

NITYA
PUBLICATIONS

Convergence of Health



Exploring Legal and Medical Perspectives



Editor

Prof Naseem Ahmed



CONVERGENCE OF HEALTH

Exploring Legal and Medical Perspectives

Editor

Prof. Naseem Ahmed

Nitya Publications

First Edition 2025

All rights reserved

No part of this book may be reproduced, or stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without express written permission of the publisher.

Any comments or suggestions should be sent to Author and no other place including public domain.

Copyright © Prof. Naseem Ahmed

ISBN : 978-93-5857-095-3

Price : Rs. 1000.00

Published & Printed by :

Nitya Publications, Bhopal MP India

Web : www.nityapublications.com

Email : info@nityapublications.com

Contact : +91 9009291840

List of Chapters

S. No.	Chapter Details	Page No.
1	A Review Of Mental Health Legislations And Its Implementation In India <i>Prof. Zeba Aqil, Dr. Vandana Mishra</i>	01
2	Analyzing India's Central Public Health Emergency Laws: A Comprehensive Study <i>Ms. Preeti Upreti, Dr. Tauheed Alam</i>	12
3	Wounds Beyond The Battlefield: How War Undermines Health Systems, Flouts International Law, And Exposes Ethical Faultlines In Legal Doctrines <i>Dr. Masood Ahmed, Mr. Mustafa Zameer</i>	24
4	Juvenile' Delinquency Mental Health, Juvenile Justice, And Mhps: Challenges And Opportunities <i>Ms. Sukhmeet Kaur Saluja, Dr. Jiya Matharani</i>	32
5	A Comprehensive Analysis Of Landfills: Impact On Human Health And Unrelenting Concern <i>Dr. Seema Siddiqui, Dr. Aijaz Husain</i>	44
6	When Care Harms: Rethinking Medical Malpractice, Rights & Reform <i>Dr. Gaurav Gupta, Mrs. Swati Joshi</i>	59
7	Birthing Betrayal: When Motherhood Is Stolen By Medical Greed <i>Ms. Chandra Sharma, Mr. Nishant Mishra</i>	75
8	From The Margins To The Mainstream: Intersectionality In Health Law Reform <i>Dr Uzma, Mr. Adeeb Anwar</i>	90

9	Safeguarding Health Data: Navigating Legal Complexities In The Digital Age	105
	<i>Dr. Wasim Ahmad, Mohd. Tahir Husain</i>	
10	AI For Public Good: Managing Health Risks And Opportunities	121
	<i>Dr. Tulika Singh</i>	
11	Evidentiary Value Of DNA Profiling In Civil And Criminal Matters	137
	<i>Ms. Anshika Gupta</i>	
12	Analysing The Role And Effectiveness Of Advance Directives In India's Mental Healthcare System."	152
	<i>Ms. Priyansha Singh Dixit, Ms. Sanghmitra Parihar</i>	
13	Empowering Women: Menstruation, Public Health And Quality Of Life.	165
	<i>Ms. Maitri Bajpai, Dr. Anil Kumar, Dr. Anamika Chandra</i>	
14	Forensic Toxicology: Understanding Poisoning And Drug Overdose Cases	178
	<i>Mr. Shashwat Subhash, Dr. Manzoor Khan</i>	
15	Beyond Procreation: Legal And Socio-Cultural Obstacles To Reproductive Self-Determination In India	194
	<i>Mr. Ashraf Azmi, Dr. Yashfeen Ali</i>	
16	Air Pollution And Its Impact On Public Health	207
	<i>Ms. Huma Ausaf, Ms. Huma Khan</i>	
17	Legislating Life And Death: Ethical Quandaries In End-Of-Life Policy	217
	<i>Ms. Reshma Hayat</i>	
18	Ethical Dilemmas In Healthcare Legislation	227
	<i>Mr. Faiz Osmani, Ms. Atiya Farooqui</i>	

- 19 **Impact Of Environmental Pollution On Public Health** 240
A Challenge To Sustainable Society.
M. Preethi, R. Haripriya
- 20 **Artificial Intelligence: Opportunities And Risks For** 249
Public Health"
Mr. Shashwat Dubey, Ms. Garima Rajput

Ethical Dilemmas in Healthcare Legislation

Mr. Faiz Osmani¹

Ms. Atiya Farooqui²

Introduction

A doctor stands at a patient's bedside, faced with a decision that is medically necessary but ethically fraught. The patient refuses treatment. The doctor knows that without intervention the patient may not survive. Yet compelling treatment would override the patient's autonomy. Should the doctor act? Should the law permit, or even require, such action?

This is not a theoretical question for a classroom exercise; this is a real concern experienced by many providers working at the intersection of medicine, ethics, and law.

Healthcare is unique among many domains of public life because it confronts or accesses the most personal and relevant aspects of human experience: life, death, dignity, and autonomy. Actionable decisions are rarely black and white; they are in the grey, competing values where what may be "right" for one may seem ethically repugnant for another. This is where ethical dilemmas arise, dilemmas that not only implicate individual conscience, but transcend individual conscience to require societal resolution through law.

Modern medical ethics is often framed around four cardinal principles: autonomy, beneficence, non-maleficence, and justice.¹ These principles serve as compasses for decision-making. Autonomy empowers patients to direct their own care. Beneficence calls for action in their best interest. Non-maleficence reminds caregivers to "do no harm." Justice insists on equity in access and treatment.

Yet these principles frequently conflict. What happens when a patient's autonomous decision contradicts what the physician believes is beneficial? What if prioritizing one patient's needs means denying resources to another? What if prolonging life causes suffering? These tensions are not just

1. *Assistant Professor, Faculty of Law, Integral University, Lucknow, U. P., India*

2. *Research Scholar, Healthcare Management, Jamia Hamdard University, New Delhi.*

theoretical, they are embedded in every triage, every informed consent form, every refusal of care. ⁱⁱ

Philosophy has long struggled with such dilemmas. Kantian ethics teaches us to respect persons as ends in themselves, grounding modern respect for autonomy. ⁱⁱⁱ Utilitarian thinkers like Bentham and Mill urge us to consider consequences, maximizing good and minimizing harm. The bioethics framework by Beauchamp and Childress represents a pragmatic synthesis, used widely today. However, real-world medical practice often exceeds the limits of these neat models. What philosophy can explore, law must regulate.

And here lies the second challenge: law must transform ethical uncertainty into legal clarity. It must translate moral imperatives into actionable rights and duties, general enough to apply uniformly, yet specific enough to guide conduct. This task is inherently difficult, especially in healthcare, where the facts are dynamic and the values, contested.

In the Indian legal context, these difficulties are palpable. Consider *Aruna Shanbaug v. Union of India*^{iv}, where the Supreme Court was asked to decide whether a woman in a persistent vegetative state could be legally allowed to die with dignity. The Court's decision to permit passive euthanasia under strict conditions was a watershed moment, yet it also revealed how hesitant legal systems are when dealing with end-of-life ethics. Similarly, the Mental Healthcare Act, 2017, marks progress in recognizing patient autonomy and consent but practical implementation remains uneven, especially in rural and marginalized populations. ^v

The gaps between legal text and lived reality persist. Statutes can enshrine rights, but they cannot resolve every ethical conflict at the bedside. Courts can interpret laws, but they do so retrospectively. Meanwhile, healthcare professionals, patients, and families must act in the moment, often with incomplete guidance.

Moreover, ethics and law are not universal in application. They are shaped by culture, religion, socioeconomic structures, and history. In India, where social hierarchies, familial obligations, and access disparities strongly influence medical decision-making, the legal system must navigate between Western normative frameworks and indigenous ethical traditions. Respecting autonomy, for instance, may mean something different in a collectivist setting than in an individualist one. The law must be sensitive to such variations, yet not paralyzed by them.

This chapter, and indeed this entire inquiry, is motivated by a central question: How should law respond to the ethical complexities of modern healthcare? Should it lead moral change, follow public consensus, or simply

About the Editors



Dr. Naseem Ahmed is a distinguished Professor and currently serves as the Head/Dean of the Faculty of Law at Integral University, Lucknow, India. With over 20 years of experience in teaching and academic leadership, he has made significant contributions to the fields of Health Law, Criminal Law, and Administrative Law, and has played an instrumental role in advancing legal education and research in India. Dr. Ahmed holds a Ph.D. in Law from Kumaun University, Nainital (2016), an LL.M. from Rohilkhand University, Bareilly (2006), and an LL.B. from Shia PG College, Lucknow University (2003). He also earned a B.A. in Psychology and Economics from Bareilly College, Rohilkhand University (2000). His interdisciplinary academic background provides a unique socio-legal perspective, particularly in the context of Law, health policy and justice. He qualified UGC-NET and SET Uttarakhand in 2012. Dr. Ahmed began his academic career as an Assistant Professor at Rama University, Kanpur, and Unity Law College, Lucknow, before joining Integral University in January 2016. At Integral, he has guided several Ph.D. scholars and supervised numerous LL.M. dissertations. His scholarly work includes approximately 25 published research papers in reputed journals. A notable aspect of Dr. Ahmed's contribution is his pioneering work in legal education for madrasa students, especially Muftis, reflecting his commitment to inclusive and community-oriented legal education. His research contributions can be accessed through his ResearchGate profile: amdnaseem@iul.ac.in. For academic collaborations or further information, he can be contacted at: 2naseemjafri@gmail.com.

Published & Printed By :

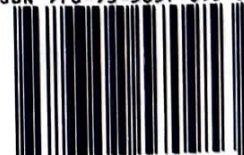
NITYA
PUBLICATIONS

Nitya Publications, Bhopal MP India
Web: www.nityapublications.com
Email : info@nityapublications.com
Mob. : +91-9009291840

Copyright © Prof Naseem Ahmed

MRP RS.1000.00

ISBN 978-93-5857-095-3



9 789358 570953 >