Program Profile		
Program	Program name	Medical negligence and its remedies: A comparative study of Bangladesh, UK, and India
	Category	B3: Crisis Management (Healthcare & Human Rights Legal Reforms)

Summaryof Program	
Program Name	• Medical negligence and its remedies: A comparative study of Bangladesh, UK, and India
Category	B3: Crisis management
Abstract of Program	Medical negligence remains a growing challenge in Bangladesh's healthcare system, where fragmented legal remedies create barriers to justice for victims. This program is designed to provide a comparative study of legal frameworks in Bangladesh, the UK, and India, focusing on how reforms can strengthen accountability, patient rights, and legal recourse in Bangladesh. The UK's structured system, particularly post-Montgomery v. Lanarkshire Health Board (2015), and India's Consumer Protection Act 2019, provide tested models for transparent adjudication and regulatory oversight. Bangladesh currently relies on provisions scattered across the Penal Code 1860, Consumer Rights Protection Act 2009, and BMDC Act 2010, which remain insufficient in practice due to enforcement gaps, lack of awareness, and judicial constraints. This program innovates by proposing the introduction of a **dedicated Medical Negligence Act**, specialized tribunals, and broader patient awareness campaigns. Using doctrinal and comparative legal analysis, qualitative research with stakeholders, and case study evaluation, the initiative combines legal scholarship with applied reforms. The ultimate aim is to develop an integrated framework for Bangladesh that aligns healthcare with human rights standards, enhances accountability of medical professionals, and ensures justice for patients.

Details of Program		
Planning		
Objectives	Long-term Goals	Enactment of a Medical Negligence Act, establishment of specialized health tribunals, and creation of a culture of accountability within the medical sector in Bangladesh.
	Short-term Targets	Short-term Targets: Comparative legal study, publication of findings, preparation of policy recommendations, and stakeholder workshops in 2025.
	Rationale	Rationale: Rising medical negligence cases with limited remedies necessitate urgent reform to safeguard public health and restore trust in healthcare.

Subject (Leader)	Initiator(s)	BAROI, Ruel Lincoln
	Champion(s)	NA
	Major team member(s)	NA
Environment	Nature/Society	Bangladesh's overburdened healthcare sector and lack of legal literacy limit patients' ability to claim rights.
	Industry/Market	Private healthcare dominates but lacks effective regulation, creating demand for legal oversight.
	Citizen/Government	Civil society and NGOs demand reforms; however, government implementation remains slow.
Resources	Human resources	Faculty, legal experts, and students actively engaged
	Financial resources	University-supported research budget, requiring additional grants.
	Technological resources	Access to legal databases, digital archives, and e-learning tools for dissemination.
Mechanism	Strategy (Weight/Sequence)	Strategy (Weight/Sequence): 1. Legal framework analysis (highest priority) 2. Comparative study with UK/India (second) 3. Stakeholder engagement and awareness (third)
	Organization	Department of Law research teams aligned with university's academic structure.
	Culture	University promotes legal reform research, encouraging interdisciplinary approaches.
Doing		
Launch date		January 2025
Responsible organization		Department of Law, World University of Bangladesh
Program content and process		The program begins with a review of Bangladesh's existing medical negligence laws (Penal Code 1860, CRPA 2009, BMDC Act 2010) and judicial practice. A comparative legal analysis is conducted with UK and Indian models. Qualitative research involves interviews with legal experts, medical practitioners, policymakers, and patients. The program emphasizes field studies, case law analysis, and stakeholder workshops. Findings are to be compiled into research publications and policy briefs for government advocacy.
Key highlights of the content/process		**Key highlights (Content):** 1. Doctrinal and comparative legal research 2. Engagement with healthcare and legal stakeholders 3. Development of a reform-oriented Medical Negligence Act proposal

	Key highlights (Process): 4. Stakeholder consultation workshops 5. Field-based data collection (patients & practitioners) 6. Awareness-building initiatives through university platforms
Differences from traditional approaches	Unlike isolated legal commentary, this program integrates research with policy advocacy and comparative lessons from foreign jurisdictions.
Progress as of today	Initial literature review completed; data collection phase underway.
Problems in implementation	Limited cooperation from medical practitioners; lack of detailed local case records.
Approaches to solve the problems	Engage NGOs, patient advocacy groups, and civil society to fill data gaps.
Completion date, if completed	Expected December 2025.
Seeing	
Impacts on students	Enhanced research capacity, exposure to comparative law, contribution to legal reforms.
Impacts on professors	Strengthens research portfolio and policy engagement.
Impacts on university administration	Positions WUB as a leader in innovative legal reform research.
Responses from industry/market	Anticipated pushback from private healthcare sector; however, legal accountability may enhance trust.
Responses from citizen/government	Civil society highly supportive; government interest expected if proposals align with public demand.
Measurable output (revenues)	Indirect – increased reputation, student enrollment in LLM/PhD programs.
Measurable input (expenses)	Faculty research time, data collection costs, publication costs.
Cost-benefit analysis for effectiveness	Low direct cost with high impact in terms of reputation, legal reform, and social contribution.
Future Planning	
Where does the project go from here?	Following the completion of the study in December 2025, the department will publish policy recommendations and draft a proposed Medical Negligence Bill for Bangladesh. The next phase will involve partnerships with government agencies, NGOs, and international organizations to advocate for enactment and implementation.
Addendum	
Exhibits, pictures, diagrams, etc.	Proposed flowchart of medical negligence redressal system (to be

	attached).
Reports, mimeos, monographs, books, etc.	Reference list attached in bibliography.
Others which may help explain the program (including website links)	Links to research outputs and departmental website (to be added upon publication).