

Exploring the Relationship between Law and Medicine via Legal Malpractice and Litigation

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Article Info	ABSTRACT
<p>Article History:</p> <p>Received Jul 13, 2025 Revised Aug 09, 2025 Accepted Sep 06, 2025</p> <p>Keywords:</p> <p>Legal malpractice Client Trust Medical Practice Litigation Law Client Communication</p>	<p>Legal malpractice remains a critical area of study at the intersection of law, ethics, and professional responsibility. Research on malpractice provides valuable insights into how lawyers' duties of competence, diligence, and loyalty are tested in practice, and how failures can generate liability for both individual attorneys and law firms. The article examines issues like informed consent, healthcare privacy laws, medical malpractice, patient rights, and medical professional regulation. This paper seeks to advance knowledge of the legal framework governing medical practice and its effects on patient care by illuminating these intricate legal concerns. By synthesizing these areas, the study highlights that malpractice is not merely an individual failing but also a reflection of evolving professional norms, client expectations, and regulatory frameworks. Insights from malpractice research underscore the need for stronger preventive practices—ranging from clearer client communication and robust documentation to the ethical integration of technology—while also calling for ongoing dialogue between courts, bar associations, and scholars to refine liability standards. Ultimately, examining malpractice claims provides a unique lens through which to understand the challenges facing the legal profession and to propose reforms that enhance accountability, client trust, and the quality of legal services.</p>
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1. INTRODUCTION

Legal malpractice occupies a central position in contemporary debates about professional responsibility, access to justice, and the evolving role of lawyers in society. At its core, malpractice arises when an attorney fails to meet the standard of care owed to a client, leading to harm or financial loss [1]. Although malpractice is often framed as an individual lawyer's negligence, it increasingly reflects broader systemic challenges within the legal profession, including the pressures of litigation practice, complex client relationships, and the integration of new technologies into legal work.

Litigation-related malpractice claims constitute a significant share of overall cases, with allegations often centered on missed deadlines, procedural errors, inadequate legal strategy, or failure to properly investigate and present evidence [2]. Such errors not only expose attorneys to liability but can also undermine public confidence in the justice system.

Moreover, litigation malpractice highlights recurring tensions: the balance between zealous advocacy and ethical boundaries, the unpredictability of judicial outcomes, and the difficulty of separating genuine negligence from strategic misjudgment.

Recent scholarship expands the conversation beyond traditional negligence claims to include emerging risks and ethical concerns [3]. The adoption of artificial intelligence in legal research and drafting, for example, has created new grounds for malpractice exposure when unchecked tools generate inaccurate or misleading information. Similarly, practices such as ghostwriting, unbundled services, and estate planning raise questions about transparency, informed consent, and third-party liability [4].

Insights drawn from malpractice litigation therefore provide a unique vantage point for evaluating not only the quality of legal services but also the adequacy of existing regulatory frameworks, malpractice insurance models, and client protection mechanisms.

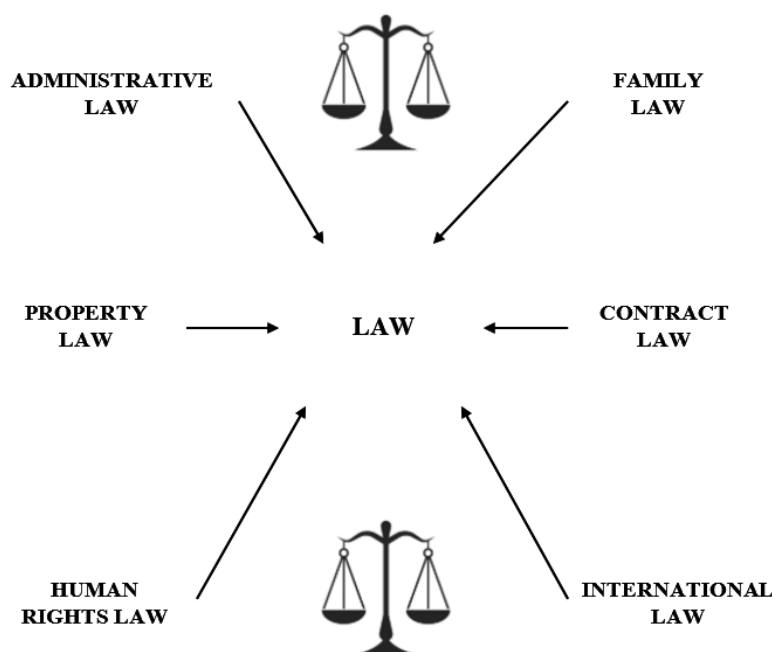


Figure 1. Various Categories of Legal Practice Areas

Whether they are students getting ready to start law school or seasoned professionals thinking about changing their emphasis, aspiring attorneys frequently have to make the difficult choice of which area of law to specialize on.

Your decision affects the litigation, recipients, and social consequences you handle, hence determining the course of your legal career in Figure 1. We shall examine the sectors of law practice in this blog post, illuminating the wide range of options accessible to legal practitioners. We'll give you advice and insights so you can choose your legal career route wisely.

By examining malpractice through the lens of litigation, this paper seeks to contribute to a deeper understanding of the factors that drive liability, the ethical dilemmas faced by practitioners, and the reforms necessary to align professional practice with both client expectations and public trust.

The study argues that legal malpractice is not merely an endpoint of professional failure but also a diagnostic tool for identifying weaknesses in legal systems and for shaping preventive measures that strengthen accountability across the profession.

2. LITERATURE REVIEW

Ensuring the best possible results for patients is still a primary objective in obstetrics and gynecology. The goal of a perfect result, which is defined as the birth of a healthy baby, is the highest goal in obstetrics [5]. These hopes are frequently upset by the harsh reality of malpractice in obstetrics and gynecology, which causes anguish and disillusionment. A thorough assessment of medical negligence in all domains is necessary, as gynecological malpractice cases often entail surgical errors, inadequate patient counseling, and noncompliance with conventional clinical protocols.

This article explores the complex topic of obstetrics and gynecology misconduct, looking at the demands made on medical personnel, the parties concerned, and the consequences for the law when the standard of care is not met.

Malpractice lawsuits in the context of spine surgery have been examined in a number of earlier publications [6]. To the best of our knowledge, no study has examined malpractice claims in elective LSF cases in the United States during the current spinal instrumentation era in great detail.

Thus, the purpose of this study was to determine potential parameters linked to verdict results and to offer a thorough evaluation of reported medical malpractice claims using elective LSF surgery in the United States over the last 50 years. Furthermore, we examined the malpractice lawsuit characteristics of the various LSF surgery types (i.e., anterior, posterior, and lateral approaches), the specialization and training of the surgeon, the state or area, the institutional context, the alleged misconduct, and the harm sustained.

The FDA's list of cited literature does not contain the two or more other studies that were published on the subject. Despite being retrospective, a research that used a multivariable analysis to compensate for a large number of other clinical variables and included a control group of children up to two years old revealed no independent impact of ICM on thyroid activity. The second trial, conducted by [7] examined preterm infants having central catheters placed peripherally using a prospective randomized controlled design.

The legal requirements concerning MDT care are not well defined or standardized. While there are guidelines for MDT implementation in many countries, detailed legal information is primarily only available in a select few, according to an analysis of MDT care for head and neck cancer that included survey responses from drug company employees across 29 countries [8].

The fact that France requires particular elements for MDT meetings—like an organizational statement, meeting minutes, and a regular agenda—highlights the differences in regulatory regimes around the world. The lack of precise clinical and legal norms may cause physicians to worry about the medicolegal ramifications of MDT care, which could hinder its successful implementation. These concerns cover topics including the possibility of disagreements among colleagues and team-based decision-making.

In law, malpractice centers on competence, diligence, and loyalty. Recent scholarship foregrounds AI-related liability [9]: Vincent R. Johnson maps how generative tools create exposures around false citations, confidentiality, and supervision, arguing that technology competence now sits within the duty of care. Courts worldwide are now confronting AI hallucinations in filings. Newsroom datasets (useful for timeliness even as formal scholarship catches up) document dozens to 100+ incidents in 2024–2025, with sanctions and judicial warnings emphasizing lawyers' non-delegable duties to verify. These developments mirror medicine's earlier EHR/diagnostic-AI debates: tools can help, but human oversight anchors liability.

Modern malpractice debates in medicine were catalyzed by the Institute of Medicine's *To Err Is Human* (1999) [10], which reframed harm as a systems problem and pushed a national safety agenda; subsequent assessments show it spurred a surge in patient-safety research and funding, while also sharpening attention on liability as a lever for change. Seminal empirical work by Studdert, Mello, and Brennan documents the mismatch between injuries and claims: many injured patients never sue and some claims lack clear evidence of negligence; nonetheless, when claims

proceed, compensation is correlated with reviewer-rated merit. These papers helped anchor the view that malpractice both corrects and over- and under-deters, shaping defensive practice

3. METHODS AND MATERIALS

3.1 What Constitutes Obstetric and Gynecological Malpractice?

When a healthcare provider who has been entrusted with a patient's well-being neglects their responsibilities of care in a way that causes preventable harm, it is considered medical malpractice. This can show up in a number of ways, such as when a doctor fails to take steps that a wise and reasonable practitioner would take. For instance, failing to schedule follow-up appointments or needed diagnostic testing may be considered medical negligence if the patient suffers as a result.

Furthermore, malpractice can happen when a medical professional does something that a careful and prudent clinician would not do, which has a negative effect on the patient. This could entail inaccurate pharmaceutical prescriptions, misdiagnoses, or surgical blunders [11]. Medical malpractice basically refers to any act or omission that deviates from the generally recognized standard of care and causes harm to the patient. While surgical errors and poor patient interaction about treatment options and dangers are common in gynecology, malpractice in obstetrics is typically linked to difficulties that arise during labor and delivery.

In order to fully explore the elements that lead to indefensible claims in obstetrics and gynecology, this narrative examination looks at malpractice claims in which the legal defense failed, either because of inadequate medical records, obvious negligence, or procedural mistakes during the litigation process [12]. This helps to clarify the main reasons why obstetrics and gynecology malpractice lawsuits occur.

3.2 Qualities of Possible Plaintiffs in Malpractice Cases

A significant contributing factor to the medical malpractice crises of the past two decades has been the growth in patients seeking legal action due to alleged un-favorable consequences. Despite extensive discussion, there aren't many concrete facts on why patients and their families wish to file a lawsuit. Research on closed complaints and adverse events amongst hospitalized patients has demonstrated the severity of the malpractice issue, but it hasn't revealed much about what drives patients to contact lawyers and submit claims.

It is challenging to investigate the driving forces behind malpractice claims for a variety of reasons: Finding enough non-selected claimants for analysis is challenging due to the lack of access to potential patient complainants through lawyer offices; the analysis of plaintiffs found through closed claims is hampered by prejudice brought about by deposition and trial getting ready, which might change memories of events that happened many years ago; and other concerns (including economic ones) unrelated to tort litigation have been given greater consideration [13]. We conducted prospective interviews with patients who had gotten in touch with personal injury and malpractice law firms in order to identify potential malpractice litigants. Our goal was to describe their noneconomic and economic drivers in order to promote sensible tactics to lower health care providers' liability risks.

3.3 Examining Current Developments and Trends in Medical Malpractice Law

Examining current developments and trends in medical malpractice law demonstrates its significant effects on patients and healthcare professionals in a number of areas, such as the social, psychological, and financial spheres. Medical malpractice lawsuits can have serious consequences for hospitals or clinics, including the loss of important employees and bad press.

According to current trends, malpractice claims are becoming more serious, which emphasizes how crucial it is for healthcare operations to have sufficient medical professional

responsibility coverage and efficient risk management techniques in order to succeed over the long run.

Any kind of service provider, from doctors and surgeons to dentists and psychiatrists, may be the focus of medical malpractice allegations. The frequency of claims varies greatly by specialty, with obstetricians/gynecologists (OB/GYNs) and general surgeons being sued the most and psychiatrists and pediatricians being sued less frequently for responsibility.

Surgical errors, diagnostic errors, problems after childbirth, and drug errors are among the common categories of malpractice lawsuits. Notably, in modern hospital settings, allegations of sexual assault and molestation (SAM) have become common claim drivers.

Navigating malpractice requires balancing accountability, risk management, and professional integrity in Figure 2. In both medicine and law, malpractice arises not only from clear errors but also from systemic gaps, communication failures, and evolving expectations of competence. The process of navigating malpractice therefore involves a combination of preventive practices [14], responsive strategies, and institutional reforms.

1. Prevention: Reducing the Risk of Claims

- **Documentation and Communication:** Clear, timely, and transparent documentation remains the first line of defense. In medicine, detailed clinical notes, informed consent forms, and disclosure protocols can reduce disputes. In law, meticulous file management, calendaring of deadlines and full communication with clients are equally critical.
- **Continuing Education and Training:** Rapid changes in technology—telemedicine, AI-assisted diagnosis, or generative AI tools for legal research—demand ongoing professional training. Failure to update skills is increasingly framed as negligence under “competence” standards.
- **Risk Management Protocols:** Hospitals, firms, and insurers advocate for checklists, peer reviews, and internal audits to detect errors before they escalate into claims.

2. Litigation and Defense

- **Merit Screening:** In medicine, malpractice claims are often filtered through pretrial panels or expert review. Similarly, legal malpractice cases require demonstrating a breach of duty and causation, often with expert testimony on what a “reasonable professional” would have done.
- **Settlement vs. Trial [15]:** Data show that most malpractice disputes settle before trial. Institutions and practitioners often opt for settlement to manage reputational and financial costs, though this can perpetuate concerns about fairness and deterrence.

3. Systemic and Policy Responses

- **Alternative Dispute Resolution (ADR):** Mediation and arbitration are increasingly used to resolve malpractice disputes in less adversarial, cost-effective ways.
- **Apology and Disclosure Programs:** Hospitals and firms that adopt open disclosure and apology initiatives often report fewer protracted disputes. Evidence is mixed, but these programs shift focus from blame to resolution.
- **Tort Reform and Liability Caps:** While politically charged, these reforms attempt to balance compensation for injured parties with the sustainability of professional practice.

4. Professional Implications

Navigating malpractice is not just about legal exposure; it is about maintaining trust in professional services. In medicine, patients expect safety and candor. In law, clients expect diligence and loyalty. Each malpractice claim—regardless of outcome—affects public perception of the profession as a whole.

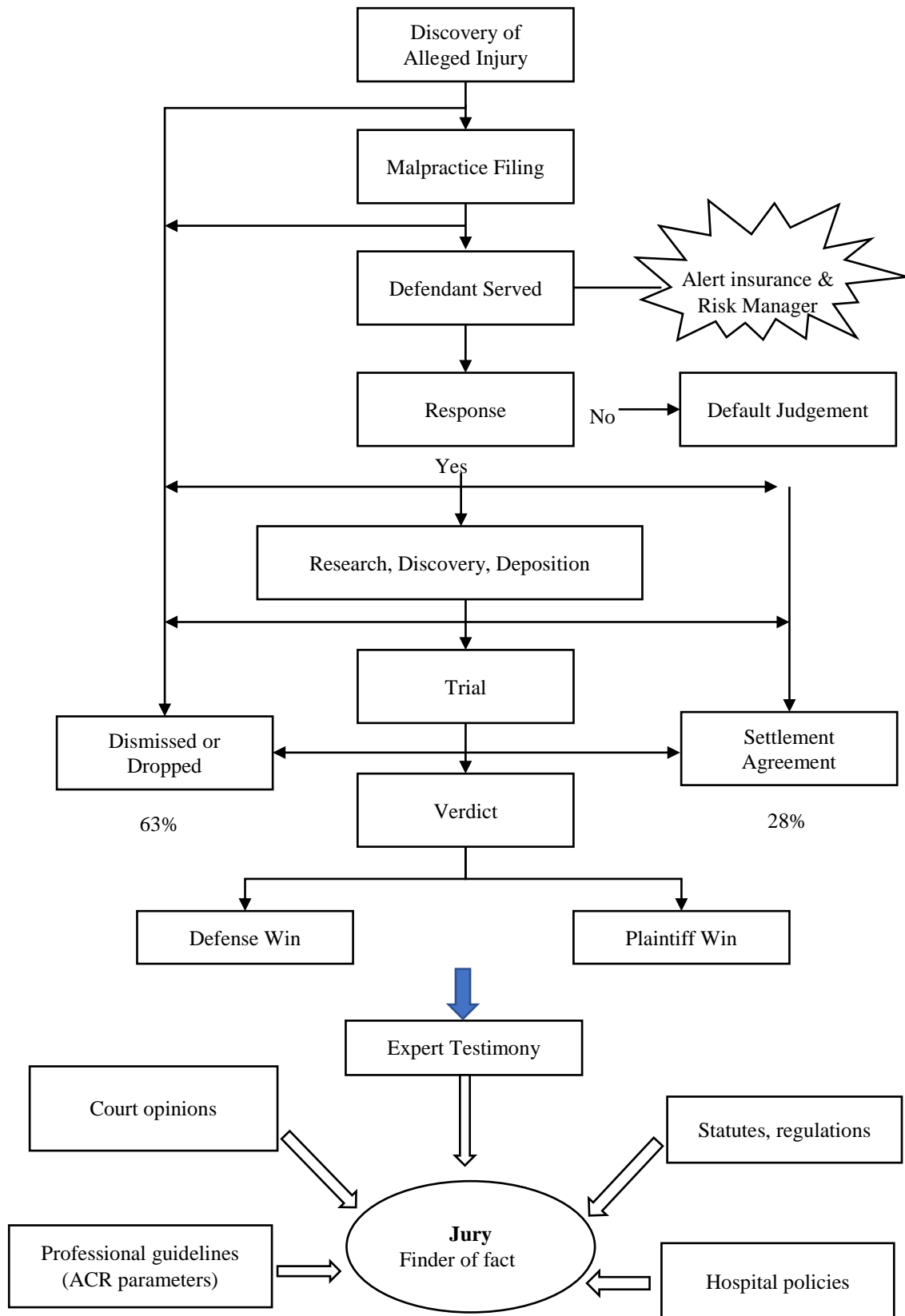


Figure 2. Navigating Malpractice

4. IMPLEMENTATION AND EXPERIMENTAL RESULTS

The findings of this study can be implemented in both the legal and medical professions through targeted reforms in education, practice management, and regulatory oversight. For legal professionals, implementation involves integrating malpractice case studies into professional training, emphasizing informed consent, risk communication, and the responsible use of technology such as AI-driven research tools.

In the medical field, lessons from legal malpractice can strengthen protocols for patient communication, error disclosure, and documentation standards.

At the institutional level, interdisciplinary workshops between lawyers and physicians can foster knowledge-sharing on malpractice prevention, litigation management, and ethical decision-making. Furthermore, insurance providers and regulatory bodies can implement combined frameworks that account for emerging risks in both professions; ensuring professionals remain protected while clients and patients receive transparent and accountable services.

The comparative analysis of malpractice and litigation in medicine and law yields several important outcomes:

1. **Enhanced Risk Management** – Both lawyers and physicians can reduce exposure to malpractice claims through clearer communication, robust documentation, and adherence to evolving professional standards.
2. **Technology-Aware Standards** – Recognizing the malpractice risks posed by AI in diagnostics and legal drafting, the study highlights the need for updated competency requirements and oversight mechanisms.
3. **Cross-Professional Learning** – Insights from medical malpractice, such as error disclosure practices, can inform legal ethics, while legal malpractice lessons about conflict management and informed consent can enhance medical practice.
4. **Policy and Insurance Reform** – The findings suggest reforms in malpractice insurance models, focusing on coverage for technology-related risks and preventive training initiatives.
5. **Strengthened Public Trust** – By positioning malpractice litigation not just as a corrective tool but as a driver of professional improvement, both fields can reinforce confidence in their essential services.

The integration of insights from legal malpractice and litigation into the fields of medicine and law requires a systematic approach that emphasizes education, institutional collaboration, technological oversight, and policy reform.

The following implementation strategies are proposed to ensure that malpractice is not only managed reactively through litigation but also proactively prevented through structural improvements across professions.

Educational Integration

Education forms the foundation of malpractice prevention. In legal education, incorporating case studies from medical malpractice allows law students to understand how liability is determined in high-stakes environments and the importance of client communication.

Conversely, medical education benefits from exposure to legal malpractice themes such as informed consent, conflict of interest, and professional duty, reinforcing patient-centered care [16].

By embedding cross-disciplinary malpractice case studies into professional curricula, future practitioners develop a deeper appreciation of the ethical and legal risks associated with their fields.

Professional Training and Continuing Development

Beyond formal education, continuing professional development is crucial. Both law firms and hospitals can implement mandatory malpractice-prevention workshops focusing on practical skills such as documentation, disclosure, and ethical decision-making.

Simulation-based training can be particularly effective: mock trials help lawyers practice managing malpractice claims, while role-playing patient interactions helps physicians improve communication during high-risk situations. Such hands-on experiences allow professionals to internalize malpractice prevention strategies rather than simply learning them in theory.

Institutional Practices and Cross-Professional Collaboration

Institutions play a pivotal role in malpractice management. Hospitals and law firms can establish joint malpractice review boards that assess past errors and develop preventative guidelines. This fosters a culture of transparency and learning rather than blame.

Additionally, implementing cross-disciplinary compliance standards—particularly around confidentiality, consent, and error reporting—ensures consistency and accountability across professions. Such collaborations highlight that while medicine and law operate in distinct domains; both face parallel challenges in balancing professional autonomy with public accountability.

Technological Integration and Oversight

The rapid adoption of artificial intelligence and digital systems introduces new malpractice risks. For example, errors in AI-generated legal research or misinterpretations from AI-assisted medical diagnostics can lead to litigation.

Implementation strategies must therefore include protocols requiring dual review of AI outputs by licensed professionals before being applied in practice. Furthermore, digital case management systems can reduce common errors such as missed legal deadlines or misplaced medical records, thereby decreasing avoidable malpractice claims.

Policy and Insurance Frameworks

Insurance providers and regulators can adapt to emerging malpractice risks by creating hybrid coverage plans that account for technology-driven errors. For example, malpractice policies could explicitly cover AI-related misjudgments while still holding professionals accountable for oversight.

Policymakers can strengthen this framework by mandating disclosure whenever AI is used in providing professional services, ensuring transparency for clients and patients. Such frameworks protect both practitioners and the public while adapting to technological advancements.

4.1 Resultant Implications

Enhanced Professional Accountability

With improved training, documentation, and ethical standards, both lawyers and physicians become more accountable for their decisions. This accountability not only protects against liability but also builds professional credibility. Clearer benchmarks for negligence reduce ambiguity in malpractice claims, making litigation more efficient and fair.

Reduction in Malpractice Frequency

Preventive measures such as structured documentation systems and oversight of emerging technologies significantly reduce malpractice incidents. Administrative errors—like missed

deadlines in law or prescription mistakes in medicine—are minimized, lowering the number of cases that escalate to litigation.

Greater Client and Patient Satisfaction

Transparent communication and shared decision-making lead to stronger relationships between professionals and those they serve. Studies consistently show that patients and clients are less likely to pursue litigation when they feel informed, respected, and involved in decision-making processes. By implementing practices that emphasize communication, both medicine and law can reduce the adversarial nature of malpractice claims.

Cross-Professional Learning and Innovation

The exchange of malpractice insights fosters innovation across disciplines. Medicine can adopt legal approaches to informed consent and contractual clarity, while law can benefit from medicine's systematic protocols for error disclosure and quality improvement. This cross-pollination of strategies encourages the creation of universal best practices that transcend disciplinary boundaries.

Policy Reform and Governance Enhancement

Courts, bar associations, and medical boards gain clearer standards for defining negligence in the digital era. Technology-specific malpractice guidelines can reduce disputes about liability when AI or other digital tools are involved. This not only strengthens governance but also ensures that malpractice law evolves in step with technological change.

Cultural Shift from Defense to Prevention

Perhaps the most significant outcome is a cultural shift within professions. Rather than treating malpractice litigation solely as a punitive measure, it can be reframed as a tool for systemic reform. Professionals are encouraged to admit errors, learn from them, and contribute to structural improvements. This cultural change moves medicine and law away from defensive practices—such as overtesting or overdocumenting solely to avoid liability—and toward proactive, patient- and client-centered care.

Strengthened Public Trust

Ultimately, the intersection of medicine and law through malpractice insights strengthens public trust in both professions. By demonstrating a willingness to adapt, learn, and improve, doctors and lawyers reinforce their commitment to public service. Litigation thus becomes not just a mechanism for accountability but also a driver of long-term professional integrity.

5. CONCLUSION

The comparative study of malpractice in medicine and law demonstrates that, despite their differences, both professions face parallel challenges in balancing complex decision-making, client or patient expectations, and evolving professional standards. Litigation serves as a common accountability mechanism, shaping the contours of professional duty and incentivizing greater diligence, clearer communication, and stronger documentation practices.

At the same time, malpractice litigation reveals systemic weaknesses: the difficulty of distinguishing reasonable error from negligence, the emotional and financial burden of claims, and the potential for defensive practices that may not always serve clients or patients well.

Emerging technologies—such as artificial intelligence in legal research and diagnostics in medicine—add another layer of complexity, creating new opportunities for improved service delivery but also new risks of malpractice when tools are used without sufficient oversight. These developments underscore the need for continuous adaptation of professional guidelines, insurance frameworks, and regulatory standards across both fields.

Ultimately, insights drawn from malpractice and litigation at the intersection of medicine and law point toward the importance of interdisciplinary learning. Lawyers can benefit from understanding how medicine addresses error disclosure, informed consent, and risk management, while physicians can draw lessons from how legal ethics frame client autonomy, conflict management, and documentation.

By learning from each other's experiences, the professions can build stronger safeguards against negligence, enhance trust with those they serve, and ensure that malpractice law functions not only as a remedy for harm but also as a catalyst for professional growth and systemic reform.

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