Section: Dentistry

Original Research Article

ASSESSING ALLEGATIONS, OUTCOMES, AND COMPENSATION IN INDIAN DENTAL MALPRACTICE LITIGATION: A RETROSPECTIVE ANALYSIS OF CONSUMER COURT JUDGMENTSQAD

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ABSTRACT

Background: Consumer awareness about their rights under the Consumer Protection Act has resulted in a steady rise in the number of dental malpractice claims in India. If a dentist's treatment is deemed to be below the standard of care, they can be sued. The aim is to study the medico legal problems in Indian dentistry by studying the malpractice claims filed in consumer courts from 2000 to 2025 with respect to reasons for claims, compensation awarded and delays in settlement.

Materials and Methods: Retrospective analysis of 53 dental malpractice cases from consumer court judgements (2000-2025). Data were collected from consumer forum websites and analysed for type of allegations, specialities involved, compensation amounts and settlement delays.

Results: Most cases (80.4%) were related to private practitioners and were dealt with by state consumer courts (53.6%). The most commonly involved specialities were oral surgery (30.4%) and endodontics (25.0%). The most common allegations were negligence (37.5%) and lack of informed consent (21.4%). Average compensation awarded was Rs. 263,000 ± 219,305.72 and average delay from filing to judgement was 4 years.

Conclusion: In India, private practitioners are primarily involved in dental malpractice litigation in oral surgery and endodontics. Common allegations include negligence and failure to obtain informed consent. The authors also highlight the need for better documentation, clinical standards and professional indemnity insurance to reduce the potential for legal risk.

Keywords: Dental malpractice, consumer courts, negligence, informed consent, compensation, India.

INTRODUCTION

Ethically and legally, dental professionals have a duty to provide care that meets accepted standards of care. Dentists and patient relationship in India are governed by the Consumer Protection Act 1986 which provides the patients the right to seek redressal for any perceived medical negligence.[1,2] The Supreme court of India has clearly mentioned that medical professionals including dentist are covered under this act and they are exposed to malpractice litigation.[3]

The Consumer Protection Act, 2019 (effective 2020) replaced the 1986 Act and established the Central Consumer Protection Authority (CCPA). It increased pecuniary jurisdiction limits (District ≤ ₹1 crore; State >₹1 crore–≤₹10 crore; National >₹10 crore), introduced mandatory mediation and e-filing rules, and introduced stronger penalties for misleading/false advertisements (further tightened by proposed 2023 amendments).

Dental malpractice claims are increasing worldwide. Different studies have shown different rates of

dental malpractice in different countries. Dental malpractice claims accounted for approximately 3% of all medical malpractice claims in a study in Saudi Arabia.[4]. Likewise, Brazilian studies have shown that in some regions 7.2% of all health-related lawsuits were dental negligence cases.[5] The exact prevalence of dental malpractice claims in India is yet to be investigated, but anecdotal evidence suggests a growing trend.[6]

The consequences of malpractice litigation are not only financial but also affect the professional reputation, psychological well-being, and practice patterns of dentists.[7] There are reports of defensive dentistry based on fear of litigation, where practitioners may order unnecessary tests or avoid high-risk procedures.[8] Such behaviour can potentially compromise patient care and increase healthcare costs.[9]

Recently, several factors contributing to dental malpractice claims have been identified, including poor communication, lack of informed consent, technical errors, and failure to diagnose.[10,11] In a United States study, the most common reasons for dental malpractice claims were improper treatment (29%), extraction errors (21%), and failure to diagnose (15%).[12] Limited research exists in India on the specific factors leading to dental malpractice claims, the specialities most commonly involved, and the outcome of such litigations.[13]

In India, the legal system to deal with dental malpractice is through consumer redressal forums at the district, state and national levels.[14] For patients seeking compensation for perceived negligence, these forums offer a platform. But the process can be lengthy, with cases often taking several years to resolve.[15] The amount of compensation granted varies substantially depending on the type of negligence, the injury caused, and socio-economic factors.[16]

There is a rise in the number of dental malpractice claims in India but there is a lack of comprehensive research that systematically analyses these cases.[17] Most of the available literature are case reports or small case series which do not have statistical power to draw meaningful conclusions.[18] This knowledge gap impairs the development of effective strategies for the prevention of malpractice claims and improvement of patient care.[19]

Hence, the present study was conducted to analyse the dental malpractice claims in consumer courts in India from 2000 to 2025. The objectives were to determine the most common reasons for dental negligence claims, the specialities most frequently involved, the compensation paid and the delays in settlements. The results of this study would add to the understanding of medico-legal challenges in Indian dentistry and provide insights to the practitioners, policy makers and dental educators.

MATERIALS AND METHODS

Study Design and Setting: An archival data of consumer court judgements from January 2000 to December 2025 was analysed retrospectively for dental malpractice claims in India. The study was based on completed cases where decisions had been passed by consumer redressal forums.

Sample Size and Selection: Fifty-three cases of dental malpractice were identified for inclusion in the study. These cases were chosen according to pre-set inclusion and exclusion criteria.

Inclusion Criteria

- Dental malpractice cases filed in consumer courts (district, state or national level) in India 2000–2025
- Cases having final judgements during the study period
- Claims of dental malpractice such as negligent treatment, improper treatment, or failure to obtain informed consent
- Cases with full judgement details available in the public domain

Exclusion Criteria

- Cases awaiting judgement at the time of data collection
- Cases involving road traffic accidents or non-dental complaints.
- Cases involving unlicensed practitioners
- Files of government or non-governmental institutions providing free dental services
- Where full details of the judgement or sufficient information to allow analysis are missing

Data Collection: Data were collected from public consumer forum websites: http://indiankanoon.org/doc, The relevant cases were found by using the search term “Dental Negligence” in the text phrase search box. For each case identified, the following information was abstracted:

1. Year the case was filed
2. Nature of consumer court (District, State or National)
3. Type of dental facility (public, private or educational institution)
4. Type of dental speciality
5. Allegation against the dentist (pre-procedural, intra-procedural or post-procedural)
6. Expert witnesses and their specialisation.
7. Impact of expert opinion on case outcome
8. Compensation claimed by the claimant
9. Compensation ordered by the court
10. Determining the basis of compensation
11. Delay from date of filing of case to date of judgement (in days)
12. Final decision (for plaintiff, defendant or compromise settlement)

Varia bles and Definitions:

The following variables were defined for this study:

- Dental malpractice: A dentist fails to provide the kind of care that a reasonably competent

dentist would have provided under the same or similar circumstances, and the patient is injured as a result.

- Negligence: Breach of a duty of care either by failing to perform an obligation (omission) or by performing an act (commission) • Compensatory damages: Money given to the plaintiff to compensate for the injury suffered
- Delay: Time taken from filing of the case to pronouncement of judgement

Statistical Analysis: Statistical Package for Social Sciences (SPSS) version 25.0 (IBM Corp., Armonk, NY, USA) was used to analyse the obtained data. Descriptive statistics were computed for all variables including mean ± standard deviation (SD) for continuous variables and frequencies (percentages) for categorical variables. Associations between categorical variables were analysed using the chi-square test, and continuous variables were compared between groups using the t-test. Statistical significance was defined as $p < 0.05$.

Ethical Considerations: The study protocol was approved by Institutional Ethics Committee Government Dental College Kozhikode. The study used public court judgements with no personal identifiers and thus patient confidentiality was maintained.

RESULTS

The analysis was based on the judgements of the consumer courts from 2000 to 2025, with a total of 53 cases of dental malpractice.

The most frequently implicated speciality was oral surgery (n=17, 30.4%), followed by endodontics (n=14, 25.0%) and implant dentistry (n=7, 12.5%). The distribution of cases by dental speciality is shown in [Figure 1].

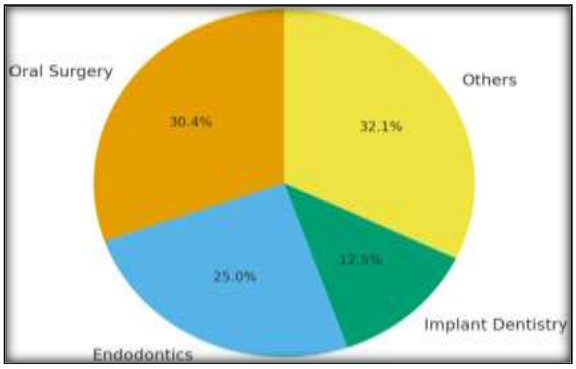

Figure 1: Distribution of dental malpractice cases by speciality (pie chart)

Allegations against dentists were classified as pre-procedural, intra-procedural and post-procedural. The most common pre-procedural claim was lack of informed consent (n=12, 21.4%) followed by wrong or delayed diagnosis (n=8, 14.3%). The most frequent intraprocedural allegations were sodium hypochlorite irritation during endodontic treatment (n=9, 16.1%) and improper local anaesthesia (n=6, 10.7%). The main allegations were concerning wrong procedure/outcome (n=15, 26.8%) and lack of qualification (n=16, 28.6%) after procedure.

[Table 1] presents the types of convictions in dental malpractice cases. Negligent injuries constituted the majority of cases (n=35, 62.5%), followed by felony of injuries by serious negligence (n=10, 17.9%) and misdemeanor by slight negligence (n=8, 14.3%).

Table 1: Types of convictions in dental malpractice cases

Type of conviction	Number of cases	Percentage
Negligent injuries	34	64.15%
Felony of injuries by serious negligence	3	5.66%
Misdemeanor by slight negligence	9	16.98%
Misdemeanor by serious negligence	2	3.77%

Expert witnesses were appointed in 42 cases (75.0%) and their opinion had a significant influence on the court's decision ($p<0.001$). 68.4% of the judgements were in favour of the dentist when the expert opinions were in favour of the defendant. On the other hand, 85.7% of cases were decided in favour of the patient when expert opinions supported the plaintiff's claims.

The compensation awarded varied widely with a mean of Rs. 263,000± 219,305.72 (median: Rs. 150,000; range: Rs. 50,000 - Rs. 500,000). In the cases where the verdict was in favour of the plaintiff, the mean compensation was Rs. 143,300 ± 160,333.87 (median: Rs. 64000; range: Rs. 22,500 - Rs.400,000).

The time lag from filing of a case to reaching a judgement ranged from 1.2 to 7.5 years with an average of 4.0 ± 1.8 years. Cases that reached compromise settlements took significantly less time (mean: 2.8 ± 1.2 years) than those that went to full trial (mean: 4.5 ± 1.6 years; p=0.002).

[Table 2] presents the ultimate verdicts in dental malpractice cases. The largest share of the cases resulted in judgements in favour of the plaintiff (n=20, 35.7%), followed by dismissals (n=16, 28.6%) and compromise settlements (n=15, 26.8%).

Table 2: Final verdicts in dental malpractice cases

Verdict	Number of cases	Percentage
In favor of plaintiff	20	37.74%
Dismissal	16	30.19%
Compromise settlement	12	22.64%
In favor of defendant	5	9.43%
Total	53	100.0%

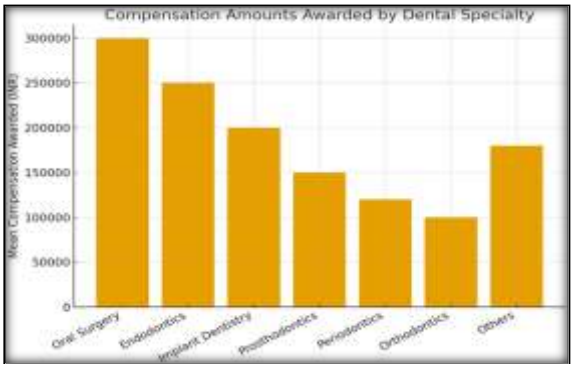

Figure 2: Bar graph showing compensation amounts awarded by dental specialty

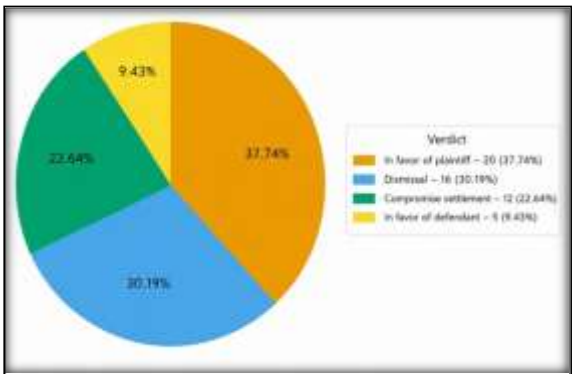

Figure 3: Pie chart showing distribution of final verdicts in dental malpractice cases.

DISCUSSION

This study consists of an examination of 53 dental malpractice cases filed in consumer courts in India for the period 2000-2025. The results reveal important trends in dental litigation that have implications for practitioners, policy makers and dental educators.

80.4% of cases against the private practitioners in this study is reflective of the health care scenario in India, where the majority of dental care is provided by the private sector.[20] This observation is consistent with a study performed in other countries in which private practitioners are more prone to litigation than those in public institutions.[21] The higher patient load in private clinics along with commercial pressures may be a contributing factor in the increased risk of malpractice claims.[22]

The most frequently involved specialities in malpractice litigation were oral surgery (30.4%) and endodontics (25.0%). This pattern is consistent with international trends, with increased risk of complications and subsequent litigation in surgical and invasive procedures.[23] A Saudi Arabian study reported endodontics and oral surgery as high-risk specialities for malpractice claims.[24] The complex nature of these procedures, combined with the potential for serious complications, likely contributes to their higher litigation rates.[25]

In our study the most common allegations were negligence (37.5%) and lack of informed consent (21.4%). These findings highlight the importance of proper documentation and efficient communication in dental practice.[26] The importance of informed consent in malpractice litigation has been identified across a variety of medical specialities internationally.[27] A US study reported that lack of appropriate informed consent represented 9% of all dental malpractice claims.[28] Our study shows a higher proportion (21.4%) suggesting that Indian dentists may need to improve their consent procedures and documentation practices.

The large variation in compensation awards (Rs. 50,000 – Rs. 500,000) highlights the discretion Indian consumer courts have in awarding damages.[29] The average award (Rs. 263,000) is a significant amount of money and imposes a substantial financial burden on dentists, especially those in private practice without institutional support.[30] This finding highlights the need for professional indemnity insurance for dentists in India; a protection that is still underutilised despite its potential benefits.[31]

The average delay of 4 years from the filing of the case to the judgement is a major problem for the patients and practitioners involved in the malpractice litigation.[32] The prolongation of legal proceedings can be psychologically and financially tiring for all involved.[33] The shorter period of compromise settlements (2.8 years) implies that alternative dispute resolution mechanisms may provide a more efficient route to resolution.[34] Other countries have reported similar delays in the judicial process, though the average length differs.[35]

The fact that the opinion of expert witnesses has a significant effect on the outcomes of cases ($p<0.001$) highlights the crucial role of dental experts in the legal process.[36] In 75 percent of the cases, the courts appointed expert witnesses whose testimony was an important factor in the final verdict. This finding is consistent with research from other jurisdictions where expert testimony is often determinative in malpractice litigation.[37] The quality and objectivity of expert opinions play a crucial role in terms of fairness of legal proceedings in the case of dental malpractice.[38]

The high percentage of judgements in Favour of plaintiffs (37.74%) in this study indicates that consumer courts in India are generally sympathetic to patients' claims of dental negligence.[39] This finding is contrary to some international studies where defendant verdicts are more common in dental malpractice cases.[40] In a study from Spain, 89% of criminal proceedings related to dental malpractice resulted in acquittal.[41] It may be a matter of different legal standards, different judicial attitudes or the nature of the cases that actually reach the courts in different countries.

These findings have several implications for dental practice in India. Firstly, there is a clear need to improve documentation practices, particularly regarding informed consent.[42] Second, dentists practicing in high-risk specialities such as oral surgery and endodontics should be particularly

careful in adhering to clinical standards and communicating clearly with patients.[43] Third, due to the large compensation awards and high proportion of plaintiff verdicts,[44] professional indemnity insurance may be regarded as an essential for dental practitioners.

From an educational point of view, the inclusion of medico-legal topics in dental curricula is important.[45] Education in risk management strategies, proper documentation, and effective communication techniques should be emphasised in dental students to reduce the risk of malpractice claims.[46] Further, these issues and updates on legal developments affecting dental practice,[47] should also be emphasised in continuing education programs for practicing dentists.

There is a need for standardisation of guidelines at the policy level for dental malpractice litigation in India.[48] The establishment of specialised dental malpractice tribunals with dental expertise may improve the efficiency and quality of the adjudication process.[49] In addition, the creation of dental-specific alternative dispute resolution mechanisms may relieve pressure on traditional courts and allow for swifter resolutions.[50]

There are some limitations to this study. First, the analysis was limited to cases that went to consumer courts and resulted in decisions, possibly excluding cases that were settled out of court or withdrawn before decision.[51] Second, the use of publicly available court records may have led to missing information for some cases.[52] Third, the study did not examine the long-term effect of malpractice litigation on the professional careers and practice patterns of dentists.[53] Future research should address these limitations and explore other dimensions of dental malpractice in India, such as the psychological effects on practitioners and patients, the economic costs of litigation, and the efficacy of preventive measures.[54]

CONCLUSION

This study analyses 53 cases of dental malpractice that went to consumer courts in India from 2000 to 2025. The results indicate that private practitioners, especially those in the specialities of oral surgery and endodontics, are most at risk for claims of professional negligence. Most common accusations were negligence and lack of informed consent, with large compensation payouts and considerable delays in resolution of cases. The opinions of the expert witnesses were crucial in deciding the cases.

The study points out the need for better documentation, improved communication with patients, clinical standards and professional indemnity insurance for dental practitioners in India. From an educational perspective, it is evident that medico-legal training should be incorporated into dental curricula and continuing education programs. At the policy level, the implementation of standardised guidelines for dental malpractice litigation and specialised tribunals could enhance the efficiency and quality of the adjudication process.

Addressing these issues can help the dental profession in India reduce the number of malpractice claims, improve patient care, and create a more favourable legal environment for practitioners and patients.

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