



Proving Medical Negligence in Nigeria: A Narrative Review of the Roles of Tribunals, Regulatory Bodies and Councils

Maxwell Chibuike Opara ^{a*}

^a *Faculty of Law, University of Abuja, Nigeria.*

Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

Article Information

DOI: <https://doi.org/10.9734/acri/2025/v25i31121>

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://pr.sdiarticle5.com/review-history/129974>

Review Article

Received: 15/12/2024

Accepted: 17/02/2025

Published: 07/03/2025

ABSTRACT

This paper examined the roles of tribunal systems, regulatory bodies, and councils in proving medical negligence under Nigerian law. Medical negligence, a significant issue within the Nigerian healthcare system, involves the breach of professional duty resulting in patient harm. In Nigeria, medicolegal negligence remains a growing concern due to inadequate healthcare regulation, limited awareness of patients' rights, and insufficient enforcement mechanisms. The lack of comprehensive legal frameworks and the complexity of judicial processes have further compounded the difficulty in seeking redress for medical negligence cases. The paper focused on disciplinary tribunals, including the Medical and Dental Practitioners Disciplinary Tribunal and counterparts for pharmacists, medical laboratory scientists, nurses, and radiographers. These tribunals serve as quasi-judicial mechanisms to address professional misconduct. Additionally, regulatory bodies such as the Medical and Dental Council of Nigeria (MDCN), National Health Insurance Scheme (NHIS),

*Corresponding author: E-mail: drmaxwelopara@gmail.com;

and Consumer Protection Council (CPC) are evaluated for their roles in overseeing professional conduct and addressing grievances. The paper highlighted critical challenges, including complex evidentiary requirements, procedural inefficiencies, and overlapping jurisdictions among regulatory entities. Through an in-depth analysis, the paper identified gaps in the current framework that hinder accountability and justice in medical negligence cases. It also explored interagency coordination and proposes legal, procedural, and institutional reforms to enhance efficiency and public trust. By addressing these challenges, the paper contributed to developing a robust legal and institutional framework that safeguards the rights of patients and healthcare providers. It underscored the need for a holistic approach, emphasizing collaboration among stakeholders, increased public awareness, and enhanced procedural mechanisms. The findings aim to strengthen accountability in the Nigerian healthcare system, ensuring justice for victims of medical negligence and fostering professional integrity across the sector.

Keywords: Medical negligence; tribunals; regulatory bodies; councils.

1. INTRODUCTION

Medical negligence, a significant challenge in the healthcare system, occurs when healthcare providers breach their duty of care, leading to harm to patients (Adegboyega, 2024). In Nigeria, the expansion of healthcare services has drawn attention to mechanisms addressing such issues, with tribunals, regulatory bodies, and professional councils playing critical roles in maintaining accountability, enforcing standards, and addressing grievances (Ogiamien, 1994). These entities operate within the framework of Nigerian law to uphold professional ethics, protect public health, and build trust in the healthcare system. Disciplinary tribunals, established under laws such as the Medical and Dental Practitioners Act and the Pharmacists Council of Nigeria Act, act as quasi-judicial bodies to adjudicate cases of professional misconduct, including medical negligence. They ensure that healthcare practitioners are held accountable for breaches of ethical and professional standards (Odunsi 2023). Simultaneously, regulatory bodies and councils oversee licensing, establish practice guidelines, and monitor compliance with these standards to align healthcare delivery with global best practices (Tumelty, 2023).

Despite these frameworks, healthcare consumers face significant challenges in seeking justice for medical negligence. Proving negligence requires establishing that a duty of care was owed, breached, and resulted in harm (Chijioke, 2007). This high evidentiary threshold, combined with systemic issues such as procedural inefficiencies, limited access to expert testimony, and inadequate legal support, often deters victims from pursuing claims (Yohanes, 2022). Furthermore, regulatory bodies

such as the Medical and Dental Council of Nigeria (MDCN) and the Consumer Protection Council (CPC) face criticisms regarding their effectiveness in achieving justice and deterring future negligence (Obafemi, 2017). The interplay between tribunals and regulatory councils is essential but fraught with overlapping jurisdictions and unclear mandates, which often lead to procedural inefficiencies and inconsistent case outcomes (Kuteyi, 2016). These challenges undermine their capacity to ensure accountability and professionalism in the healthcare sector (Mason, 2002). A comprehensive review of their roles, powers, and processes is crucial to strengthening their impact. By addressing these inefficiencies, Nigeria's healthcare governance framework can be more effective in protecting patient rights and fostering trust in medical services (Adejumo & Adejumo, 2020; Odunsi, 2023; Anthony & Onuobia, 2020; Okpalaobi & Nzewi, 2021; Donald, 2014).

This paper examined the role of tribunals, regulatory bodies, and councils in proving medical negligence under Nigerian law. It highlighted the strengths of the existing system, proposes reforms to enhance the adjudication of negligence cases, and advocates for a more robust and transparent framework.

2. TRIBUNAL SYSTEM

The tribunal system plays a critical role in adjudicating cases of medical negligence under Nigerian law by ensuring justice and accountability within the healthcare sector (Yohanes, 2022). Tribunals provide a specialized forum to assess cases medical negligence, balancing the rights of patients and medical practitioners. They serve as a platform to investigate allegations of medical malpractice.

The Medical and Dental Practitioners Disciplinary Tribunal (MDPDT), established under the Medical and Dental Practitioners Act (Cap M8 LFN 2004), is the primary body responsible for handling complaints against medical professionals. It examines evidence, hears testimonies, and determines if a practitioner's conduct deviated from established professional standards. Tribunal assesses the legal elements of negligence: duty of care, breach of that duty, causation, and damages (Chijioke, 2007). It relies on expert opinions to determine whether the accused acted within the bounds of acceptable medical practice. It ensures accountability by imposing appropriate sanctions, ranging from warnings and fines to suspension or revocation of medical licenses. This not only provides redress for affected patients but also serves as a deterrent to future misconduct. By facilitating thorough investigations and fair adjudication, the tribunal system upholds public trust in the medical profession while promoting higher standards of care in Nigeria (Tumelty, 2023). Its role is pivotal in ensuring that justice is served for both victims and medical practitioners.

2.1 Medical and Dental Practitioners Disciplinary Tribunal

The Medical and Dental Practitioners Disciplinary Tribunal, established under the Medical and Dental Practitioners Act (MDPA), serves as a specialized tribunal for cases of professional misconduct by medical and dental practitioners (Medical and Dental Practitioners Act). The Medical and Dental Practitioners Disciplinary Tribunal (MDPDT) plays a pivotal role in addressing medical negligence under Nigerian law by ensuring accountability and justice in the healthcare profession. Established under the Medical and Dental Practitioners Act (Cap M8 LFN 2004), the MDPDT is empowered to investigate, adjudicate, and sanction errant medical practitioners accused of negligence.

Roles of Medical and Dental Practitioners Disciplinary Tribunal

- a. The MDPDT is responsible for receiving and reviewing complaints of professional misconduct, including medical negligence. It ensures that complaints are properly investigated by the Medical and Dental Practitioners Investigation Panel (MDPIP) before proceeding to trial.
- b. During its hearings, the tribunal assesses whether the accused practitioner owed a duty of

care to the patient and whether this duty was breached. This is done by comparing the practitioner's actions to the established standards of the medical profession, often relying on expert witnesses.

- c. The tribunal examines whether the breach directly caused harm or injury to the patient. This involves evaluating medical records, testimonies, and expert opinions to establish causation.

- d. Upon finding a practitioner guilty, the MDPDT can impose penalties, such as warnings, suspension, or revocation of licenses. These sanctions ensure accountability and act as a deterrent to malpractice.

2.2 Pharmacists Council of Nigeria Disciplinary Tribunals (Pharmacists Council of Nigeria Act, 2004)

The Pharmacists Council of Nigeria (PCN) Disciplinary Tribunal plays a crucial role in addressing cases of professional misconduct, including medical negligence, by pharmacists under Nigerian law. Empowered by the Pharmacists Council of Nigeria Act (Cap P17 LFN 2004), the tribunal ensures accountability, promotes ethical practices, and safeguards public health.

Roles of Pharmacists Council of Nigeria Disciplinary Tribunals (Tumelty, 2023):

- a. The tribunal is responsible for addressing allegations of professional misconduct against pharmacists. Complaints are first examined by the Investigation Panel of the PCN, which determines whether there is a prima facie case before the tribunal proceeds to hear the matter.
- b. The tribunal evaluates whether the accused pharmacist breached the duty of care owed to patients by comparing their actions to established professional standards. This includes assessing whether the pharmacist exercised due diligence in dispensing medications, providing advice, or managing patient care.
- c. The tribunal examines whether the pharmacist's actions or omissions directly caused harm or injury to a patient. Expert opinions, testimonies, and evidence are critical in proving causation and assessing the extent of harm.
- d. If found guilty, the tribunal can impose penalties, such as reprimands, suspension, or revocation of the pharmacist's license. These

sanctions serve as corrective measures and deter future professional misconduct.

2.3 Medical Laboratory Science Council of Nigeria Disciplinary Tribunals (Medical Laboratory Science Council of Nigeria Act, 2003)

The Medical Laboratory Science Council of Nigeria (MLSCN) Disciplinary Tribunal plays a vital role in addressing professional misconduct, including medical negligence, within the medical laboratory profession under Nigerian law. Established under the Medical Laboratory Science Council of Nigeria Act (Cap M25 LFN 2004), the tribunal ensures accountability, enforces ethical standards, and promotes quality healthcare delivery.

Roles of Medical Laboratory Science Council of Nigeria Disciplinary Tribunals:

- a. The tribunal reviews complaints of misconduct, such as errors in laboratory testing, inaccurate results, or breaches of ethical standards. The Investigation Panel of the MLSCN first assesses the validity of complaints before the tribunal proceeds to hear the case.
- b. The tribunal determines whether the accused practitioner violated professional standards of medical laboratory practice. This involves comparing the practitioner's conduct to the expected norms, ensuring that negligence, such as failure to follow standard operating procedures, is identified.
- c. The tribunal examines whether the practitioner's negligence directly caused harm to the patient, such as misdiagnosis, delayed treatment, or compromised healthcare outcomes. Evidence from laboratory records, expert testimonies, and patient reports are critical in proving causation.
- d. Upon finding a practitioner guilty, the tribunal may impose sanctions, including suspension, revocation of licenses, or reprimands. These measures serve to uphold professional integrity and deter future negligence.

2.4 Nursing and Midwifery Council of Nigeria Disciplinary Tribunals (NMCN) (Nursing and Midwifery (Registration etc) Act 1979)

The Nursing and Midwifery Council of Nigeria (NMCN) Disciplinary Tribunal plays a critical role

in addressing medical negligence and professional misconduct among nurses and midwives under Nigerian law. Established under the Nursing and Midwifery (Registration, etc.) Act, the tribunal enforces professional standards, ensures accountability, and protects public health. The NMCN has disciplinary tribunals and councils empowered to investigate complaints and allegations of misconduct, negligence, and breaches of nursing and midwifery regulations. These tribunals comprise members appointed by the NMCN, including experienced nurses, midwives, legal practitioners, and representatives from relevant stakeholders. Through impartial hearings and due process, these tribunals uphold the standards of nursing and midwifery practice, protect the welfare of patients, and maintain the integrity of the nursing profession in Nigeria.

Roles of Nursing and Midwifery Council of Nigeria Disciplinary Tribunals:

- a. The tribunal addresses complaints related to negligence, unethical conduct, or breaches of duty by nurses or midwives. Preliminary investigations are conducted by the Council's Investigation Panel to establish a prima facie case before referring it to the tribunal.
- b. The tribunal assesses whether the accused nurse or midwife owed a duty of care to the patient and whether there was a breach of that duty. This involves examining whether their actions deviated from the expected professional standards, such as errors in administering medication or failure to provide adequate care during childbirth.
- c. They evaluate whether the breach directly caused harm or injury to the patient. Evidence such as medical records, witness testimonies, and expert opinions are utilized to establish a clear link between the professional's conduct and the adverse outcome.
- d. If negligence is proven, the tribunal can impose sanctions, including suspension, revocation of licenses, or warnings. These actions promote accountability and deter future misconduct.

2.5 Radiographers Registration Board of Nigeria Disciplinary Tribunals (Code of Professional conduct and Ethics for Radiographers, 2020)

The Radiographers Registration Board of Nigeria (RRBN) Disciplinary Tribunal plays a key role in

addressing medical negligence and professional misconduct among radiographers under Nigerian law. Established under the Radiographers Registration, etc. Act (Cap R1 LFN 2004), the tribunal ensures adherence to professional standards, protects public safety, and promotes accountability within radiographic practice. The RRBN has disciplinary tribunals and councils mandated to address complaints and allegations of professional misconduct, negligence, and violations of radiography standards and ethics. These tribunals comprise members appointed by the RRBN, including experienced radiographers, legal experts, and representatives from relevant stakeholders. By conducting impartial investigations and hearings, these tribunals uphold the standards of radiography practice, protect patient safety, and uphold the reputation and integrity of the radiography profession in Nigeria.

Roles of Radiographers Registration Board of Nigeria Disciplinary Tribunals

- a. The tribunal addresses allegations of negligence, unethical practices, or professional misconduct by radiographers. Complaints are first reviewed by the Investigation Panel of the RRBN, which determines whether there is sufficient evidence to refer the case to the tribunal.
- b. The tribunal assesses whether the accused radiographer breached their duty of care by failing to adhere to established professional standards. Examples of negligence include misinterpretation of imaging results, excessive radiation exposure, or failure to follow safety protocols during diagnostic or therapeutic procedures.
- c. The tribunal examines whether the alleged breach directly caused harm or injury to the patient. Evidence such as imaging records, expert opinions, and testimonies are analyzed to establish a causal link between the practitioner's actions and the adverse outcome.
- d. If negligence is proven, the tribunal can impose penalties, including suspension, revocation of licenses, or reprimands. These sanctions aim to uphold professional ethics and prevent future incidents of negligence.

3. REGULATORY BODIES AND COUNCILS

In Nigeria, regulatory bodies and councils play a crucial role in overseeing healthcare

professionals and ensuring adherence to standards of practice, ethics, and patient safety (Oriafo, 2024). These regulatory bodies and councils serve as pillars of accountability and oversight within the healthcare system, providing mechanisms for addressing instances of medical negligence and protecting the interests of patients (Ibid 6). By upholding standards of practice and enforcing disciplinary measures when necessary, they contribute to maintaining trust and integrity in Nigeria's healthcare sector (Oluokun, 2024). This section explores the regulatory bodies and councils for proving medical negligence in Nigeria, examining key entities and their roles in facilitating a fair and transparent process.

3.1 Medical and Dental Council of Nigeria (MDCN)

At the core of the regulatory bodies for proving medical negligence in Nigeria is the Medical and Dental Practitioners Act (MDPA) of 1988, as amended in 2004. The MDPA establishes the Medical and Dental Council of Nigeria (MDCN) as the regulatory body responsible for the registration, licensing, and discipline of medical and dental practitioners. The MDCN, through the MDPA, sets the standards of professional conduct, defines professional misconduct, and outlines disciplinary procedures. Claimants can utilize the MDPA to establish breaches of professional standards, initiate disciplinary proceedings, and seek redress for alleged medical negligence. Claimants can verify the licensing and registration status of healthcare practitioners through the MDCN. Non-compliance with the registration and licensing requirements can be presented as evidence of the practitioner's lack of qualification and potential negligence.

3.2 National Health Insurance Scheme (NHIS) (National Health Act of 2014)

The National Health Act of 2014 and the National Health Insurance Scheme (NHIS) contribute to the regulatory bodies by addressing broader aspects of healthcare accessibility, quality, and accountability. The National Health Act establishes principles such as accessibility, equity, quality, and accountability. Claimants can refer to these principles to assert the expected standard of care and use them as a basis for proving negligence. Additionally, the NHIS provides a framework for seeking compensation

and redress for harm suffered due to medical negligence.

3.3 Healthcare Institutions and others

Within the healthcare sector, various institutions and regulatory bodies contribute to the regulatory bodies for proving medical negligence (Chiagi, 2019). Hospitals, clinics, and other healthcare institutions are responsible for maintaining standards of care (Obarisiagbon, 2019). Regulatory bodies, such as the National Agency for Food and Drug Administration and Control (NAFDAC), ensure the quality and safety of medical products. Claimants can use evidence of institutional non-compliance with standards as a basis for proving negligence. Proper maintenance of medical records and documentation is crucial in proving medical negligence (Odunsi, 2019). Healthcare institutions are obligated to keep accurate and comprehensive records (Odunsi, 2019). Claimants can request these records as evidence to establish the course of treatment, deviations from standards, and the impact on the patient.

3.4 Consumer Protection Council (CPC) (Consumer Protection Council Act, 2004)

The Consumer Protection Council is a regulatory agency tasked with protecting consumers' rights and interests. The CPC can serve as an additional avenue for individuals to seek redress for medical negligence. Claimants may file complaints with the CPC, which can investigate and take necessary actions to address violations of consumer rights, including medical negligence.

3.5 Pharmacists Council of Nigeria (PCN) (Pharmacists Council of Nigeria Act Cap P17 LFN 2004)

The Pharmacists Council of Nigeria (PCN) is the regulatory body responsible for the regulation and control of the practice of pharmacy in Nigeria. It was established by the Pharmacists Council of Nigeria Act Cap P17 LFN 2004, the PCN oversees the registration, licensing, and regulation of pharmacists, pharmacy premises, and pharmaceutical products in Nigeria. It sets and enforces standards for pharmacy education, practice, and ethics to ensure the delivery of safe and effective pharmaceutical services to the public.

3.6 Medical Laboratory Science Council of Nigeria (MLSCN) (MLSCN Act Cap M25 LFN 2004)

The Medical Laboratory Science Council of Nigeria (MLSCN) is the regulatory body for medical laboratory science practice in Nigeria. It was established by the MLSCN Act Cap M25 LFN 2004, the MLSCN regulates the training, certification, and practice of medical laboratory scientists and technicians. It sets standards for laboratory facilities, equipment, and practices to ensure the quality and reliability of laboratory services across Nigeria.

3.7 Nursing and Midwifery Council of Nigeria (NMCN) (Nursing and Midwifery Council of Nigeria Act Cap N143 LFN 2004)

The Nursing and Midwifery Council of Nigeria (NMCN) is the regulatory body responsible for the education, training, registration, and practice of nursing and midwifery in Nigeria. It was established by the Nursing and Midwifery Council of Nigeria Act Cap N143 LFN 2004; the NMCN ensures the competence, professionalism, and ethical conduct of nurses and midwives to provide safe and quality healthcare services to individuals, families, and communities.

3.8 Radiographers Registration Board of Nigeria (RRBN) (Radiographers Registration Act Cap R1 LFN 2004)

The Radiographers Registration Board of Nigeria (RRBN) is the regulatory authority responsible for the registration, licensing, and regulation of radiographers and radiography practice in Nigeria. Established by the Radiographers Registration Decree No. 42 of 1987 (now Radiographers Registration Act Cap R1 LFN 2004), the RRBN ensures the competence, professionalism, and ethical conduct of radiographers to provide accurate and safe diagnostic imaging services to patients.

4. PROPOSED REFORMS TO ENHANCE ADJUDICATION OF MEDICAL NEGLIGENCE CASES IN NIGERIA

- i. **Strengthen Specialized Tribunals**
 - a. Establish specialized medical negligence tribunals across the country for expeditious resolution of cases.

- b. Include members with expertise in medicine, law, and ethics to ensure fair and informed decision-making.
- c. Implement mandatory timelines for case resolution to avoid prolonged litigation.
- ii. **Enhance the Role of Regulatory Bodies and Councils**
 - a. Empower the Medical and Dental Council of Nigeria (MDCN) to act decisively in negligence cases by providing adequate resources and legal authority.
 - b. Introduce compulsory training programs for regulatory bodies on investigative and adjudicatory processes.
 - c. Foster collaboration between the MDCN and other professional regulatory bodies for comprehensive oversight.
- iii. **Codification of Medical Standards**
 - a. Develop clear, codified standards of medical practice as benchmarks for determining negligence.
 - b. Ensure these standards are accessible to healthcare practitioners and the public.
 - c. Regularly update the standards to reflect advancements in medical science and technology.
- iv. **Improve Access to Justice for Victims**
 - a. Simplify the procedural requirements for filing medical negligence cases.
 - b. Provide legal aid services to victims of medical negligence, especially for indigent patients.
 - c. Create a dedicated helpline or portal for lodging complaints against medical practitioners.
- v. **Mandatory Mediation and Arbitration Mechanisms**
 - a. Introduce pre-litigation mediation and arbitration as alternatives to traditional court proceedings.
 - b. Establish medical mediation panels composed of legal and medical experts to resolve disputes amicably.
 - c. Make arbitration awards binding to reduce the burden on courts.
- vi. **Public Awareness Campaigns**
 - a. Launch campaigns to educate the public about their rights regarding medical care and negligence claims.
- b. Encourage reporting of medical errors to promote accountability.
- vii. **Training and Sensitization of Judges and Lawyers**
 - a. Conduct workshops and training sessions for judges and lawyers on medical negligence and healthcare law.
 - b. Introduce continuing legal education programs focused on medical jurisprudence.
- viii. **Enhanced Monitoring and Disciplinary Mechanisms**
 - a. Strengthen mechanisms for monitoring healthcare practitioners' compliance with ethical standards.
 - b. Impose stricter penalties for confirmed cases of negligence to serve as a deterrent.
 - c. Regularly publish anonymized data on negligence cases to maintain transparency.
- ix. **Legislative Reforms**
 - a. Enact specific laws addressing medical negligence, outlining procedural guidelines and penalties.
 - b. Establish provisions for class-action suits to enable collective redress.
 - c. Create statutory provisions for punitive damages in extreme cases of negligence.
- x. **Leverage Technology for Evidence and Case Management**
 - a. Adopt digital case management systems for filing and tracking complaints.
 - b. Utilize expert testimony from virtual platforms to ensure availability and reduce costs.
 - c. Develop forensic tools for evaluating medical errors objectively.
- xi. **Periodic Reviews of the Adjudication System**
 - a. Establish a review committee to assess the effectiveness of the adjudication system.
 - b. Incorporate feedback from stakeholders, including victims, practitioners, and legal professionals.
 - c. Make adjustments based on emerging trends and challenges in healthcare delivery.

These reforms, when implemented, will promote a fair, efficient, and transparent system for adjudicating medical negligence cases in Nigeria, ultimately enhancing public confidence in the healthcare and judicial systems.

5. CONCLUSION

Medical negligence poses significant challenges within the Nigerian healthcare system, highlighting the urgent need for effective mechanisms to address allegations and ensure accountability. This paper underscores the critical role of tribunals, regulatory bodies, and councils in fostering professional responsibility, protecting patient rights, and enhancing public trust in healthcare services. The tribunal system, through its disciplinary tribunals, offers a structured approach to addressing cases of professional misconduct. However, limitations such as procedural inefficiencies, high evidentiary thresholds, and inadequate public awareness of these mechanisms impede the delivery of justice. Similarly, regulatory bodies and councils are essential for maintaining professional standards and overseeing healthcare practice yet challenges such as jurisdictional overlaps and limited enforcement powers reduce their effectiveness. This paper identifies the interplay between tribunals and regulatory councils as a key area for improvement. Enhanced coordination, clarity in mandates, and streamlined procedures are essential to mitigate inefficiencies and inconsistencies in handling medical negligence cases. Additionally, increased public awareness, access to legal representation, and availability of expert testimony are necessary to empower patients and facilitate the fair resolution of grievances.

By addressing these challenges, Nigeria can build a more robust legal and institutional framework for adjudicating medical negligence cases. Such reforms will not only ensure justice for affected individuals but also promote accountability among healthcare providers, ultimately leading to improved healthcare standards nationwide. This paper calls for continued collaboration among stakeholders, including policymakers, legal practitioners, healthcare professionals, and civil society, to achieve these objectives.

A holistic approach that integrates legal, procedural, and institutional reforms is imperative for addressing medical negligence in

Nigeria. By strengthening the roles and effectiveness of tribunals, regulatory bodies, and councils, the Nigerian healthcare system can better serve its population; uphold professional integrity, and foster trust and confidence among all stakeholders.

6. RECOMMENDATIONS

- a. We need to develop and implement comprehensive public education campaigns to inform patients and healthcare providers about their rights, responsibilities, and the available legal and regulatory mechanisms for addressing medical negligence. This can be achieved through workshops, media outreach, and collaboration with civil society organizations.
- b. There is need to simplify and standardize procedures across disciplinary tribunals and regulatory councils to reduce delays and inefficiencies. Introducing digital platforms for filing complaints, tracking case progress, and accessing tribunal decisions can significantly enhance transparency and accessibility.
- c. There is need to expand the enforcement powers and resources of regulatory bodies, such as the Medical and Dental Council of Nigeria (MDCN) and the Consumer Protection Council (CPC), to enable them to effectively investigate and resolve complaints. This includes granting them authority to impose binding sanctions on erring practitioners.
- d. There is need to establish mechanisms to provide complainants with affordable or pro bono legal representation and access to qualified expert witnesses. This will reduce the burden on patients and ensure that cases are adequately presented.
- e. There is need to promote synergy and coordination among tribunals, regulatory bodies, and councils through clearly defined mandates and regular interagency meetings. This will minimize jurisdictional overlaps and streamline the resolution of medical negligence cases.

DISCLAIMER (ARTIFICIAL INTELLIGENCE)

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc) and text-to-image generators have been used during writing or editing of this manuscript.

COMPETING INTERESTS

Author has declared that no competing interests exist.

REFERENCES

- Adegboyega, K. (2024). Medical negligence in Nigeria and the obstacles to litigation. *Journal of Institute of Africa Higher Education Research and Innovation (IAHERI)*, 1(1).
- Odunsi, B. (2023). Medical negligence and its litigation in Nigeria. *Beijing Law Review*, 14, 1090–1122.
- Tumelty, M. E. (2023). Plaintiff aims in medical negligence disputes: Limitations of an adversarial system. *Medical Law Review*, 31, 226–246.
- Chijioke, C. (2007). The legal effect of medical negligence in Nigeria: An appraisal.
- Chijioke, C. (2007). The legal effect of medical negligence in Nigeria: An appraisal. Retrieved from https://www.researchgate.net/publication/325225698_The_Legal_Effect_Of_Medical_Negligence_In_Nigeria
- Yohanes, H. (2022). Hospital responsibility for negligence of medical personnel to patients. *Budapest International Research and Critics Institute-Journal (BIRCI-Journal)*, 5(1), 6756–6764.
- Obafemi, K. (2017). Medical negligence litigation in Nigeria: Identifying the challenges and proposing a model law reform act (Thesis). The Trinity College, Dublin.
- Kuteyi, O. S. (2016). An appraisal of medical negligence in Nigeria (Ph.D. Thesis). The Obafemi Awolowo University.
- Mason, J. K., et al. (2002). *Law and medical ethics* (6th ed.). Reed Elsevier (UK Ltd).
- Oriafo, H. (2024). A critique on 'professional medical negligence' in Nigeria. *KB Law Scholars Journal UK*, 1(3), 25–36.
- Oluokun, S. (2024). An analysis of medical negligence in Nigeria: Challenges and way forward. *Journal of Commercial and Property Law*, 131.
- National Health Act of 2014.
- Chiagi, M. (2019). Principles of medical negligence: An overview of the legal standard of care for medical practitioners in civil cases. *Miyetti Quarterly Law Review*, 4(4), 53–77.
- Obarisiagbon, E. (2019). The criminalization of medical negligence in Edo South Senatorial District, Nigeria. *Amity Journal of Healthcare Management*, 1, 32–41.
- Adejumo, O. A., & Adejumo, O. A. (2020). Legal perspectives on liability for medical negligence and malpractices in Nigeria. *Pan African Medical Journal*, 35(1).
- Anthony, A. A., & Onuobia, C. O. (2020). An analysis of compensation in medical negligence in Nigeria. *European Journal of Law and Political Sciences*, 2, 27–37.
- Okpalaobi, B. N., & Nzewi, C. N. (2021). Medical malpractice and negligence in Nigeria: Human rights enforcement as a remedy. *IJOCLLEP*, 3, 194.
- Donald, D. U. (2014). The curious case of medical negligence in Nigeria. *The International Journal of Indian Psychology*, 2(1), 138–142.
- Ogiamien, T. (1994, February 20). Medical practice and the law. *Nigerian Observer*, p. 5.
- Odunsi, B. (2019, October 18). Glancing back at Eden: A note on medical negligence in Nigeria. *Public lecture presented at Ogun State Bar and Bench Forum*, 10th public lecture, High Court of Justice, Abeokuta, Nigeria.

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of the publisher and/or the editor(s). This publisher and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.

© Copyright (2025): Author(s). The licensee is the journal publisher. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:

The peer review history for this paper can be accessed here:

<https://pr.sdiarticle5.com/review-history/129974>