

## ORIGINAL ARTICLE

## Exploring the Medico-Legal System in Bangladesh – Perspectives of Doctors from Public Hospitals in Dhaka

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**ABSTRACT**

**Background:** The medico-legal system plays a critical role in supporting justice and ensuring accountability in healthcare. In Bangladesh, doctors in public hospitals frequently perform medico-legal duties despite systemic constraints. This study explored the roles, challenges, and systemic gaps experienced by doctors involved in medico-legal practice in Dhaka. **Methods & Materials:** A descriptive qualitative study was conducted over a one-year period (January to December, 2024) in three public hospitals in Dhaka—Dhaka Medical College Hospital, Sir Salimullah Medical College Hospital and Shaheed Suhrawardy Medical College Hospital. Eighteen doctors involved in medico-legal work were selected using purposive sampling. Data were collected through semi-structured key informant interviews and document review. Thematic analysis was used to identify major themes, challenges, and improvement opportunities. **Results:** Participants (n=18) included 6 forensic specialists and 12 lecturers with a mean of  $8.5 \pm 4.2$  years of medico-legal experience. Doctors reported performing core medico-legal tasks such as post-mortem examinations, injury assessment, and providing expert legal opinions. Key challenges included high workload (67%), limited forensic specialist availability (50%), insufficient training (56%), and coordination gaps with police and courts (61%). Systemic issues included lack of standardized protocols (78%), inadequate infrastructure (67%), weak enforcement of medical negligence laws (56%), and limited legal awareness among healthcare providers (56%). Participants recommended expanding training, recruiting more forensic specialists, and strengthening inter-agency coordination. **Conclusion:** The medico-legal system in Bangladesh faces substantial structural and operational limitations that hinder effective medico-legal practice. Strengthening training, infrastructure, legal frameworks, and standardized protocols is essential for improving medico-legal service quality and supporting justice delivery.

**Keywords:** Medico-legal system, forensic medicine, medical negligence, public hospitals, Bangladesh, medico-legal challenges, qualitative study.

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**INTRODUCTION**

The medico-legal system applies medical expertise to assist the judiciary in resolving legal and health-related issues, such as death investigations, sexual offenses, pregnancy, and injury analysis [1,2]. Globally, the system varies: in the USA, medical examiners report to the district attorney; in the UK, coroners handle cases; and in Pakistan, the police are given authority [1]. An inquest is a preliminary inquiry into deaths from unnatural or uncertain natural causes to determine whether the death was accidental, suicidal, homicidal, or natural, without any judgment being passed [2]. Medical treatment carries the risk of unexpected adverse effects due to patient-specific factors. Physicians must balance taking necessary risks for patient recovery with legal liability, while protecting patients' rights and ensuring professional judgment is justified. Proper regulation of medical risks is essential to safeguard both

patients and doctors [3]. The health system has rapidly adapted to a sudden surge in medical demand, with changes in facilities, professional roles, and practices. This shift has raised important medico-legal and ethical challenges for health professionals, marking a lasting transformation in healthcare [4].

Globally, the medico-legal system is underpinned by a branch of law often called Medical Law. As explained in a recent article on the concept of medical law, this branch defines legal regulation of medical practice, sets standards for consent, confidentiality, and patient rights, and determines the place of medicine within a country's general legal system [5]. An essential domain of medico-legal systems is the accountability of health professionals for negligence or malpractice. For instance, a comprehensive literature review shows that when practitioners deviate from accepted standards of care —

resulting in patient harm — they may be held legally liable under civil or criminal law [6]. Forensic-medical experts play a crucial role when there is a claim of malpractice, especially in cases of death, serious injury, or disputed medical outcomes: they examine medical records, verify compliance with standard care, assess consent, evaluate causation and injury, and often provide expert testimony in court [7]. Moreover, forensic medical systems also support public-health surveillance, mortality analysis, and even wider research: a systematic review of coronial databases found their importance for public-health research and injury prevention [8]. Another critical part of the medico-legal framework is education and regulation of medical professionals. Research shows that teaching medical law to medical students positively affects their understanding of legal responsibilities, ethics, and standard-of-care — which can help prevent future malpractice or negligent care [9].

In Bangladesh, forensic services are delivered partly by academic staff of government medical colleges' forensic medicine departments, and partly by "civil surgeons" or district-level lecturers — especially where forensic specialists are not available. When an unnatural death occurs, it must be reported to police; a police officer investigates the scene and may order a post-mortem if indicated [10]. Another critical dimension is medical negligence and malpractice law, dealing with failure to meet accepted standards of care, patient harm, and resulting legal liability. In Bangladesh there have been numerous incidents of alleged substandard medical care, and academic-legal literature argues that such negligence violates patients' right to health and life [11].

Although Bangladesh has established forensic and medico-legal frameworks, several gaps remain in specialist availability, enforcement of medical negligence laws, accountability in death investigations, and the training of medical professionals for legal proceedings [10-13]. These gaps limit the effectiveness of the medico-legal system in safeguarding patient rights, supporting justice, and ensuring professional standards. The study also seeks to identify existing gaps and challenges in the system and suggest strategies for strengthening medico-legal services and improving legal and ethical governance in healthcare.

## METHODS & MATERIALS

### Study Design and Setting:

This descriptive qualitative study was conducted over a 1-year period in 2024 in three public hospitals in Dhaka city: Dhaka Medical College Hospital (DMCH), Sir Salimullah Medical College Hospital (SSMCH) & Shaheed Suhrawardy Medical College Hospital (ShSMCH). The study aimed to explore the roles, experiences, and challenges of doctors in the medico-legal system in Bangladesh.

### Study Population and Sampling:

The study included 18 doctors directly involved in medico-legal cases, comprising forensic medicine specialists and lecturers. Participants were selected using purposive sampling to ensure representation from all three hospitals and relevant medico-legal roles.

### Data Collection:

- **Key Informant Interviews (KII):** Semi-structured interviews were conducted with each doctor to explore their experiences, professional roles, challenges faced in medico-legal practice, and perceptions of systemic gaps.
- **Document Review:** Selected medico-legal reports, hospital protocols, and relevant policy documents

were reviewed to supplement the primary data and contextualize practices within each hospital.

### Data Analysis:

- Interviews were transcribed verbatim and analyzed using thematic analysis to identify recurring patterns, key challenges, and opportunities for strengthening medico-legal services.
- Descriptive summaries were prepared to outline the roles and responsibilities of doctors across the three hospitals.

## RESULTS

### Participant Characteristics:

A total of 18 doctors participated in the study, including 6 forensic medicine specialists and 12 lecturers from Dhaka Medical College Hospital (DMC), Sir Salimullah Medical College & Mitford Hospital (SshMC), and Mitford Hospital. Participants had a mean professional experience of  $8.5 \pm 4.2$  years in medico-legal practice.

### Roles of Doctors:

Doctors reported multiple roles within the medico-legal system, including conducting post-mortem examinations, assessing injuries and medical conditions for legal cases, providing expert opinions for police investigations and court proceedings, and certifying causes of death while distinguishing ante-mortem from post-mortem injuries. These roles were consistent across forensic specialists and lecturers (Table I). A forensic specialist noted:

*"Our role is crucial in documenting findings accurately; even minor errors can affect legal outcomes." — Forensic Specialist, SSMCH*

### Challenges in Practice:

Several challenges were identified. The most frequently reported were high workload (67%), limited specialist availability (50%), coordination gaps with police and courts (61%), and insufficient training in medico-legal documentation (56%). Lecturers often performed medico-legal tasks without formal forensic training, which added to workload and procedural complexity. One participant stated:

*"We often handle medico-legal cases in addition to routine duties, making it difficult to maintain quality documentation." — lecturer, DMCH*

Some differences between hospitals were noted: doctors from DMC reported slightly better access to forensic facilities compared to SSMCH and Mitford Hospital, although training gaps were common across all sites.

### Systemic Gaps:

Doctors highlighted several systemic issues affecting medico-legal practice. The most commonly reported gaps were lack of standardized protocols (78%), inadequate forensic infrastructure (67%), limited legal awareness among healthcare professionals (56%), and weak enforcement of medical negligence laws (56%).

Many participants noted that unclear procedures for documenting and addressing medical negligence pose a significant challenge in defending clinical decisions in court. As one participant explained:

*"We often worry about legal consequences if a patient suffers an adverse outcome. Without clear guidance on negligence documentation, defending ourselves in court becomes difficult." — lecturer, ShSMCH*

A forensic specialist from DMCH added:

*"Even when we follow standard procedures, the lack of clear legal frameworks for medical negligence makes medico-legal cases complicated and stressful." — Forensic Specialist, DMCH*

### Opportunities for Improvement:

Participants suggested strategies to strengthen the medico-legal system, including enhanced training programs (89%), recruitment of additional forensic specialists (78%), development of standardized hospital-level protocols (83%),

and improved coordination with law enforcement and judicial authorities (72%). One participant remarked: *“Standardized guidelines and regular training can significantly improve medico-legal documentation and case handling.”* — Lecturer, ShSMCH

**Table – I: Roles, Challenges, Gaps, and Opportunities in Medico-Legal Practice (n=18 doctors)**

Domain	Key Findings	Number of Respondents / Comments
<b>Roles of Doctors</b>	Conducting post-mortem examinations	6 forensic specialists (100%)
	Assessing injuries and medical conditions for legal cases	18 (100%)
	Providing expert opinions for police and court	18 (100%)
	Certifying cause of death and distinguishing ante-/post-mortem injuries	18 (100%)
<b>Challenges</b>	Limited specialist availability; general doctors performing medico-legal tasks	9/12 lecturers
	High workload and time constraints	12/18 (67%)
	Insufficient training in medico-legal documentation	10/18 (56%)
	Coordination gaps with police and courts	11/18 (61%)
<b>Systemic Gaps</b>	Inadequate infrastructure for forensic examinations	12/18 (67%)
	Weak enforcement of medical negligence laws	10/18 (56%)
	Lack of standardized protocols across hospitals	14/18 (78%)
	Limited legal awareness among healthcare professionals	10/18 (56%)
<b>Opportunities for Improvement</b>	Enhanced training programs for doctors	16/18 (89%)
	Recruitment of more forensic specialists	14/18 (78%)
	Standardized protocols and hospital-level guidelines	15/18 (83%)
	Improved coordination with law enforcement and courts	13/18 (72%)

**DISCUSSION**

This study assessed the roles, challenges, and systemic gaps experienced by doctors involved in medico-legal work in three public hospitals in Dhaka. The findings show that both forensic specialists and lecturers frequently perform medico-legal tasks, which is consistent with earlier descriptions of Bangladesh’s medico-legal system. Islam and Islam reported that medico-legal examinations are often handled by non-forensic clinicians due to shortages of trained personnel and inadequate infrastructure [10]. Rahman et al. also highlighted uneven distribution of forensic services and limited resources, which aligns with participant reports of infrastructural gaps and heavy workloads [14].

The challenges identified—limited training, coordination problems with police and courts, and lack of standardized protocols—mirror findings from previous Bangladeshi studies. Mia noted that doctors often face bureaucratic and procedural barriers during medico-legal case handling [13], while Akter described inconsistent documentation practices and limited understanding of negligence laws among healthcare providers [12]. These issues were reflected in our participants’ concerns about unclear medico-legal processes and difficulty defending clinical decisions in negligence-related cases.

Weak enforcement of medical negligence laws reported by participants is also consistent with Hossain’s findings, which emphasized that although legal provisions exist, enforcement remains poor and accountability mechanisms are weak [15]. International evidence also supports the need for improved medico-legal training. Alabdulqader et al. found low medico-legal awareness among emergency physicians in Saudi Arabia, reinforcing the importance of training for all clinicians involved in medico-legal duties [16]. Singh further argued that medico-legal responsibilities of non-forensic physicians should be formally recognized as part of their workload [17], similar to the experiences reported by lecturers in our study. Regional literature from India also documents similar medico-legal challenges as we found in this study. Rai highlighted problems related to inadequate forensic capacity and poor

documentation, suggesting that such issues are common across South Asian medico-legal systems [18].

Overall, this study adds updated empirical evidence from frontline physicians in Bangladesh and highlights persistent gaps that require policy attention. Strengthening forensic capacity, introducing standardized medico-legal protocols, improving inter-agency coordination, and enhancing medico-legal training remain critical for improving medico-legal practice and supporting justice delivery in Bangladesh.

**CONCLUSION**

This study highlights significant gaps in the medico-legal system of Bangladesh, particularly in public hospitals in Dhaka where both forensic specialists and lecturers routinely manage medico-legal responsibilities. Despite their central role in post-mortem examination, injury assessment, documentation, and providing expert opinion, doctors face multiple challenges including inadequate forensic infrastructure, lack of standardized protocols, insufficient training, poor inter-agency coordination, and weak enforcement of medical negligence laws. These constraints limit the quality, accuracy, and legal reliability of medico-legal services. Strengthening institutional capacity, expanding forensic specialist recruitment, improving medico-legal training for all physicians, and establishing standardized guidelines and clear legal frameworks are essential steps toward enhancing the effectiveness, accountability, and integrity of medico-legal practice in Bangladesh. Addressing these gaps will support better justice delivery, promote patient rights, and reduce legal vulnerabilities for healthcare providers.

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