



ISSN: 2583-7753

LAWFOYER INTERNATIONAL JOURNAL OF DOCTRINAL LEGAL RESEARCH

[ISSN: 2583-7753]

Volume 3 | Issue 4

2025

DOI: <https://doi.org/10.70183/lijdlr.2025.v03.161>

© 2025 LawFoyer International Journal of Doctrinal Legal Research

Follow this and additional research works at: www.lijdlr.com

Under the Platform of LawFoyer – www.lawfoyer.in

After careful consideration, the editorial board of LawFoyer International Journal of Doctrinal Legal Research has decided to publish this submission as part of the publication.

In case of any suggestions or complaints, kindly contact (info.lijdlr@gmail.com)

To submit your Manuscript for Publication in the LawFoyer International Journal of Doctrinal Legal Research, To submit your Manuscript [Click here](#)

CONSUMER JUSTICE, MEDICAL NEGLIGENCE AND JUDICIAL RESTRAINT: A COMMENT ON DEEP NURSING HOME V. MANMEET SINGH MATTEWAL (2025 INSC 1094)

Appoorvaa S¹

I. ABSTRACT

The Supreme Court of India, in Deep Nursing Home and Another v. Manmeet Singh Mattewal and Others, reaffirmed one of the cornerstones of adjudicatory discipline – that no tribunal or consumer forum may travel beyond the pleadings of the parties or reconstruct a case never advanced before it. This judgment, by Justice Sanjay Kumar and Justice Satish Chandra Sharma, marks an important point in consumer jurisprudence, particularly within the domain of medical negligence. The Court set aside concurrent findings of the State and National Consumer Disputes Redressal Commissions (SCDRC and NCDRC), which had imposed liability upon medical professionals despite the absence of corresponding allegations in the original pleadings. The importance of this decision goes well beyond its factual matrix: it reinstates judicial restraint within consumer for a, strengthens the sanctity of pleadings, and reiterates the requirement of expert medical opinion for the determination of professional negligence. The reasoning of the Court is based on seminal judgments like Trojan & Co. v. Nagappa Chettiar and Ram Sarup Gupta v. Bishun Narain Inter College that have long stated that adjudication must be limited to the issues thrown up by the parties. While contextualizing this case, the Supreme Court has strengthened the principle that, for consumer protection, it is essential to work within the borders of procedural fairness and substantive justice. This judgment, therefore, reaffirms the necessity of adhering to established legal frameworks and the importance of avoiding judicial overreach in complex matters of medical negligence. The decision emphasizes that the legal process must maintain its integrity, ensuring that all parties are treated fairly within the scope of the law.

¹ 2nd Year LL.M (Criminal Law and Criminal Justice Administration), School of Excellence in Law, The Tamilnadu Dr. Ambedkar Law University, Chennai (India). Email: appoorvaasundartana@gmail.com

II. KEYWORDS

Medical Negligence, Consumer Jurisprudence, Natural Justice, Judicial Restraint, Expert Evidence

III. INTRODUCTION

The Consumer Protection Act, 1986, which introduced India's consumer protection regime, was repealed and replaced by the Consumer Protection Act, 2019, aimed at ensuring equity, speed, and modernized access to consumer dispute redressal. However, this expansion of the regime has occasionally blurred the line between consumer rights and professional accountability, especially in the sensitive area of medical negligence.

In *Deep Nursing Home and Another v. Manmeet Singh Mattewal and Others* (2025 INSC 1094), the Supreme Court addressed precisely this intersection and delivered a landmark pronouncement on the permissible scope of adjudication and evidentiary thresholds required to establish medical negligence. The case arose from a tragic medical outcome but culminated in a crucial reaffirmation of procedural principles and judicial restraint.

The Court was clear: consumer fora are not medical experts, nor can they substitute their assumptions for professional evidence. Where the case of the complainant, in its pleadings, mentions negligence on one particular aspect of the treatment, the forum cannot devise new theories of liability or enlarge the dispute into unpleaded areas like antenatal care. By doing so, the Supreme Court exonerated the doctors but, more importantly, reiterated the constitutional ethos that justice has to be fair both in process as well as faithful to pleadings.

A. FACTUAL BACKGROUND

The genesis of the case lay in events at Deep Nursing Home, Chandigarh, during the night of 21-22 December 2005. Complainant Manmeet Singh Mattewal lost his wife, Charanpreet Kaur, and their newborn child within a few hours of delivery. Charanpreet Kaur, aged 32 years at the relevant time, was the manager of a bank and was deputed as a lecturer in the Punjab Institute of Cooperative Training. She was admitted for delivery

under the care of Dr. (Mrs.) Kanwarjit Kochhar, an obstetrician-gynecologist at Deep Nursing Home. The delivery took place around 2:40 a.m. on 22 December 2005; the baby was stillborn. Charanpreet Kaur suffered from atonic Postpartum Hemorrhage (PPH), a condition where the uterus fails to contract following delivery, leading to severe bleeding inside the abdomen. Despite attempted treatment and transfusion, she died en route to the PGI, Chandigarh.²

The complainant alleged that:

- The nursing home was inadequately equipped for obstetric emergencies.
- No sufficient blood was arranged on time for transfusion.
- There was negligence in the post-delivery management.
- The transfer to PGI was belated and medically unsupervised; and
- Being informed of the infant's death added to the trauma of the patient.
- Aggrieved by these facts, the complainant approached the State Consumer Disputes Redressal Commission (SCDRC), Chandigarh, and filed Complaint Case No. 56 of 2006, claiming ₹95,21,000 as compensation for the alleged negligence, mental agony, and loss of dependency.
- The Deep Nursing Home and Dr. Kanwarjit Kochhar, represented jointly, completely denied the allegations, and contended that:
 - The patient was treated according to medical protocol.
 - PPH was an unpredictable complication, with high mortality despite adequate care;
 - Blood transfusion and transfer to PGI were done without delay; and

² Deep Nursing Home and Another v. Manmeet Singh Mattewal and Others, (2025) INSC 1094, Supreme Court of India (decided on 9 September 2025).

- Expert medical boards had found no negligence. These conflicting narratives framed the controversy that traveled through all tiers of consumer adjudication.

B. PROCEEDINGS BEFORE THE SCDRC

The SCDRC, by judgment dated 31 January 2007, held Deep Nursing Home and Dr. Kochhar liable for negligence in post-delivery management but not for the death of the newborn. It was reasoned that excessive delay in arranging and cross-matching blood contributed to the fatal outcome. Relying on medical literature, the Commission concluded that the failure to anticipate hemorrhage and to have blood ready constituted a breach of due care. The New India Assurance Company, which insured the nursing home, was directed to pay ₹20,00,000, while the remaining ₹26,000 and the costs of ₹10,000 were imposed on the doctors.

The Commission went further and expressed moral condemnation of the doctors' conduct, insinuating that Dr. G.S. Kochhar, the anesthetist husband of Dr. Kanwarjit Kochhar, had fabricated evidence about his presence during transfer and that the patient's body was "dumped" at PGI after she had died. A speculative tone that would later draw judicial censure for its variance from evidentiary rigor.

C. FINDINGS OF THE NCDRC

Both the nursing home and Dr. Kochhar filed an appeal before the National Consumer Disputes Redressal Commission, New Delhi. The insurer also filed an appeal separately. The NCDRC, by its order dated 9 May 2012, shifted the entire liability from the nursing home and insurer to Dr. Kanwarjit Kochhar alone, directing her to pay ₹20,26,000 to the complainant.

Crucially, while rejecting all allegations of negligence during delivery and post-delivery care, the NCDRC innovated a new basis of liability-antenatal negligence. It held that Dr. Kochhar failed to conduct standard hematological and cardiological investigations during Charanpreet Kaur's pregnancy, thus departing from "standard protocols. "The

conclusion was entirely beyond the pleadings, as the complaint had never alleged deficiency in antenatal management.

In effect, the NCDRC re-framed the entire case: the complainant's focus on delivery-stage negligence got replaced by a finding of antenatal negligence. It even quoted medical literature to justify its re-characterization of duty and, in effect, played the role of a medical expert, a role inconsistent with its statutory function under the Consumer Protection Act.³

D. MEDICAL BOARD REPORTS AND EXPERT EVIDENCE

An essential evidentiary feature of the case was the existence of five independent Medical Board reports, all constituted at the complainant's request. Except for one report, which left open the possibility of pre-existing anemia or cardiac complications, all others found no gross medical negligence either during delivery or in post-delivery management.

The reports were from:

- **Government Hospital, Sector 16, Chandigarh (23 Jan 2006)** – found that death resulted due to severe atonic PPH despite appropriate treatment.
- **Govt. Med. College & Hospital, Sector 32, Chandigarh (20 Mar 2006)** - recorded that PPH is a well-known complication, and also, there was no definite evidence about pre-existing anemia.
- **Reconstituted Committee (3 Apr 2006)** – found “no gross medical negligence.”
- **Directorate of Health Services, Chandigarh (18 Aug 2006)** – reaffirmed absence of negligence.
- **Final Committee (undated)** – again exonerated the treating doctors.

³ Supreme Court on Medical Negligence: NCDRC Cannot Create a New Case Beyond Pleadings – Professional Negligence – India, IndiaLaw LLP, <https://www.indialaw.in/blog/consumer/sc-ncdrc-cannot-go-beyond-pleadings-in-med-negligence/> (Last visited on Dec 3, 2025).

The Supreme Court later emphasized that the complainant could not “fight shy” of these findings since they were initiated at his own behest. By ignoring the overwhelming expert consensus on this issue, the NCDRC substituted judicial conjecture for medical expertise—a serious error of law, as held by the Supreme Court.

IV. ISSUES BEFORE THE SUPREME COURT

The appeals before the Supreme Court arose from a common grievance: that the NCDRC exceeded its jurisdiction by reconfiguring the complainant’s case and by imposing liability for antenatal negligence when no such allegation existed.

The key issues for determination were:

- Whether the NCDRC was justified in formulating a new ground of negligence, that is, failure to conduct antenatal tests, which has never been pleaded in the complaint.
- Whether the concurrent findings of SCDRC and NCDRC could stand in the face of five independent Medical Board reports exonerating the doctors.
- Whether the consumer can substitute their own medical opinion for expert bodies’ views.
- What relief, if any, the appellants were entitled to, including restitution of amounts already paid during the pendency of proceedings.

While the Supreme Court was fully cognizant of, and sympathetic to, the tragic circumstances of the complainant, it stated plainly that judicial sympathy cannot supplant judicial discipline. The question was not whether a tragedy occurred—it undoubtedly did—but whether, as a matter of law, negligence had been established within the pleadings and supported by medical evidence.

A. ARGUMENTS ADVANCED

1. For the Appellants (Deep Nursing Home & Dr. Kochhar)

- **Counsel for the appellants argued that:**

- The finding of antenatal negligence by the NCDRC was beyond pleadings and evidence and thus contrary to the settled law.
- The complainant had never alleged antenatal deficiency; as a matter of fact, he admitted that all required tests were prescribed and undertaken.
- Several Medical Boards, including those convened at the behest of government authorities, found unequivocally no gross negligence.
- PPH is a recognized complication of obstetrics that has a high fatality rate even with timely care.
- The commissions failed to give due deference to the expert reports and relied on conjecture.

2. For the Respondent (Complainant, Manmeet Singh Mattewal)

- **Counsel for the respondent argued that:**

- The nursing home did not maintain adequate emergency facilities and blood reserves.
- There was a delay in the arrangement of transfusions and transfer of the patient to PGI.
- The patient was allegedly informed about the death of her newborn, causing emotional shock and physiological collapse.
- Dr. Kochhar is a professional and therefore owed the patient an enhanced duty of care, failing to anticipate complications that should have been foreseen. The Supreme Court indeed acknowledged these submissions, but emphasized that allegations must be pleaded and proved and not inferred ex post facto.

B. LEGAL PRINCIPLES CONSIDERED

1. Doctrine of Pleadings

The Court started by reiterating the basic rule that adjudication must remain confined to the case pleaded. It referred to *Trojan & Co. v. Nagappa Chettiar*.⁴ and stated that “a decision of a case cannot be based on grounds outside the pleadings of the parties.” It was also held in *Ram Sarup Gupta v. Bishun Narain Inter College*⁵ That pleadings achieve fairness because each party is informed of the case it has to meet, and surprise is avoided.

Justice Sanjay Kumar observed that the NCDRC exceeded its jurisdiction by building a new case in favor of the complainant upon an antenatal negligence theory, upon which no foundation was laid in the complaint or evidence. This was thus a jurisdictional overreach and compromised the adversarial structure of consumer adjudication.

2. Judicial Restraint and Scope of Consumer Fora

The Court further reiterated that though designed for expeditious and inexpensive justice, consumers are quasi-judicial tribunals and bound to conform to the discipline of law.

They cannot:

- Create new causes of action;
- Substitute their own medical opinions for expert evidence;
- Impose liability on unpleaded grounds; or
- Depart from the standard of proof required in negligence claims⁶

While doing so, the Court invoked its decision in *A.V.G.P. Chettiar & Sons v. T. Palanisamy Gounder*⁷, wherein it held that the tribunals must confine themselves within the scope of the pleadings, and *Venkataraman Krishnamurthy v. Lodha Crown*

⁴ *Trojan & Co. v. Nagappa Chettiar*, 1953 AIR 235.

⁵ *Ram Sarup Gupta v. Bishun Narain Inter College*, (1987) 2 SCC 555.

⁶ *Deep Nursing Home & Anr v. Manmeet Singh Mattewal & Ors*, 2025 INSC 1094, <https://www.lawcurb.in/judgements/deep-nursing-home-%26-anr-vs-manmeet-singh-mattewal-%26-ors-2025-insc-1094> (Last visited on Dec 3, 2025).

⁷ *A.V.G.P. Chettiar & Sons v. T. Palanisamy Gounder*, (2002) 5 SCC 337.

Buildmart (P) Ltd.,⁸ where the Court cautioned against judicial adventurism which changes the factual matrix of a dispute.

3. Standard for Medical Negligence

The Court drew significantly from *Jacob Mathew v. State of Punjab*⁹ It is laid down that just because a medical outcome is adverse, one cannot begin with a presumption of negligence. The standard is that of a reasonably competent professional, and liability only ensues if the conduct falls grossly below accepted standards. It also referred to *Martin F. D'Souza v. Mohd. Ishfaq*¹⁰ To reiterate that courts are not medical experts and should decide on credible expert opinion before adjudging negligence. The Court then referred to *Devarakonda Surya Sessa Mani v. Care Hospital*.¹¹ And stated that courts cannot second-guess medical judgment unless there is clear evidence of recklessness or incompetence.

4. Value of Expert Evidence

No less than five Medical Boards – all constituted on the complainant's insistence – had found no gross medical negligence in either the delivery or post-delivery treatment. The Court held that these findings carried “decisive evidentiary weight,” especially as they emanated from independent, government-appointed medical experts. To disregard them, as the NCDRC had done, was to substitute judicial speculation for professional assessment. Justice Kumar observed that medical negligence cannot be adjudicated on moral sympathy or lay opinion; it requires a professional determination based on evidence.

⁸ Venkataraman Krishnamurthy v. Lodha Crown Buildmart (P) Ltd., (2024) 4 SCC 230.

⁹ *Jacob Mathew v. State of Punjab*, (2005) 6 SCC 1.

¹⁰ *Martin D'Souza v. Mohd. Ishfaq*, AIR 2009 SC 2049.

¹¹ *Devarakonda Surya Sessa Mani and Others v. Care Hospital, Institute of Medical Sciences and Others*, Civil Appeal No. 4596 of 2022.

V. SUPREME COURT'S ANALYSIS

A. THE NCDRC'S JURISDICTIONAL OVERREACH

The Supreme Court's analysis began with the dissection of the NCDRC's reasoning. It pointed out that the NCDRC had, in fact, accepted that there was no negligence in delivery, neonatal management, or post-delivery care. Yet, paradoxically, it imposed liability on the doctor for supposed deficiencies in antenatal management – an aspect never raised in the pleadings.

Justice Sanjay Kumar wrote, "The NCDRC clearly erred in building up a new case on behalf of the complainant and in pinning negligence and liability upon Dr. Kanwarjit Kochhar in the context of antenatal care and management of the patient, which was never the subject matter of the complaint case." By this action, the NCDRC "overstepped its power and jurisdiction." This rationale reinstates the integrity of consumer adjudication procedures by reminding quasi-judicial bodies that justice operates within defined boundaries.

B. ON THE ROLE OF MEDICAL BOARDS

The Court spent several paragraphs summarising the five reports from the Medical Board. Each report – from January to August 2006 – clearly stated that there was no gross negligence in managing the patient. In fact, even the second board that identified how the patient's pre-existing anemia or cardiac complications could have exacerbated her outcome failed to find fault.

The Court reiterated that when expert bodies consistently give a clean chit to the medical professional, the consumer should show deference to such findings unless contradicted by overwhelming evidence. In discarding these reports, the NCDRC had effectively taken over the role of medical professionals.

C. ON JUDICIAL SUBSTITUTION OF EXPERTISE

Citing *Martin F. D'Souza*, the Court reiterated that the courts, being no medical experts, must refrain from substituting their opinions for those of specialists. Judicial intuition,

however well-intentioned, cannot replace empirical expertise. This warning has wider ramifications: on one hand, it protects professionals from unfair liability; on the other, consumer protection remains fact-based, not speculative.

The Court's analysis made it clear that a medical mishap does not translate automatically into negligence: as long as the doctor followed a reasonable course of treatment accepted by peers, no question of liability could arise merely because the outcome was unfortunate.

D. ON THE SANCTITY OF PLEADINGS

While reiterating the sanctity of pleadings, the Court noticed that the complainant's entire case had revolved around post-delivery negligence – delayed blood transfusion, inadequate facilities, and improper transfer. There were no allegations whatsoever with respect to antenatal negligence.

The Court thus observed: "Once his case, as pleaded and projected, was not made out, the NCDRC clearly erred in building up a new case on his behalf." This principle upholds procedural fairness: litigants must know the case they are to meet. Where the scope of pleadings is altered by the adjudicatory bodies, the parties are denied their rights to contest or defend, thus violating natural justice.

VI. RATIO DECIDENDI

The ratio of the Court can be distilled into two central propositions.

- **Consumer For a cannot travel beyond pleadings:** Adjudicatory bodies under the Consumer Protection Act must confine themselves to the issues raised in the complaint and substantiated by evidence. Building a new case amounts to jurisdictional overreach and violates principles of natural justice.
- **Medical Negligence Requires Proof by Expert Evidence:** An adverse medical outcome, of itself, is insufficient to infer negligence. The standard of liability must be that of a reasonably competent professional, supported by credible expert opinion. By applying these principles, the Supreme Court set

aside both the orders passed by the SCDRC and the NCDRC, dismissed the complaint completely, and ordered the complainant to refund ₹10,00,000 received during the course of litigation – ₹3,00,000 to New India Assurance Co. and ₹7,00,000 to Drs. Kanwarjit and G.S. Kochhar – in ten monthly instalments. This restitution order reinforces accountability in consumer litigation and prevents any unjust enrichment arising out of erroneous awards.

VII. CRITICAL EVALUATION

A. RE-CENTERING THE DISCIPLINE OF PLEADINGS

By this decision, the apex court reaffirmed the classical procedural maxim that justice should be confined within the record. Consumers, though created to provide expeditious redressal, are not immune to the discipline of pleadings. The Supreme Court's insistence that the NCDRC had "transgressed its jurisdiction" in creating a new case underscores the fact that procedural fairness is indispensable even in social-welfare adjudication.¹²

The ruling corrects a growing trend where quasi-judicial bodies, motivated by compassion or activism, stretched the boundaries of pleadings to secure relief. While these intentions may appear benevolent, they erode the predictability of adjudication and compromise the rule of law. In reaffirming the limits of jurisdiction, the Court rebalances consumer jurisprudence to align it with broader civil-procedure principles under Order VI Rule 2 of the Code of Civil Procedure, 1908.

B. JUDICIAL DEFERENCE TO EXPERT EVIDENCE

But perhaps most crucially, this judgment demonstrates an abiding respect for medical expertise. The Supreme Court reminded the lower for that questions of medical

¹² Consumer Fora Cannot Recast Medical Negligence Claims Beyond the Pleadings: Supreme Court Reaffirms Deference to Expert Medical Boards, Casemine, <https://www.casemine.com/commentary/in/consumer-fora-cannot-recast-medical-negligence-claims-beyond-the-pleadings:-supreme-court-reaffirms-deference-to-expert-medical-boards/view> (Last visited on Dec 3, 2025).

negligence are not matters of lay perception. A total of five independent Medical Boards – all constituted at the instance of the complainant exonerated the treating doctors by a unanimous verdict. In ignoring such authoritative findings, the NCDRC not only substituted its own opinion for expert testimony but also undermined the credibility of institutional expertise. This decision therefore reinforces the Jacob Mathew standard⁴: negligence cannot be presumed merely because the patient dies; it must be demonstrated through competent medical testimony showing that no reasonable professional would have acted similarly. The Court's reasoning protects practitioners from the chilling effect of defensive medicine, where fear of litigation may distort clinical judgment.

C. BALANCING PATIENT RIGHTS AND PROFESSIONAL AUTONOMY

The case delicately balances two competing imperatives – patient protection and professional autonomy. Medical negligence law, especially under the consumer-protection framework, has to deter malpractice without discouraging genuine practitioners. The Court's approach reflects this equilibrium: while it empathized with the complainant's loss, it refused to equate tragedy with culpability.

By doing so, the judgment restores the ethical symmetry between consumer rights and medical professionalism. It neither immunizes doctors from scrutiny nor subjects them to populist adjudication. Instead, it insists on objective standards – pleadings, evidence, and expert opinion as the foundation for liability.

D. JURISPRUDENTIAL IMPLICATIONS FOR CONSUMER FORA

The judgment has immediate institutional consequences.

- Clarifies that consumer for a consumer cannot assume inquisitorial powers beyond statutory limits.
- Sharpens the difference between deficiency in service and poor outcome.
- Reinforces that compassion cannot override competence in adjudication.

- The tone of the Supreme Court is instructive: tribunals are guardians of justice, not crusaders. They should not turn consumer protection into a field of moral experimentation.

E. RESTITUTION AND ACCOUNTABILITY

The direction by the Court to refund ₹10 lakh to the appellants is both remedial and symbolic. It demonstrates that restitution is an integral component of corrective justice; benefits derived under an order that is found legally unsustainable must be restored. This view is consistent with Section 144 CPC on restitution and also an equitable principle that a party shall not be unjustly enriched at the expense of another.¹³ Such accountability also deters speculative litigation under the consumer framework. The Court balanced fairness to the complainant with the principle that compensation cannot survive a reversal of findings by ordering repayment in instalments.

VIII. BROADER DOCTRINAL IMPACT

- **Entrenching Natural Justice:** Natural justice operates not merely as a procedural ornament but as the very essence of fair adjudication. The NCDRC's making of a new ground of negligence without notice to the doctor was in violation of the cardinal rule of *audi alteram partem*. The correction by the Supreme Court reinstates the symmetry in procedure so essential to justice delivery.
- **Future Guidance for Medical-Negligence Cases:** This ruling will likely influence subsequent cases in the following ways.
 - **Evidentiary Discipline:** Consumer must insist on expert opinion before attributing fault.

¹³ The Code of Civil Procedure, 1908 (Act 5 of 1908), s.144.

- **Scope of Complaint:** Liability cannot extend to matters not pleaded, even if facts later emerge that could theoretically sustain a new cause of action.
- **Professional-Conduct Interface:** Medical-negligence disputes may increasingly be based on peer-review mechanisms rather than quasi-judicial speculation.
- The case thereby harmonizes consumer-law adjudication with professional-ethics jurisprudence and with the standards articulated in *Martin F. D'Souza v. Mohd. Ishfaq*.
- **Reassertion of the “No Res Ipsa Loquitur” Rule:** The Court’s reference to *Jacob Mathew* and *Martin F. D'Souza* reiterates that *res ipsa loquitur* has limited application in medical cases. Undesirable results, even deaths, cannot, of themselves, justify finding/holding the professional liable. The judgment, therefore, saves medical jurisprudence from the specter of absolute liability and reemphasizes the requirement for either a guilty mind or egregious breach of professional norms
- **Institutional Lessons for Quasi-Judicial Bodies:** The judgment sends a cautionary signal to the tribunals: activism cannot replace adjudication. In realigning consumer-forum conduct with legal formalism, the Court prevents erosion of procedural legitimacy. The judgment in *Deep Nursing Home* is thus likely to become a training precedent for future members of consumer forums within the limits of their jurisdictions and evidentiary evaluations.

IX. COMPARATIVE PERSPECTIVE

The jurisprudence of medical negligence in India has very often run parallel to that in the UK and the USA. The Bolam test, drawn from *Bolam v. Friern Hospital Management Committee* (1957 2 All ER 118), continues to be the touchstone for determining

professional negligence: a doctor is not negligent if his conduct conforms with a practice accepted by a responsible body of medical opinion.¹⁴

The approach of the Supreme Court in *Deep Nursing Home* is wholly in line with the Bolam–Bolitho lineage, underlining professional autonomy while making it answerable through expert scrutiny. In reiterating this test within the Indian consumer context, the Court refreshes the Bolam principle for contemporary consumer jurisprudence and interlinks it with statutory duties under the Consumer Protection Act 2019.

A. IMPACT ON CONSUMER LAW JURISPRUDENCE

1. Doctrinal Clarity

The judgment injects doctrinal clarity into consumer law by demarcating the limits of adjudicatory competence.

It delineates three concentric zones:

- The pleadings, which define the dispute;
- The evidence which corroborates it; and
- The law that applies to those facts.

Where tribunals blur these boundaries, justice turns arbitrary. By reinforcing this tripartite structure, the Court restores coherence to the jurisprudence on consumer matters.

2. Practical Consequences

In practice, the judgement would restrict consumers from transgressing into domains needing expertise in special or technical knowledge. They will also ensure that the litigants draft proper pleadings, and their supplementation with evidence of sufficient credibility impairs the quality of consumer litigation as a whole.

3. Academic and Policy Implications

¹⁴ Bolam v. Friern Hospital Management Committee [1957] 2 All ER 118.

From an academic point of view, *Deep Nursing Home* adds weight to discussions on procedural fairness in welfare adjudication. It establishes that social-welfare laws such as the Consumer Protection Act must complement constitutional guarantees of fair hearing and due process. For policymakers, this judgment can be interpreted to mean support for dedicated medical-negligence tribunals or panels of experts within consumer forums to prevent judicial overreach.

B. AUTHOR'S OBSERVATION

This judgment stands at the intersection of law, medicine, and justice. It is not merely an acquittal of two doctors but a reaffirmation of how legal institutions should behave when confronted with human tragedy. The Court's tone – empathetic yet restrained – signals a mature jurisprudence that recognizes the limits of law in adjudicating grief.

The elegance of the decision lies in its measured rationality. It eschews any emotional appeal to displace evidentiary discipline and, in so doing, strengthens faith in judicial impartiality. As a matter of policy, it also makes clear how continuing medical-ethics training and proper documentation can protect patients and practitioners alike in disputes arising in the future.

X. CONCLUSION

The judgment of the Supreme Court in *Deep Nursing Home and Another v. Manmeet Singh Mattewal and Others* marks a turning point in consumer-law jurisprudence. In setting aside findings based on surmises and in reinstating adherence to pleadings and expertise, the Court has reaffirmed the rule of law in compassionate adjudication.

The judgment teaches three lasting lessons:

- Justice without discipline is arbitrariness.
- Technical domains must be adjudicated based on expertise.
- Consumer protection cannot turn into judicial populism.

The effect of this case is, therefore, to transform a personal tragedy into a constitutional reaffirmation of the principle of fairness. It ensures that the quest for consumer justice remains principled, evidence-based, and within the confines of due process—thereby strengthening both patient rights and professional dignity within India’s evolving legal landscape.

XI. REFERENCES

A. PRIMARY SOURCES

- Deep Nursing Home and Another v. Manmeet Singh Mattewal and Others, (2025) INSC 1094, Supreme Court of India (decided on 9 September 2025).
- Trojan & Co. v. Nagappa Chettiar, 1953 AIR 235.
- Ram Sarup Gupta v. Bishun Narain Inter College, (1987) 2 SCC 555.
- A.V.G.P. Chettiar & Sons v. T. Palanisamy Gounder, (2002) 5 SCC 337.
- Venkataraman Krishnamurthy v. Lodha Crown Buildmart (P) Ltd., (2024) 4 SCC 230.
- Jacob Mathew v. State of Punjab, (2005) 6 SCC 1.
- Martin D’Souza v. Mohd. Ishfaq, AIR 2009 SC 2049.
- Devarakonda Surya Sessa Mani and Others v. Care Hospital, Institute of Medical Sciences and Others, Civil Appeal No. 4596 of 2022.
- Bolam v. Friern Hospital Management Committee, (1957) 2 All ER 118 (QB).
- The Code of Civil Procedure, 1908 (Act 5 of 1908),
- Consumer Protection Act, 2019

B. SECONDARY SOURCES

- Supreme Court On Medical Negligence: NCDRC Cannot Create A New Case Beyond Pleadings - Professional Negligence - India, IndiaLaw LLP,

<https://www.indialaw.in/blog/consumer/sc-ncdrc-cannot-go-beyond-pleadings-in-med-negligence/> (Last visited on Dec 3, 2025).

- Consumer For a Cannot Recast Medical Negligence Claims Beyond The Pleadings: Supreme Court Reaffirms Deference To Expert Medical Boards, Casemine, <https://www.casemine.com/commentary/in/consumer-fora-cannot-recast-medical-negligence-claims-beyond-the-pleadings:-supreme-court-reaffirms-deference-to-expert-medical-boards/view> (Last visited on Dec 3, 2025).
- Deep Nursing Home & Anr v. Manmeet Singh Mattewal & Ors, 2025 INSC 1094, <https://www.lawcurb.in/judgements/deep-nursing-home-%26-anr-vs-manmeet-singh-mattewal-%26-ors-2025-insc-1094> (Last visited on Dec 3, 2025).