



The role of medical ethics committees in managing legal conflicts in healthcare institutions: A study of hospital ethics committees in Solapur

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Abstract

Background: The role of the Medical Ethics Committees (MECs) is central to addressing legal conflicts related to health care. In rapidly progressing clinical settings such as Solapur, ethical monitoring is important for maintaining patient rights, directing therapy, and handling disputes in advance before they could become legal confrontations.

Objectives: The objective of the study was to evaluate the structure and process of the functioning of MECs of a tertiary care hospital in Solapur. It attempted to ascertain the knowledge, participation, and attitude of healthcare workers towards MEC activities in medico-legal affairs, and then to identify the operational limitations and areas that need improvement.

Methods: A descriptive cross-sectional study was carried out among 60 Solapur healthcare workers (HCW) of clinicians, nurses, health administrators, and MEC members. The information was collected by using a structured questionnaire with a mixed formulation of closed-ended Likert scale and open-ended questions. Descriptive statistics were used to analyse quantitative data, and the thematic analysis approach was applied to categorize more complex experiences and ideas.

Results: The awareness of the existence of these CDAs was shown to be high, with about 90% of the respondents acknowledging their presence. Yet 45% reported that they were actively participating in MEC functions. Though MECs were considered moderately effective in achieving timely responses and impartial dispute resolution, concerns were expressed regarding the transparency and the sufficiency of formal ethics and legal training.

Conclusion: Promotion of MEC in Solapur can be facilitated through targeted training, standardised protocols, and improved representation of various specialities. And we need to do the things that will reinforce those to minimize/resolve legal conflicts and build trust between caregivers and patients, resulting in more accountable and patient-focused care conditions.

Keywords: Medical ethics committees, legal conflicts, healthcare institutions, medico-legal disputes, tertiary hospitals, cross-sectional study, Solapur

Introduction

Background

In recent years, Medical Ethics Committees (MECs) have proliferated as important entities in the health care settings, and they are designed to mediate between clinical demands and moral obligations. These have evolved from the fundamental concepts of autonomy, beneficence, non-maleficence, and justice described by Beauchamp and Childress [1]. With the rapid growth of medical infrastructure in Solapur, there is an apparent upward trend in the incidence of medico-legal issues, and it is in this background that these committees are seen as the guardians of not just the integrity of the treatment decisions, but also the patient rights in extremely challenging circumstances [2].

Rationale and Need

With the rapid expansion of medical services, the number of clinical trials and new treatment and patient care approaches, increased possibilities for ethical disputes have arisen. MECs have been set up to resolve these disputes, empirical data from Solapur reflect procedural irregularities, and a lack of comprehensive interdisciplinary training [3]. These considerations emphasise the need to reconsider the MEC structure in which a proper space is given to ensure ethical-legal compliance and patients' well-being.

Problem Statement

MECs, despite being designed to expedite the resolution of disputes, actually do present some particular issues.

Domestically, the committees' ability to resolve conflicts effectively may be hampered by low levels of training among members and inadequate representation of legal professionals [4]. As a result, the distance between the theoretical model of ethical governance and its operationalization carries significant danger and runs the risk of compromising not only the quality of patient care but also institutional standing.

Objectives

The objectives of this research, undertaken in a few healthcare facilities in Solapur with 60 respondents, are as follows: Return to previous page. Bio Med has been: to

- Evaluate the effectiveness Evaluate performance and processes of MCEs at the local level.
- Assess usefulness: Assess the utility of medico-legal interventions by MEC in medico-legal cases.
- Recognize Deficiencies: Reveal important problems like poor education about the law and good ethical practices that may hinder proper functioning.
- Propose solutions: Suggest practical ways to improve MEC processes, in a way that ensures ethical scrutiny leads to effective conflict resolution.

Significance of the Study

It furthers the nuanced understanding of how ethical supervision of MECs can help in resolving legal dilemmas in healthcare by exploring the functioning of MECs to ensure better operational efficiency of these bodies. The

lessons learned should enrich the practice locally and also impact on wider policy changes, leading to a restoration of trust between healthcare workers and communities. A more advanced MEC system can contribute to a transparent and responsible clinical world [5].

Review of Literature

Overview of Theoretical Frameworks

There is a large literature that discusses MECs' development as a key structure in health care organisations. Important writings have emphasized that MECs are founded on ethical principles, including autonomy, beneficence, respect for persons, non-maleficence, and justice, and are employed to inform decision-making surrounding clinical dilemmas and litigation [6]. The theoretical models also illuminate the MEC's dual function in that members not only analyse ethical issues but also mitigate legal controversies through the development of clearly articulated procedures and cross-disciplinary cooperation.

Empirical Studies on MECs in India

The operational experiences and constraints of MECs in India have been revealed through empirical studies. Mehta *et al.*, in a study across several tertiary care hospitals in India, have found that, although MECs exist, there is widespread disparity in effectiveness, composition of the committee, training, adherence to processes, and transparency in the decision-making process [7]. In a study in Solapur, the researchers described the inadequate training of MEC members in legal matters, which hampers their effective mediation of complex disputes [8]. These findings indicate that although MECs may be a useful means for ethical oversight, some practical obstacles need to be resolved.

Identified Gaps and Limitations

Several important gaps in the literature are evident. To begin with, many hospitals lack legal and non-medical expertise on MECs and, as a result, ethical evaluations may be narrowed [9]. Furthermore, variations in training and a lack of standard operating procedures (SOPs) further reduce MEC performance. The literature advocates regular training, better inter-committee networking, and the incorporation of legal experts and perspectives in these bodies to ensure that ethical recommendations are more closely aligned with the imperatives of medico-legal conflict resolution [10].

The Synthesis and Implications for Current Research

Based on the literature reviewed, MECs are well situated to handle such litigation but are constrained in their effectiveness by structural and educational gaps. These learnings also provide compelling context for the present work in Solapur, which seeks to understand how MECs are functioning on the ground and will propose specific implications for how they could be made more effective in real-world operation. Filling in these literature and knowledge gaps may improve ethical governance, consequently potentially minimize litigation risks, and establish trust between the patients and healthcare providers.

Research Methodology

Research Design

A descriptive cross-sectional study design was used to assess the functioning and efficacy of Medical Ethics

Committees (MECs) in handling medicolegal conflicts in various health care setups in Solapur city. The reason for selecting this design is that it allows for a snapshot assessment: At one point in time, participants' perceptions, experiences, and practices can be assessed, and both qualitative and quantitative data can be obtained regarding the workings of MECs.

Study Area

The study was carried out in Solapur, Maharashtra, a tier II city, while also one of the fastest growing urban centres in the country, and has highly specialized healthcare facilities and a mix of patient population. Solapur is also an appropriate setting for undertaking this study, as the hospitals in Solapur experience challenging medico-legal issues, which should bring in the need for effective ethics oversight. This local focus allows a closer look at MEC practices in a typical local health care setting.

Study Population and Sampling Procedure

The participants included 60 health care professionals from various tertiary care hospitals of Solapur. The involved stakeholders were clinicians, nurses, hospital managers, and members of MECs. Our sampling technique was purposive, allowing for the deliberate selection of those who had particular first-hand experience as participants in MECs. In focusing on a group situated at the interface of those with inherent expertise and those directly impacted by MEC decisions, the research aims to produce robust evidence about MECs.

Tools and Procedures for Collecting Data

Data collection. The primary data were gathered through the structured questionnaire, which included closed-ended (Likert-scale) and open-ended questions. The tool was intended to assess different aspects of MEC performance, such as transparency of procedures, timeliness of responses, interdisciplinarity of actions, and suitability of training of members of the committee. The clarity and relevance of questionnaires were pretested in a pilot study within a smaller cohort. The collection was limited to a predetermined period, and confidentiality and participant anonymity were maintained throughout the process.

Data Analysis

Descriptive and thematic analyses of interview data were conducted. Quantitative results were presented as means and standard deviations, whereas qualitative information was coded and analysed thematically to identify common themes and root causes of MEC performance. Thus, the mixed-directive approach facilitated a good appreciation of not only the numerical trends but also the specific contextual pressures on MEC effectiveness.

Ethical Considerations

The work was preceded by obtaining Institutional Ethics Committee approval in adherence to ethical research standards. Written consent was obtained from all subjects, and the confidentiality of data and anonymity of the subjects were assured. The study was conducted by the national ethical requirements for the use of human subjects in biomedical and healthcare research regarding respect for the dignity, rights, and welfare of individuals.

Results and Analysis

Demographic Characteristics of the Respondents

Sixty healthcare workers were included in the study. Respondents were physicians, nurses, hospital administrators, and MED committee members. Table 1 gives an overview of the demographic profile of the respondents. The variety of professional positions would contribute to the representation of a broad spectrum of experiences with MECs.

Table 1: Demographic Profile of Respondents

Category	Frequency	Percentage (%)
Clinicians	25	41.7
Nurses	20	33.3
Administrators	8	13.3
MEC Members	7	11.7
Total	60	100.0

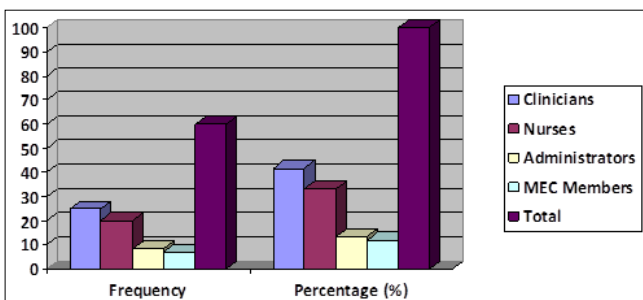


Fig 1: Demographic Profile of Respondents

Table 1 and Fig. 1 show the distribution indicates the dominance of the clinicians and the nurses, to is expected when the focus is directly on caring for patients and setting up institutional policy. The participation of administrators and MEC representatives is also expected to facilitate the combination of management and policy viewpoints in the analysis.

MEC Awareness and Involvement

The findings show that a high percentage (almost 90%) of respondents were conscious about the presence of the MEC in their institutions. However, only 45% of participants were currently engaged in MEC activities. Awareness and direct involvement among respondents are summarized in Table 2.

Table 2: Awareness and Participation in MEC Amongst the Respondents

parameter	Frequency	Percentage (%)
Aware of MEC	54	90.0
Not Aware of MEC	6	10.0
Actively Involved with MEC	27	45.0
Not Involved	33	55.0

Analysis: High awareness but less active engagement signifies that there might be a disconnect between how much the organization knows about MEC's existence versus its participation in its functions. The disparity may also influence the efficacy and promptness of the MECs in resolving legal disputes.

The Effectiveness of MEC in Dealing with Legal Controversies

Respondents ranked several attributes of MEC effectiveness or performance (e.g., timeliness, transparency, fairness in

decision-making, and appropriateness of training). The proportion of respondents who rated each item as "effective" (including categories of "effective" and "highly effective") is shown in Table 3.

Table 3: Participants' Evaluation of the Effectiveness of MEC Modules

Aspect	Effective (%)
Timeliness of Response	68.0
Transparency	55.0
Fairness	60.0
Training and Competency	50.0

Interpretation: The data seems to indicate that the MECs are moderately helpful in being able to provide a timely response and fair mediation, but there are transparency and training issues that committee members face. Only 50.0% of the sample considered the training received sufficient, and the level of competence, which may be related to continued legal battles.

Challenges and Recommendations

Open-ended responses were also classified into popular themes. The major challenges can be summarized as follows:

- Inadequate training and no structured education regarding the law.
- Poor representation of lawyers and non-medical personnel.
- Heterogeneity of procedural transparency and recording.

In reaction, several of the participants suggested an increase in regular training sessions, greater representation of diverse disciplines, and forms of standardized written protocols for dispute resolution.

Discussion

Overview of Key Findings

The study reports that awareness of Medical Ethics Committees (MECs) is high among healthcare institutes, whereas active involvement is moderate. Quantitatively, respondents reported a lack of direct MEC experience, and qualitatively, they expressed reservations about the sufficiency of training and the openness of decision-making. These results validate that despite the conceptual worth of MECs, deficiencies in operational efficiency remain in actual patient care practice^[11].

Discussion with Existing Literature

The findings of this study are consistent with previous investigations that have revealed the importance of MECs' composition and special competence to their success. Studies performed across tertiary hospitals in India have shown that problems related to a lack of interdisciplinary representation and erratic procedural ownership are also observed^[12]. In contrast to earlier studies, our results in Solapur conclude that despite high overall awareness, actual practice of MEC procedures is limited due to a lack of training and legal support, also mentioned in studies on the diversity of performance of ethics committees in similar settings^[13]. These comparisons support the idea that the increase in MEC performance involves a combined tailoring of the structure and capacity building^[14].

Implications for Practice

The consequences of our findings emphasize the pressing need for further training efforts that concentrate on ethical reflection and legal statutes. By empowering MECs with consistent capacity building and ensuring vigorous interdisciplinary input, we might optimize conflict resolution and enhance patient confidence. Standardised approaches may increase efficiency in decision-making, leading to better medico-legal risk management at the institutional level [15]. It is anticipated that these upgrades will not only improve the operation of MECs in Solapur but will also act as a model initiative in other areas.

Limitations of the Study

However, the research has its limitations. First, the purposive sampling approach could hamper the generalization of our findings beyond the tertiary-care hospitals in Solapur city. Second, as a cross-sectional study, the study provides only a picture of MEC practices; further research, such as a longitudinal study, is warranted to evaluate how these committees may change over time. Lastly, self-reported information could be contaminated by response bias. Future research should attempt to use more representative, diverse samples and mixed methodology to better assess the broad impact of MEC.

Further Research Directions

Based on the identified gaps, areas of investigation to be further pursued in the future are:

- MEC performance over time to accommodate using longitudinal assessment to capture change in processes and outcomes.
- Comparison of different organizations having a different composition of MEC to explore the influence of interdisciplinarity on conflict management.
- Intervention studies on the influence of specific training programs on effectiveness.
- Case studies, qualitative and based on actual case dispute resolution, to provide a better understanding of the MEC decision-making process.

Developing the research base in these areas will contribute to evidence-led consideration of ways to improve the practical effectiveness of MECs to work as a key bridge between ethical aspirations and legal responsibility.

Conclusion

This investigation points out the pivotal function of MECs in dealing with legal disputes in the healthcare delivery organizations of Solapur. The results suggest that although awareness regarding MECs exists among HCWs, active participation and proper functioning of MECs are needed for improvement. MECs play an important role in guidance on ethics in difficult clinical decisions and in reducing the incidence of disputes becoming the subject of full legal proceedings. However, inconsistencies in training, lack of input from the multidisciplinary team, and variability in procedure transparency can prevent them from achieving their full potential.

Opinions from the 60 HCWs informed that a more vigorous, proactive MEC system can play a large role in medico-legal problem resolution. Tackling the identified challenges will require a multi-faceted approach to include improved training, which involves ethical and legal training, the

creation of standard operating procedures, and the inclusion of a variety of expertise, including legal and non-medical expertise. It is believed that if MEC mechanisms were enhanced, not only could dispute resolution mechanisms be made more effective, but also faith in patients and trust in the integrity of the system could be undermined. In totality, through increasing and strengthening the structural and functional issues of MECs, the Solapur-based healthcare facilities can integrate the ethical standards with the clinical practices to create a culture of accountability and patient betterment. The present study may be used as a reference for future investigations and policy revisions to improve the operation of ethics committees in such environments.

Conflicts of Interest

Authors have no conflicts of interest related to this study. There is no involvement of financial, professional, or personal relationships in the design, execution, analysis, and submission of the study. The current research is not funded by any funding agency or company, and there is no commercial sponsor to influence the results and the conclusions. Ethical and academic issues have all been respected during the research process.

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