case cannot be converted back to a non-MLC.

Procedure of MLC registration

The standard steps include:

- Recording complete patient details.
- Detailed documentation of clinical findings and history.
- Mentioning date, time, and nature of injury.
- Notifying local police station in writing.
- Preserving all records and materials [7].

MLC registration is a legal safeguard, not an admission of guilt.

Role of police after MLC registration

Following MLC registration, police may:

- Record statements under Section 161 CrPC.
- Seize dental records, radiographs, and consent forms.
- Seek expert dental opinion.
- Conduct inquest in case of death.
- File FIR if prima facie offence is made out [8].
- Dentists are legally obligated to cooperate with investigation.

MLC registration

- MLC (Medico-Legal Case) designation is made when the clinical scenario has legal implications (e.g. injuries from accidents, assault).
- The case must be registered with appropriate authorities.
- Dentists may be required to prepare medico-legal reports, including objective findings, injury descriptions, and clinical opinions.
- This falls under broader medicolegal/forensic medical protocols rather than direct IDA guidelines (General legal standard).

Chain of custody for evidence

- For materials that may become evidence in legal proceedings (e.g. extracted fragments, radiographs, photos).
- Document how and when samples are collected, stored, and transferred.
- Maintain secure, traceable storage to prevent tampering.
- Though dental-specific chain-of-custody guidelines are in forensic texts, the same evidence principles apply in medicolegal cases.

Court testimony in dental medico-legal negligence

Court testimony refers to the oral or written statement given under oath by a dentist before a court of law, explaining facts, professional opinions, and clinical judgments relevant to an alleged case of dental negligence. In medico-legal matters, such testimony assists the court in understanding whether the dentist's conduct met the accepted standards of dental practice [12].

Legal basis for court testimony in India

In India, court testimony by a dentist is governed primarily by:

- **Indian Evidence Act, 1872:** Sections 45 and 60, which recognize expert opinion and oral evidence [3].
- **Code of Civil Procedure (CPC), 1908:** Applicable in civil negligence and consumer disputes [4].
- **Code of Criminal Procedure (CrPC), 1973:** Applicable when criminal negligence is alleged [5].
- **Consumer Protection Act, 2019:** Where dentists may be summoned before Consumer Commissions as expert or opposite party witnesses [6].

Under Section 45 of the Indian Evidence Act, dentists are considered experts, and their opinions are admissible when the court requires scientific or technical clarification [3].

Role of a dentist as a witness

A dentist may appear in court in the following capacities:

- **Defendant dentist:** When accused of professional negligence.
- **Expert witness:** To provide independent professional opinion on standards of care.
- **Treating dentist (Fact witness):** To testify regarding diagnosis, treatment, and records maintained [17].

Each role carries different legal responsibilities, but truthfulness and objectivity remain mandatory.

Nature of dental court testimony

Dental court testimony may be:

- **Oral testimony:** Given in person under oath.
- **Affidavit evidence:** Written sworn statements.
- **Documentary testimony:** Through case sheets, radiographs, photographs, consent forms, and prescriptions [18].

Courts rely heavily on contemporaneous dental records to corroborate oral testimony.

Standard of care and court testimony

During testimony, the dentist is often questioned on whether the treatment provided met the standard of care. Indian courts commonly apply the Bolam test, which states that a dentist is not negligent if the treatment conforms to a practice accepted by a responsible body of dental professionals [9].

The Supreme Court of India has repeatedly emphasized that mere dissatisfaction or adverse outcome does not constitute negligence unless deviation from standard care is proven [10].

Examination and cross-examination

Court testimony involves:

- **Examination-in-chief:** Where the dentist explains facts and professional opinion.
- **Cross-examination:** Where opposing counsel tests consistency, credibility, and scientific validity.

Common areas questioned include:

- Adequacy of diagnosis.
- Informed consent.
- Treatment planning.
- Documentation and follow-up care.
- Management of complications [11].

Inconsistent or poorly documented testimony can adversely affect the dentist's defense.

Importance of case records in supporting testimony

Dental records act as the strongest defense tool during court testimony. Properly maintained records:

- Refresh the dentist's memory.
- Establish continuity of care.
- Demonstrate adherence to protocols.
- Protect against allegations of negligence [12].

Courts have held that absence of records may amount to presumption of negligence in certain cases [13].

Ethical duties during court testimony

According to professional ethics:

- The dentist must provide honest, unbiased, and evidence-based testimony.
- Suppression, exaggeration, or falsification of facts is unethical and punishable.
- Expert witnesses must remain neutral and not act as advocates [14].

False testimony may invite professional disciplinary action in addition to legal consequences.

Judicial view on dental expert testimony

Indian courts have consistently held that:

- Expert testimony is advisory and not binding on the court.
- The court evaluates expert opinion alongside facts and records.
- Unsupported expert opinions without scientific basis carry limited value [15].

Thus, clarity, scientific rationale, and documentation strengthen dental testimony.

Significance of court testimony in dental negligence

Court testimony:

- Determines liability or exoneration
- Protects patient rights
- Upholds professional accountability
- Reinforces standard dental practices
- Promotes ethical and legal awareness among dentists [16].

Hence, familiarity with court procedures is essential for modern dental practice.

Court testimony is a critical component of dental medico-legal negligence proceedings. Dentists must understand their legal role, maintain meticulous records, and provide clear, ethical, and evidence-based testimony. Proper preparation and adherence to standard clinical protocols significantly reduce medico-legal risk and strengthen the dentist's defense before the judiciary.

Record retention period

DCI/IDA requirements:

- DCI Code of Ethics: Minimum three years retention of medical/dental records from date of treatment start. dciindia.gov.in.

- IDA recommends secure storage and has further suggested retaining records, radiographs, photos for at least eight years for legal protection in dental practice. Indian Dental Association.

Legal considerations

- In consumer disputes, civil or negligent claims, maintaining records even beyond three years is advisable. M3India+1.
- Medico-legal cases (e.g. RTAs, criminal associations) may require longer storage.

Teledentistry guidelines (India)

Teledentistry uses telecommunication and digital tech to provide dental consultation, diagnosis, and follow-up remotely.

Modalities of teledentistry

Teledentistry is broadly classified into four major modalities based on the mode of communication:

1. **Real-time consultation (Synchronous teledentistry):** This involves live audio-visual interaction between the dentist and the patient using video conferencing platforms. It is commonly used for:
 - Initial consultation.
 - Emergency triage.
 - Post-operative follow-up.
2. **Store-and-forward method (Asynchronous teledentistry):** Clinical data such as intraoral photographs, radiographs, and medical history are collected and transmitted to the dentist for later evaluation. This method is highly useful in:
 - Screening programs.
 - Rural outreach.
 - Oral cancer surveillance.
3. **Remote patient monitoring:** This method allows dentists to monitor patient conditions over time, especially orthodontic cases, post-surgical healing, and chronic oral conditions.
4. **Mobile health (m-Health):** Mobile phone-based applications are used for:
 - Oral hygiene instruction.
 - Appointment reminders.
 - Tobacco cessation counselling.

Applications of teledentistry in India

Teledentistry has multiple applications in the Indian healthcare system:

- Rural and remote dental care delivery.
- School dental health programs.
- Oral cancer screening.

- Pandemic and disaster management.
- Follow-up of periodontal and implant patients.
- Dental education and professional training.

Advantages of teledentistry

- Improves access to dental care in underserved populations.
- Reduces travel time and cost for patients.
- Facilitates early diagnosis and referral.
- Enhances continuity of care.
- Useful for public health surveillance.

Limitations of teledentistry

- Inability to perform hands-on clinical examination.
- Dependence on internet connectivity and digital literacy.
- Limited use in invasive dental procedures.
- Potential risk of misdiagnosis due to poor image quality.

Ethical and legal considerations

Teledentistry must comply with ethical principles of:

- Patient confidentiality.
- Informed consent.
- Data security.
- Professional accountability.

All teledentistry consultations should be documented and stored as part of the patient's official dental record.

Although India does not yet have exclusive teledentistry regulations, dental practice through digital platforms is governed by the Telemedicine Practice Guidelines, 2020 (MoHFW), which apply to all healthcare professionals, including dentists.

Teledentistry and consumer protection act, 2019

Dental services delivered via teledentistry fall under the Consumer Protection Act, 2019, as they constitute a paid healthcare service. Any deficiency in service, negligence, or misrepresentation during virtual consultation can attract consumer litigation.

Professional misconduct

Professional misconduct refers to unethical or illegal behavior violating professional standards. Examples include false advertising, fee splitting, breach of confidentiality, practicing beyond qualification, and sexual misconduct. Disciplinary actions may range from warning to suspension or removal from the dental register by the State Dental Council.

Vicarious liability

Vicarious liability holds a dentist legally responsible for negligent acts committed by employees such as dental assistants, hygienists, or interns during the course of their duties. Proper supervision and training are essential to reduce this liability.

Prevention of medico-legal problems in dentistry

- Effective communication with patients.
- Proper informed consent.
- Accurate documentation.
- Continuous professional education.
- Adherence to ethical guidelines.
- Professional indemnity insurance. Preventive strategies significantly reduce the risk of litigation and enhance patient trust.

Discussion

The increasing complexity of dental procedures has expanded the scope of medico-legal responsibilities. Most dental litigation arises not solely from technical errors but from poor communication, lack of consent, and inadequate documentation. Emphasis on medico-legal education and ethical practice can bridge the gap between clinical excellence and legal safety.

Conclusion

Medico-legal awareness is an integral component of modern dental practice. Understanding legal obligations, ethical principles, and patient rights is essential for delivering safe and effective dental care. Incorporation of medico-legal education in dental curricula and continuing dental education programs is recommended to minimize legal risks and improve professional standards.

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