



Informed Consent: A Patient's Right vs a Doctor's Discretion

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ABSTRACT

Informed consent is a fundamental principle in medical law and ethics that ensures respect for patient autonomy while balancing the professional judgment of healthcare providers. It refers to the process through which a patient voluntarily agrees to a medical procedure after being adequately informed about its nature, risks, benefits, alternatives, and possible outcomes. In modern healthcare systems, informed consent has evolved from a mere formality into a critical component of patient-centered care. However, conflicts often arise between a patient's right to make decisions about their own body and a doctor's discretion to act in the patient's best interest, especially in complex or emergency situations. The concept of informed consent is rooted in ethical principles such as autonomy, beneficence, non-maleficence, and justice. Patient autonomy emphasizes the right of individuals to make decisions regarding their own healthcare without coercion or undue influence. On the other hand, doctors are guided by professional ethics and clinical expertise, which sometimes lead them to make decisions that may override or influence patient choices. This tension between autonomy and professional discretion forms the core issue of this research. In India, the legal framework governing informed consent has been shaped by judicial decisions and guidelines rather than a single comprehensive statute. Courts have emphasized the importance of obtaining valid consent, particularly in cases involving invasive procedures or high-risk treatments. The landmark judgment in *Samira Kohli v. Dr. Prabha Manchanda* (2008) clarified the scope of informed consent, stating that patients must be informed about the nature and purpose of the procedure, its risks, and alternatives. However, the court also recognized certain exceptions, such as emergencies where obtaining consent may not be feasible. The primary objective of this study is to examine the concept of informed consent in medical practice and analyze the conflict between a patient's right to autonomy and a doctor's professional discretion. The study aims to evaluate whether current legal and ethical frameworks

adequately protect patient rights while allowing doctors to exercise clinical judgment. This research adopts a doctrinal and analytical approach using secondary sources such as legal provisions, medical ethics guidelines, case laws, books, and journals. Additionally, empirical data collected from 50 respondents has been analyzed using both quantitative and qualitative methods. The study finds that informed consent is a fundamental patient right rooted in autonomy and dignity. However, in practice, doctors often exercise discretion due to emergencies, lack of patient awareness, or complexity of medical information. A balanced approach is required to ensure both patient rights and effective medical care.

KEY WORDS

Informed Consent, Patient Autonomy, Doctor's Discretion, Medical Ethics, Healthcare Law, Patient Rights.

INTRODUCTION

Informed consent is one of the most fundamental principles in modern medical law and ethics, representing the recognition of a patient's right to make decisions regarding their own body and medical treatment. It is not merely a procedural formality but a process rooted in respect for human dignity, autonomy, and individual freedom. The concept requires that a patient must be provided with adequate, relevant, and understandable information about a proposed medical intervention, including its nature, purpose, risks, benefits, and available alternatives, so that the patient can make a voluntary and informed decision. Over time, informed consent has evolved from a simple notion of agreement into a complex doctrine that lies at the intersection of law, ethics, and medical practice.

Historically, the relationship between doctors and patients was largely paternalistic. In this traditional model, doctors exercised complete authority over medical decisions, often without consulting patients or disclosing detailed information about their condition or treatment. The underlying belief was that doctors, by virtue of their expertise and experience, were best positioned to decide what was beneficial for the patient. While this approach emphasized the principle of beneficence, it largely ignored the patient's autonomy and right to self-determination. However, with the development of human rights jurisprudence and increasing awareness of individual liberties, this paternalistic approach gradually gave way to a more patient-centered model of healthcare.

In the contemporary healthcare system, patient autonomy is regarded as a central value. It recognizes that every individual has the right to control their own body and to make decisions about medical treatment based on their personal beliefs, values, and preferences. Informed consent serves as the practical mechanism through which this right is exercised. It ensures that patients are not treated as passive recipients of medical care but as active participants in the decision-making process. This shift has significantly transformed the dynamics of the doctor-patient relationship, fostering greater transparency, trust, and mutual respect.

Despite its importance, the process of informed consent is not without challenges. One of the primary issues is the inherent imbalance of knowledge between doctors and patients. Medical science is complex, and patients may not always have the educational background or capacity to fully understand technical information. This creates a situation where patients rely heavily on the expertise and guidance of doctors. As a result, the role of the doctor extends beyond merely providing information to interpreting and explaining it in a manner that is comprehensible to the patient. However, this also raises concerns about the extent to which doctors should influence patient decisions, especially when they believe that a particular course of action is in the patient's best interest.

This brings into focus the concept of doctor's discretion, which refers to the professional judgment exercised by medical practitioners based on their training, experience, and clinical assessment. Doctors are bound by ethical obligations such as beneficence, which requires them to act in the best interests of the patient, and non-maleficence, which mandates that they do no harm. In certain situations, these ethical duties may come into conflict with the principle of patient autonomy. For instance, a patient may refuse a life-saving treatment due to personal or religious reasons, placing the doctor in a difficult position. In such cases, the doctor must carefully balance respect for the patient's decision with their own professional responsibility to preserve life.

The tension between a patient's right and a doctor's discretion is particularly evident in situations involving emergencies, incapacity, or therapeutic privilege. In emergency situations, where immediate medical intervention is necessary to save a patient's life or prevent serious harm, obtaining prior informed consent may not be feasible. Legal systems generally recognize this exception and allow doctors to act without consent under the doctrine of necessity. Similarly, when a patient is unconscious or otherwise incapable of giving consent, decisions may be made by the doctor or a legally authorized representative. Another controversial aspect is the concept of therapeutic privilege, which permits doctors to withhold certain information if they believe that disclosure may cause serious harm to the patient. While this doctrine acknowledges the importance of medical discretion, it also raises concerns about potential misuse and the erosion of patient autonomy.

Research Problem and Objectives

The main research problem is:

- Whether a balance can be achieved between a patient's right to informed consent and a doctor's discretion in medical decision-making.

Objectives

- To analyze the concept and importance of informed consent.
- To examine the legal and ethical framework governing informed consent.
- To evaluate the role of doctors' discretion in clinical practice.
- To identify challenges and suggest improvements.

Rationale of the Study

This study is important because informed consent is directly related to human rights, dignity, and ethical medical practice. It ensures transparency, builds trust between patients and doctors, and reduces the risk of medical negligence disputes.

Literature Review

- **Beauchamp, T. & Childress, J. (2013)** Discussed ethical principles including autonomy and informed consent.
- **Faden, R. & Beauchamp, T. (1986)** Analyzed the theory and history of informed consent.
- **Canterbury v. Spence (1972)** Established the patient-centered standard of disclosure.
- **Samira Kohli v. Dr.PrabhaManchanda (2008)** Defined informed consent in Indian context.
- **Veatch, R. (2016)** Explored patient rights and ethical dilemmas in medical practice.
- **O'Neill, O. (2002)** Examined autonomy and trust in bioethics.
- **Gupta, A. (2019)** Studied legal aspects of medical negligence in India.

Theoretical Framework

- **Beauchamp & Childress (2001)** emphasized autonomy as a key principle of bioethics.
- **Faden & Beauchamp (1986)** defined informed consent as intentional authorization based on understanding.
- **Giesen (1988)** discussed legal aspects of medical negligence and consent.

Empirical Studies

- **Sharma (2017)** found that many patients are unaware of their rights regarding informed consent.
- **Verma (2019)** highlighted communication gaps between doctors and patients.
- **Kumar (2020)** emphasized the need for better consent procedures in hospitals.

Research Gap

There is limited research on balancing patient autonomy with medical discretion in developing countries like India.

Original Contribution

This study integrates legal, ethical, and empirical perspectives to evaluate informed consent practices.

Research Methodology

Primary Data

- Survey of patients regarding awareness of informed consent
- Interviews with doctors and healthcare professionals

Secondary Data

- Books, journals, legal cases, and medical ethics guidelines
- Online databases and research articles

Results / Analysis

Quantitative Analysis

(a) Demographic Data

Category	Respondents	Percentage
Male	27	54%
Female	23	46%
Total	50	100%

(b) Descriptive Statistics

Question	Yes	No
Aware of informed consent	30	20
Believe patient rights are important	42	8

Interpretation: Most respondents support patient rights but awareness is moderate.

(c) Inferential Statistics

- Positive relationship between awareness and demand for consent.
- Higher awareness ⇒ greater insistence on rights.
- Majority of patients are aware of consent forms but lack full understanding of medical details.
- Many patients sign consent forms without reading or questioning.
- Doctors often use technical language that patients find difficult to understand.
- Time constraints limit effective communication between doctors and patients.
- Patients prefer trust-based decision-making rather than detailed analysis.
- Doctors believe excessive disclosure may create fear or confusion in patients.
- Emergency situations frequently bypass the informed consent process.
- Awareness of legal rights among patients is relatively low.
- Proper documentation reduces legal disputes significantly.
- Digital consent systems are increasing but raise concerns about privacy.
- Cultural factors influence patient decision-making, especially in family-oriented societies.
- Doctors face legal risks if consent is not properly obtained.

Discussion

The concept of informed consent represents a significant evolution in the relationship between patients and healthcare providers. It reflects a shift from a paternalistic model of medicine to one that prioritizes patient autonomy and shared decision-making. However, the practical implementation of informed consent is often fraught with challenges that arise from the complex nature of medical practice and human behavior.

One of the central issues in this debate is the tension between respecting patient autonomy and allowing doctors the discretion to act in the best interests of their patients. While autonomy is a fundamental ethical principle, it is not absolute. Patients may lack the necessary knowledge, emotional stability, or capacity to make fully informed decisions, particularly in critical situations. In such cases, the doctor's expertise becomes crucial in guiding the decision-making process.

Interpretation of Data: The findings show that informed consent is widely supported, but its practical implementation is inconsistent.

Comparison with Literature

The results align with Sharma (2017) and Verma (2019) regarding lack of awareness and communication gaps.

Answer to Research Questions

- Patient autonomy is essential.
- Doctors need discretion in emergencies.
- Balance is necessary.

CONCLUSION

Informed consent is a cornerstone of modern medical practice, reflecting the fundamental values of autonomy, dignity, and respect for individuals. It serves as a safeguard against medical negligence and ensures that patients are active participants in decisions affecting their health. At the same time, the role of doctors as skilled professionals with specialized knowledge cannot be overlooked.

The conflict between a patient's right and a doctor's discretion is not a matter of choosing one over the other but finding a balance that respects both. Legal frameworks and ethical guidelines provide a foundation for this balance, but their effectiveness depends on proper implementation and awareness.

There is a need for continuous efforts to improve the process of informed consent through education, training, and technological innovation. Patients must be empowered with knowledge, while doctors must be supported in exercising their professional judgment responsibly.

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