

## REVIEW ARTICLE

# Vicarious Liability for Alleged Criminal Negligence by Iatrogenic Fentanyl Overdose

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**ABSTRACT**

**Background:** Iatrogenic fentanyl overdose highlights the critical need for meticulous oversight in medication administration. The principle of vicarious liability in healthcare amplifies institutional accountability, particularly in cases alleging criminal negligence resulting in patient deaths. Recent Indian criminal laws, including the Bharatiya Nyaya Sanhita (BNS), Bharatiya Nagarik Suraksha Sanhita (BNSS), and Bharatiya Sakshya Adhinyam (BSA), have introduced frameworks that influence these liability considerations.

**Objective:** To analyze the legal and medical aspects of fentanyl poisoning under the lens of vicarious liability, using the reported case as a focal point, and propose preventative measures to mitigate such incidents.

**Methods:** A detailed case analysis was conducted alongside a review of legislative changes and best practices for medication safety. The study integrates statistical trends and judicial outcomes to formulate actionable recommendations.

**Results:** The malpractice lawsuit underscores systemic issues, including delayed care, excessive medication dosages, and procedural lapses. While judicial outcomes favored good faith protections, the case underscores the importance of institutional vigilance.

**Conclusion:** Strengthening institutional protocols, legislative clarity, and professional training are vital to prevent medication-related iatrogenic injuries and to balance accountability with fair treatment in healthcare.

**KEYWORDS**

• Iatrogenic fentanyl overdose • Vicarious liability • Medical negligence • Bharatiya Nyaya Sanhita • BNSS • BSA 2023 • Healthcare law • Institutional accountability

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## INTRODUCTION

Medication errors, particularly those involving potent opioids like fentanyl, are a significant concern in healthcare. Iatrogenic fentanyl overdose not only endangers patient lives but also places healthcare institutions at risk of vicarious liability. The introduction of Bharatiya Nyaya Sanhita (BNS), Bharatiya Nagarik Suraksha Sanhita (BNSS), and Bharatiya Sakshya Adhinyam (BSA) in 2023 has reshaped legal interpretations of negligence and liability in India.<sup>1</sup> This article explores these dynamics of vicarious liability through the lens of the recent case of alleged Fentanyl overdose iatrogenically causing Gross Negligence Manslaughter of the critically ill patient waiting in Emergency for ICU care,<sup>2</sup> emphasizing lessons for preventing fentanyl overdoses and ensuring accountability.

**Chapter 2 of the Indian Penal Code (IPC) addresses the punishment of offenses committed within India.** While the general principle of criminal law holds individuals accountable for their own actions, there are specific instances where the law may impose **vicarious liability**. This means that a person can be held legally responsible for the actions of another, even if they did not directly commit the crime.<sup>3</sup>

It's mentioned under section 3(5) of the Bharatiya Nyaya Sanhita, 2023,<sup>4</sup> based upon older section 34 of the Indian Penal Code, 1860 (45 of 1860).<sup>5</sup>

### Illustration I:

A and B conspire to murder Z by administering small doses of poison to Z at different times. Acting on their agreement, A and B each administer poison with the intent to kill Z. As a result of the cumulative effect of these doses, Z dies. In this scenario, A and B intentionally collaborate in committing the murder. Since each of their actions contributes to causing Z's death, both are guilty of the offense, despite their separate acts.

This scenario illustrates a complex legal principle involving joint criminal liability. Here's a breakdown:

### Key Points:

- **Shared Intent:** A and B both intended to murder Z. This shared intention is crucial.

- **Separate Acts:** A and B each administered poison to Z at different times. Their actions were separate.
- **Combined Effect:** The cumulative effect of these separate acts of poisoning caused Z's death.

### Legal Principle:

Even though A and B acted separately, their actions were part of a common plan to murder Z. This shared intent and the combined effect of their actions make them both liable for the crime of murder.

### Why They Are Both Guilty:

- **Cooperation:** A and B intentionally cooperated in the murder, even though their actions were not simultaneous.
- **Causal Connection:** Each act of administering poison contributed to Z's death.
- **Shared Responsibility:** The law recognizes that when individuals act together with a shared criminal intent, they can be held jointly responsible for the resulting crime, even if their individual actions are distinct.

### Illustration II:

A attacks Z under circumstances of grave provocation, reducing his act to culpable homicide not amounting to murder. B, harboring ill-will towards Z and intending to kill him, assists A in causing Z's death but is not influenced by the provocation. In this situation, while both A and B participate in causing Z's death, B is guilty of murder due to his malicious intent, whereas A is guilty only of culpable homicide.

Let's break down the requirements for proving Common Intention under Section 34 of the Indian Penal Code (IPC).

### Key Requirements for Proving Common Intention:

#### 1. Shared Criminal Intention:

- There must be a pre-arranged plan or a shared understanding among two or more individuals to commit a crime.
- This shared intention must be to commit a specific crime or a class of crimes.
- Mere presence at the scene of the crime or general knowledge of the intended act is not sufficient.

## 2. Acts in Furtherance of Common Intention:

- Each individual must have performed an act that actively contributes to the commission of the crime.
- This act must be done with the knowledge and intention of furthering the shared criminal objective.
- The act can take various forms, such as:
  - Directly participating in the crime.
  - Aiding or assisting another individual in committing the crime.
  - Encouraging or promoting the commission of the crime.
  - Facilitating the commission of the crime by providing necessary means or support.

## 3. Adequate Connectivity:

- There must be a sufficient connection between the acts of each individual and the overall criminal objective.
- Isolated or unrelated acts, even if done by individuals with knowledge of the intended crime, may not fall under Section 34 of IPC.

## 4. Knowledge of Relevant Facts:

- Each individual must have the necessary knowledge of any existing facts that are essential for the commission of the intended crime.

## Important Considerations:

- **Withdrawal from Common Intention:**
  - If a person actively participates in forming a common intention but later withdraws from it and takes reasonable steps to prevent the crime from being committed, they may not be held liable under Section 34 of IPC.
  - The nature and timing of the withdrawal are crucial factors in determining whether the individual can escape liability.

In essence, proving Common Intention under Section 34 of IPC requires demonstrating a shared criminal objective, acts performed in furtherance of that objective with the requisite knowledge, and adequate connectivity between the acts of each individual.<sup>6</sup>

Where several persons are engaged or concerned in the commission of a criminal

act, they may be guilty of different offences by means of that act.

## Vicarious liability or constructive liability

Vicarious or constructive liability under Section 34 of the IPC arises only when two essential conditions are met: first, the existence of a shared mental element or common intention, and second, actual participation in the commission of the criminal act, either directly or indirectly, in collaboration with others. The defining feature of Section 34 is the element of common intention combined with participation in the act. This participation does not necessarily require physical presence in every case; rather, it implies acting in concert with others to achieve a shared unlawful objective.<sup>7</sup>

## Principle of constrictive liability

Section 34 of the IPC does not define a separate offense but establishes the principle of constructive liability. It mandates that the criminal act must be carried out in furtherance of a shared common intention. The core of Section 34 lies in the simultaneous meeting of minds among individuals involved in the criminal act, working together to achieve a specific outcome.<sup>8</sup>

**Effective Role of Each Offender Individually being Part of Common Scheme:** Under this provision, each offender is linked to the criminal act that constitutes the offense, both physically and mentally. This means the individual is a participant not only in the shared act but also in the shared intention behind it. Consequently, their individual role is held to significant scrutiny, even if it forms part of a broader scheme involving others. These others may have participated by playing similar or distinct roles in furthering the common objective.<sup>9</sup>

**Necessity of Prior Meetings of Minds for proving the Common Intention:** Common intention: it requires a pre-arranged plan and pre-supposes prior concert, therefore, there must be prior meeting of minds.<sup>10</sup>

**Status of Common Intention under Legal Provision:** Common intention under this provision is a species of constructive liability, which renders every member of a group who shares such intention responsible for the criminal act committed by anyone of them, when such act is done in furtherance of the

common intention, but, common intention cannot be confused with similar intention.<sup>11</sup>

**Factors for Inference of Common Intention:** Though common intention should be anterior in the time to the commission of crime and involves a pre-arranged plan or a prior concert, however, intention is to be gathered from the act, conduct, relative circumstances, the attendant situations that cropped up, which may be developed on the spur of the moment.<sup>12</sup>

**Necessary Ingredients for Applicability of Provision:** Before a person can be convicted with the aid of this provision, the ingredients necessary are that he along with others committed a criminal act and that such act was done in furtherance of the common intention of them all.<sup>13</sup>

**Absence of Intention of Causing Death:** There is no material on the record to show that the injuries inflicted by accused/appellant herein, with the chopper, were inflicted with the intention to cause death of the deceased.<sup>14</sup>

**Act in furtherance of common intention:** The Section does not create any substantive offence but binds all the doers under a rule of evidence.<sup>15</sup>

“TREAT” word after addition of H becomes “THREAT”. So patient’s false allegations for suing malpractice lawsuit threatens the healthcare provider in timely treating of their patients. Recently, in first week of June 2019, an elderly patient of 81yrs age was brought in Emergency in midnight to Kolkata Hospital in critical state, who was attended by junior doctor, and patient died during treatment after giving some life-saving medication by that doctor.<sup>16</sup> Patient’s attendants alleged that the overdose of medication has caused the death due to negligence of duty doctor. And the patient’s attendants became violent and physically assaulted the doctor, causing grievous hurt with depressed skull fracture. Injured doctor underwent urgent surgery but succumbed to death. This is called 2<sup>nd</sup> **victim phenomenon**, in which the health care providers are manhandled by the patient’s attendants on suspicion of negligence or error in judgement. This “**Terror of making Error**” has given rise to practice of Defensive Medicine.

**1. Case Overview: Sanjeev Narula, J. Shiv Kumar vs. National Medical Commission & Ors (2024)**<sup>17</sup>

## Incident Summary

- The petitioner’s wife was admitted to Max Hospital after being discharged from LNJP Hospital due to a lack of ICU availability. At Max Hospital, she remained in the Emergency Department allegedly without adequate attention from senior consultants for over two hours, during which her condition deteriorated. Despite late interventions, she was discharged under “Leave Against Medical Advice” (LAMA) in a critical state and passed away shortly thereafter.

## Key Allegations

### 1. Negligence in Emergency Care:

- Allegedly Senior consultants failed to attend to the patient promptly.
- Prescribed medications were not administered in a timely manner.

### 2. Excessive Dosage of Fentanyl:

- Allegedly, a high dosage (850 mcg within hours) contributed to the patient’s demise, deviating from standard care protocols.

### 3. Mismanagement of ICU Admission:

- The hospital initially assured ICU availability, but upon arrival, no ICU bed was provided, necessitating her placement in the Emergency Department.

### 4. Administrative Failures:

- Allegedly Lack of senior personnel during critical care and delays in conducting diagnostic tests.

## Legal Proceedings

- **Delhi Medical Council (DMC):** Found two junior doctors negligent and directed them to undergo additional training on narcotic drug dosage & safety.
- **National Medical Commission (NMC):** Upheld the finding of no negligence by senior doctors and deemed the treatment appropriate considering the patient’s complex condition.
- **Delhi High Court:** Dismissed the petitioner’s plea, emphasizing good faith protections and the limited scope of judicial review in expert medical decisions.

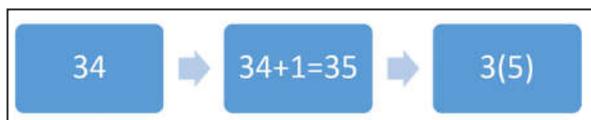
## 2. Vicarious Liability Under New Criminal Laws

Section 3(5) of BNS,<sup>18</sup> replacing older Section 34 of the Indian Penal Code, recognises the principle of vicarious liability in criminal jurisprudence. The said principle enshrined under Section 3(5) of the Code would be attracted only if one or more than one accused person act conjointly in the commission of offence with others.

**Table 1:** Mnemonic for easy recall for Vicarious liability

Section 34 of the Indian Penal Code	Section 3(5) of BNS, 2023
34 is predecessor to number 35	3(5) look alike no.35

Equation 1. Lookalike Sections in BSA replacing IPC for easy recall Mnemonic describing vicarious liability



### Key Points:

#### 1. Vicarious Liability and Statutory Provisions:

- Vicarious liability can only be imposed through an explicit statutory provision and not in its absence.
- Vicarious liability in criminal law is not inherent and can only arise through specific statutory provisions.<sup>5</sup> It requires the law to explicitly create such liability.
- For vicarious liability to apply, there must be a *legal fiction*—a deliberate statutory provision imputing liability to someone other than the primary offender.

#### 2. Legal Fiction and its Scope:

- The legal fiction must serve the specific purpose for which it has been created. It cannot be extended beyond its intended statutory framework.

#### 3. Corporate Responsibility:

- In cases involving corporations including corporate Hospitals, vicarious liability is typically imposed on individuals (e.g., directors, managers, chairman) who are shown

to be “in charge of and responsible for the conduct of the business of the company or institute” as per the relevant statute.

- All statutory ingredients required to establish such liability must be fulfilled. Courts will rigorously examine whether these conditions have been met before holding someone vicariously liable.

#### 4. Criminal Misconduct and Formation of a Contract:

- If no evidence of criminal misconduct is established at the relevant time (e.g., prior to or during the formation of a contract), vicarious liability cannot be fastened arbitrarily.

### Relevant Legal Precedents:

- **S.M.S. Pharmaceuticals Ltd. v. Neeta Bhalla:**<sup>19</sup> This landmark case emphasized that for vicarious liability under statutes like the Negotiable Instruments Act, 1881,<sup>20</sup> the person must be in charge of and responsible for the conduct of business at the time of the offense.
- **K.K. Ahuja v. V.K. Vora:**<sup>21</sup> The Supreme Court of India further clarified the principles of vicarious liability, requiring direct involvement or responsibility in the specific actions leading to the offense.

### Application:

In your case, if there is no criminal misconduct established prior to the formation of the contract and the statutory requirements for vicarious liability are not met, it is unlikely that a case for vicarious criminal liability will succeed. Courts will strictly adhere to the statutory language and purpose while determining liability.

### Bharatiya Nyaya Sanhita (BNS)

Section 106(1) distinguishes between criminal negligence and inadvertent errors, emphasizing the necessity of proving intent or gross negligence for liability.<sup>22</sup>

### Definition of Criminal Negligence:

Under Section 106(1) of BNS replacing Section 304A of the Indian Penal Code (IPC), criminal negligence involves causing death by a rash or negligent act not amounting to culpable homicide. For healthcare professionals, it implies gross deviation from accepted medical

practices, such as administering an excessive dose of fentanyl without proper monitoring.

### Defining Vicarious liability

- **Vicarious:** imposed on one person in place of another.
- **Vicarious:** adj. Performed or suffered by one person as substitute for another; indirect; surrogate.
- **vicarious liability:** Liability that a supervisory party (such as an employer) bears for the actionable conduct of a subordinate or associate (such as an employee) because of the relationship between the two parties.<sup>23</sup>
- **quasi-tort.** A wrong for which a non-perpetrator is held responsible; a tort for which one who did not directly commit it can nonetheless be found liable, as when a master is held liable for a tort committed by a servant.

## DISCUSSION

### Applicability of Vicarious Liability in Fentanyl Overdose:

- **Negligent Actions:** Administering a dose beyond therapeutic limits without adequate justification or monitoring.
- **Consequences:** Respiratory depression, hypoxia, and eventual death.
- **Intent vs. Negligence:** While most cases involve inadvertent errors rather than intent, the severity of the outcome can lead to criminal charges.

### Institutional Accountability:

Hospitals may be held vicariously liable if it is established that:

1. The overdose occurred due to systemic failures (e.g., inadequate training, lack of supervision, or protocol lapses).
2. The employee acted within the scope of their duties.

### Bharatiya Nyaya Sanhita (BNS):

- Section 106 of BNS emphasizes the need to prove gross negligence or intent for establishing criminal liability. Hospitals can invoke this provision to argue against vicarious liability unless systemic failures are proven.

### Bharatiya Nagarik Suraksha Sanhita (BNSS)

BNSS incorporates provisions to shield healthcare professionals from frivolous litigation when actions are performed in good faith.

- **Good Faith Provisions under Section 30 of BNSS, 2023:** The Bharatiya Nagarik Suraksha Sanhita protects healthcare professionals and institutions from criminal prosecution if actions were undertaken in good faith and without malice. This provision is particularly relevant in cases where the overdose was unintentional and occurred despite adherence to protocols.<sup>24</sup>

**Bharatiya Sakshya Adhinyam (BSA), 2023:** BSA reforms evidence handling, mandating rigorous documentation and enhancing the admissibility of expert testimonies.<sup>25</sup>

**Table 1:** Indian case law on prescribed opioid overdose caused death of patient

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Iatrogenic Pharmacological toxicity resulting in First Indian Lawsuit for alleged Medical Malpractice:

20-Year-Old Youth with Femur Fracture Dies Due to Prescribed Opioid Overdose

#### Facts:

A 20-year-old youth sustained a femur fracture following a traumatic injury. He was transported to the hospital by taxi, with the broken limb stabilized using wooden rods by his father, who was also a doctor. During manual reduction of the fracture, the attending orthopedic doctor administered morphine as an analgesic. Within two hours of the injection, the patient entered a comatose state with breathing difficulties, progressed to respiratory failure, and died four hours after the morphine injection.

#### Plaintiff's Allegations:

The plaintiff alleged negligence on the part of the treating doctor, claiming:

- The doctor used excessive manual force during fracture reduction, causing undue pain.
- An opioid overdose was administered during the procedure, followed by a failure to monitor the patient post-narcosis.
- The doctor did not recognize or address the patient's respiratory distress in a timely manner, resulting in hypoxic brain damage.
- Resuscitation was initiated only after the patient's father raised the alarm about the patient's condition.

#### Defense:

The treating doctor denied performing fracture reduction and claimed to have only provided immobilization with light traction. The doctor stated that morphine was administered upon the advice of a senior consultant to alleviate pain during traction. He further asserted:

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- Although two doses of morphine were advised, only one dose was given, which did not constitute an overdose.
- The cause of death was documented as cerebral fat embolism due to the long bone fracture, which could have resulted from the release of fat globules into circulation.
- The embolism might have been triggered by inadequate immobilization or the hazards of the patient's long journey in a taxi.

#### Court Decision:

The patient's father filed a lawsuit alleging medical negligence against the hospital and the treating doctor. The court found the doctor negligent and held him liable under the *Fatal Accidents Act*. The doctor was ordered to pay monetary compensation of ₹ 3,000 to the patient's father.<sup>26</sup>

#### Court's Grounds for Negligence:

1. **Inconsistent Clinical Notes:** The clinical notes did not justify the reasons provided by the doctor for delaying fracture reduction.
2. **Contradictory Evidence:** A letter exchanged between the doctor and the patient's father confirmed that the doctor had performed fracture reduction.
3. **Unrecorded Medication Details:** The case history did not indicate that only one morphine injection was administered. During cross-examination, the doctor admitted to forgetting to give the second dose.
4. **Unsubstantiated Claims:** The claim of cerebral fat embolism due to inadequate immobilization or the long taxi journey was unsupported by clinical notes, symptoms, or warnings to the patient's father about such risks.

#### Takeaway:

A medical professional implicitly promises to possess the requisite skill and knowledge to provide appropriate care and treatment. When consulted, the practitioner owes the patient:

1. A duty of care in deciding whether to take the case.
2. A duty of care in determining the appropriate treatment.
3. A duty of care in administering the treatment.

A breach of any of these duties constitutes negligence, granting the patient or their family a right to legal recourse. While doctors have discretion in choosing treatment, especially in emergencies, they must exercise a reasonable degree of skill, knowledge, and care appropriate to the situation.

## Fentanyl Overdose: A Comprehensive Analysis

### 1. Introduction to Fentanyl

Fentanyl is a synthetic opioid analgesic, 50-100 times more potent than morphine.<sup>27</sup> While it is used in controlled settings for severe pain management, its high potency and potential for misuse make it a frequent cause of overdose-related fatalities worldwide.<sup>28</sup>

### 2. Incidence and Prevalence

- **Global Perspective:** Fentanyl is a significant contributor to the opioid epidemic. In the U.S., synthetic opioids like fentanyl were involved in over 70% of opioid-related deaths in 2021 (CDC).<sup>29</sup>
- **India-Specific Trends:** Though not as prevalent as in Western countries, India has seen an increase in fentanyl misuse due to its availability for medical purposes and illicit trafficking.<sup>30</sup>

### 3. Signs and Symptoms of Fentanyl Overdose

An overdose occurs when fentanyl suppresses the central nervous system (CNS) to dangerous levels. Key symptoms include:

- Severe respiratory depression (hallmark sign).
- Cyanosis (bluish discoloration of lips and nails).
- Extreme drowsiness or unconsciousness.
- Pinpoint pupils (miosis).
- Bradycardia (slow heart rate).
- Hypotension.
- Hypoxia (low oxygen levels), leading to organ damage.<sup>31</sup>

### 4. Investigations

- **Clinical Examination:** Observation of respiratory depression, pupillary constriction, and vital instability.
- **Laboratory Tests:**
  - Blood toxicology: Confirms fentanyl levels and co-ingested substances.
  - Arterial blood gases (ABG): Indicates hypoxia and acidosis.
- **Imaging:** May include chest X-ray if aspiration or pulmonary edema is suspected.

### 5. Antidote and Treatment

- **Naloxone:** The primary antidote for opioid overdose, naloxone rapidly reverses respiratory depression caused by fentanyl.<sup>32</sup>
  - Dosage: Start with 0.4-2 mg intravenously or intramuscularly. Repeated doses may be necessary due to fentanyl's potency.<sup>33</sup>
  - Limitations: Naloxone's shorter half-life may require continuous infusion in severe overdoses.

- **Supportive Measures:**
  - Assisted ventilation or intubation for severe respiratory depression.
  - Intravenous fluids for hypotension.
  - Monitoring in an intensive care setting.

## 6. First Aid for Fentanyl Overdose

1. Call emergency services immediately.
2. Administer naloxone if available.
3. Perform rescue breathing or CPR if trained, prioritizing oxygen delivery.
4. Keep the patient in a lateral recumbent position to prevent aspiration.
5. Monitor vitals until professional help arrives.

## 7. Cause of Death in Fentanyl Overdose

- **Primary Mechanism:** Respiratory depression leading to hypoxia and subsequent cardiac arrest.<sup>34</sup>
- **Secondary Causes:** Aspiration of gastric contents, pulmonary edema, or multi-organ failure due to prolonged hypoxia.<sup>35</sup>

## 8. Postmortem Findings

- **External Examination:**
  - Cyanosis and pinpoint pupils.
  - Signs of intravenous drug use, such as track marks.<sup>36</sup>
- **Internal Examination:**
  - Pulmonary edema (frothy fluid in airways).
  - Congested organs due to hypoxia.
  - Toxicology reports confirming fentanyl and metabolites.<sup>37</sup>

## 9. Prevention of Fentanyl Overdose

- **Regulatory Measures:**
  - Stringent controls on fentanyl prescriptions and its distribution.
  - Monitoring and restricting illegal trafficking.
- **Healthcare Practices:**
  - Physician education on opioid dosing and potential drug interactions.
  - Standardized protocols for administering fentanyl in clinical settings.<sup>38</sup>

- **Public Awareness:**
  - Educational campaigns on opioid safety.
  - Wider availability of naloxone kits in high-risk areas.

## Preventing Fentanyl Overdose: Lessons Learned

### Key Learning Points

1. **Protocol Adherence:**
  - Standardized guidelines for opioid administration, including weight-based dosing and mandatory double-checks.
2. **Training and Awareness:**
  - Regular training programs on opioid pharmacology and overdose prevention for all medical staff.
3. **Technology Integration:**
  - Implementation of computerized physician order entry (CPOE) systems with built-in alerts for high-risk medications.
4. **Monitoring and Auditing:**
  - Routine audits of medication administration practices and adverse event reporting.
5. **Patient Communication:**
  - Clear documentation of informed consent for high-risk treatments, emphasizing potential risks and alternatives.

### Recommendations for Future Improvement

1. **Legislative Enhancements:** Clarify distinctions between individual and institutional liability in healthcare under the BNS.
2. **Institutional Policies:** Mandate 24/7 availability of senior consultants in emergency departments.
3. **Fentanyl-Specific Guidelines:** Develop national protocols for fentanyl use in critical care settings.
4. **Enhanced Oversight:** Strengthen medical council audits and peer-review mechanisms to identify systemic issues.
5. **Public Awareness Campaigns:** Educate the public on medication safety and the complexities of critical care.

8 I's mnemonic for easy recall, all of which presents mostly in midnight to nearby Hospitals for emergency care, in which first 6 I's can be fatal to the patients (as insane rarely dies due to mental illness), but last 5 I's can also cause occupational harms to the healthcare providers (fatal intoxicating fumes of poisons like Pesticides (Organophosphates, Aluminium Phosphide-phosphine gas), radioactive hazardous materials & fatal infections (Swine Flu, Nipah, HIV) can transmit through skin, inhalation to the bedside nurses & doctors even after usual universal precautions of mask, cap, gloves, gowns. Intoxicated & Insane patients can become violent during emergency care & can further harm self or others including duty doctors & nurses.

**Table 2:** Mnemonic for easy recall of Malpractice in Toxicology

All I's Mnemonic for easy recall of Malpractice in Toxicology:
<ul style="list-style-type: none"> <li>• I-Injury by Xenobiotics- Drug induced side effects, allergy, anaphylaxis</li> <li>• I-Illnesses- Congenital deformities by teratogenic drugs (Phocomelia by Thalidomide), Cancer caused by Drugs &amp; Cosmetics (talcum powder, Charcoal), radioactive chemicals &amp; chemotherapy (HAZMAT)- Hazardous Materials</li> <li>• I-Infections predisposition by I-Immunosuppressants- Methotrexate, steroids</li> <li>• I-Intoxication by Fentanyl patch/ morphine injection</li> <li>• I-Inebriation by alcohol/codeine containing cough syrups</li> <li>• I-Iatrogenic toxicity by Cobalt containing metallic implants</li> <li>• I-Insanity after Drug intake (Psychotropic- LSD, Amphetamines) Linezolid antibiotic causes cheese reaction- Serotonin syndrome.</li> <li>• I-Inadequately qualified/ trained Health care personnel in saving life in toxicity</li> </ul>

### Flowchart: Navigating Vicarious Liability Under BNS, BNSS, and BSA

1. Incident Occurs
  - Evaluate if negligence is direct or institutional.
2. Assessment Under BNSS
  - Determine if the act qualifies for good faith protection.
3. Evidence Review (BSA)
  - Ensure documentation supports the

case's merit.

#### 4. Judicial Adjudication (BNS)

- Establish liability and determine appropriate remedies.

## CONCLUSION

The case discussed underscores the multifaceted challenges of iatrogenic fentanyl poisoning and vicarious liability in healthcare. While legislative reforms provide a foundation for addressing these issues, proactive measures from institutional protocols to training and technology are essential to prevent recurrence. Balancing accountability with fair treatment remains crucial for fostering trust in the healthcare system.

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