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CNR No-UPKJ010051622024
In the Court of Sessions Judge, Kannauj
Session Trial No. 1073 of 2024
State of Uttar Pradesh vs. Ravindra Singh & Another
(Under Sections 498A & 304 of the Indian Penal Code)

JUDGMENT

Before delving into the case, I would like to commence with the following proverb:

"I neither found God, nor met my beloved,
nor belonged here nor there;

These sorrows and pains remained in my
heart; neither did I belong here nor there."

Introduction

1. This judgment in Session Trial No. 1073 of 2024 arises from the prosecution of two accused persons – *Ravindra Singh* and *Dr. Ganesh* – for offences under the Indian Penal Code (IPC). Accused Ravindra Singh (husband of the deceased, Smt. Neetu) was charged under Section 498A IPC for alleged cruelty towards his wife, and accused Dr. Ganesh was charged under Section 304 IPC for causing her death by a grossly negligent act during childbirth. Both accused pleaded not guilty and claimed trial. The case was committed to the Court of Session after cognisance by the Chief Judicial Magistrate, as required under Section 209 read with Section 207 of the Code of Criminal Procedure, 1973 (CrPC).
2. **Prosecution Case:** The prosecution’s case, as unfolded in the written complaint, *Tehrir* (Exhibit Ka-1) and First Information Report (Exhibit Ka-2), is that Smt. Neetu (deceased) died as a result of both marital cruelty and medical negligence. The complainant (PW2 Dinesh Sharma, father of the deceased) alleged that his son-in-law, accused Ravindra Singh, had been subjecting Neetu to cruelty and physical abuse. It is alleged that on the night of 8/9 December 2023, when Neetu was in the late stages of pregnancy, Ravindra assaulted her brutally, particularly targeting her stomach, causing her to collapse and require urgent medical care. Neetu was taken for treatment to a local clinic (Nirmala Nursing Home in Saurikh) run by the accused *Dr. Ganesh*. The complainant averred that due to “*inhumane acts and assault by Ravindra Yadav and the negligence of the nursing home operator and his staff,*” Neetu’s condition worsened and she was rushed from

the clinic to the Lohia Hospital, Farrukhabad, but succumbed on the way. The death of Neetu, who was about 35 years old, thus occurred in the early hours of 9 December 2023. A criminal case was lodged against Ravindra Singh (for cruelty and causing death) and against Dr. Ganesh and others (for causing death by negligence), initially under Sections 498A, 304, and 120B IPC as per the FIR. After investigation, the police filed a chargesheet No. 179/2024 dated 09.06.2024, wherein only two persons – Ravindra and Dr. Ganesh – were sent up for trial. The charge against Ravindra was confined to Section 498A IPC (husband's cruelty), and against Dr. Ganesh to Section 304 IPC (culpable homicide not amounting to murder due to gross negligence).

3. **Pleas of the Accused:** In their examination under Section 313 CrPC, both accused denied the allegations. Accused Ravindra Singh stated that he had a love marriage with Neetu and never harassed or harmed her; he claimed he loved his wife and there was no demand for dowry or motive to hurt her. Accused Dr. Ganesh, for his part, denied even operating the nursing home or treating Neetu – he asserted that he did not provide any treatment or medicine to the deceased on that fateful night. No evidence was led in defence by either accused.

I have heard the learned DGC (Criminal) and learned counsel for the defence, and perused the record with due diligence. The learned counsel for the defence mainly argued that the prosecution failed to prove any offence against any of the accused. Accused Ganesh did not treat the deceased. He even transported the deceased to Farrukhabad for better treatment. Whatever he did, he did in good faith. Dr. Ganesh holds a certificate to perform dialysis.

The stage is now set to examine the points that arise for determination in this trial.

Points for Determination

From the rival contentions and the charge framed, the following **Points for Determination** arise in this case:

1. **Whether accused Ravindra Singh subjected his wife, Smt. Neetu, to cruelty (physical or mental) as defined in Explanation (a) to Section 498A IPC, and in particular, whether on 8/9 December 2023, he assaulted her, causing injuries that contributed to her death.**
2. **Whether accused Dr. Ganesh, while undertaking to treat Smt. Neetu, during her childbirth complications, acted with such rashness or gross negligence so as to cause her death, and if so, whether his conduct amounts to an offence punishable under Section 304 IPC (culpable homicide not amounting to murder).**
3. **Whether the prosecution has proved beyond a reasonable doubt the guilt of the accused persons on the above charges, and what order should be passed.**

Appreciation of Evidence

4. I have carefully evaluated the oral and documentary evidence on record in light of the above points. The prosecution called eight witnesses to support its case. For clarity, the evidence related to each point of determination is discussed separately.

Evidence on Alleged Cruelty by Accused Ravindra (Charge under Section 498A IPC)

5. The principal witnesses regarding the alleged cruelty and assault by the husband are the family members of the deceased. **PW2 Dinesh Sharma**, the complainant and father of the deceased, deposed in line with his written complaint. He stated that his daughter Neetu had married accused Ravindra in 2007 against his wishes. He narrated that after some years of marriage, Ravindra developed an illicit relationship with another woman and thereafter began to physically and mentally torture Neetu. PW2 testified that Neetu was often beaten, kept hungry, and harassed by her husband on trivial pretexts. According to PW2, Neetu was pregnant, and about 10–12 days before the fatal incident, Neetu informed him that Ravindra had mercilessly beaten her. PW2 stated that on the night of 8/9 December 2023 at about 11:30 PM, he received a phone call informing him that “Ravindra has brutally beaten Neetu, causing injuries to her body and stomach”. This prompted him and other family members (PW3 Shivam Sharma, the deceased’s brother, and one Maya Devi) to rush to Nirmala Nursing Home in Saurikh, where Neetu had been taken for treatment. By the time they arrived, Neetu had already been shifted to Lohia Hospital, Farrukhabad. PW2 ultimately found his daughter’s body at the Farrukhabad hospital and was told she died en route due to the assault by Ravindra, coupled with negligent treatment at the clinic.
6. **PW3 Shivam Sharma** and **PW4 Nitesh Sharma**, brothers of the deceased, corroborated PW2 to the extent of events after they received information of Neetu’s hospitalisation. They accompanied PW2 to the nursing home and then to Lohia Hospital, where they saw Neetu’s body. However, it is noteworthy that PWs 3 and 4 did not have direct knowledge of any assault; their testimony regarding the alleged beating is hearsay, derived from what PW2 or others told them. They mainly testified about the fact of Neetu’s death and the resulting police investigation. Thus, the crux of the prosecution’s case on cruelty rests on the testimony of PW2 – first-hand hearsay- (father) *and* PW1, who is the **12-year-old son of the deceased (Master Sarvagya Yadav)**, since he was an eye-witness to the household events leading up to his mother’s death.
7. **PW1 Sarvagya Yadav** (aged about 12 years) is the son of the deceased and accused Ravindra. Being the only eye-witness present with Neetu at the time of the incident, his testimony is of vital importance. **The**

Court took care to question PW1 to ascertain his capacity to understand and depose truthfully, given his young age. Upon being found competent, his deposition was recorded. Strikingly, PW1 **did not support the prosecution's allegation** that his father beat his mother on the night in question. In substance, PW1's testimony **exonerated the accused Ravindra** from blame for the medical emergency that befell Neetu. He testified that on the night of 8 December 2023, his mother experienced severe labour pains and health complications due to her advanced pregnancy. PW1 stated that his father used to assist financially with rent and his education, and take care of them. According to PW1, Neetu was taken to the local nursing home for treatment and at no point did he witness his father assault or injure his mother. This account is **in direct contradiction to the version given by PW2**, who had asserted receiving information that Ravindra beat Neetu. It is also noteworthy that PW1 did not testify about any pattern of past abuse by his father; he did not corroborate the claims that he or his mother had informed PW2 about earlier incidents of cruelty. In fact, PW2 himself admitted during cross-examination that he "did not contact Sarvagya and Ravindra as he did not have their numbers". According to the cross-examination of PW2, he had no occasion to contact Sarvagya before the incident, which reveals a contradiction, as the FIR suggested that even the grandson had informed him of the ill-treatment. Evidence shows that PW2 and other witnesses of the deceased's maternal side had bitter relations with the deceased and her husband, as they had a love marriage. Though the deceased and her husband visited PW2's house on the occasion of the illness of the deceased's brother, bitterness was normalised to some extent, but not fully. This undermines the credibility of PW2's claims on this point.

8. The **material contradiction between PW1 and PW2** goes to the root of the case against accused Ravindra. PW1, who was present with the deceased throughout, gave no account of any beating or physical torture, whereas PW2's allegation of an assault is based on second-hand information and assumptions. The prosecution did not declare PW1 hostile, but it is apparent that his evidence favours the defence version regarding the accused, Ravindra Singh. No other eyewitness was produced to any assault; the case of cruelty rests largely on what the deceased purportedly told her family. While past instances of abuse can, in theory, be proved by circumstantial evidence or testimonies of relatives, in the present case, there is a **lack of independent corroboration**. The prosecution did not produce any neighbour, independent acquaintance, or official record (such as prior police complaints or medical reports of injuries) to substantiate that Ravindra used to beat or harass Neetu. This omission is significant, given that PW2 claimed there were "numerous complaints (बीसियों बार) in the police station" – none were exhibited.

9. Crucially, the **medical evidence does not support the theory of a recent physical assault**. Dr. Rana Pratap (PW6), who conducted the post-mortem examination of Neetu at 3:30 PM on 9 December 2023, noted no external injury on the body suggestive of trauma from a beating. The external examination found the body pale, with partially open eyes and mouth, postmortem lividity on the back, and rigour mortis in all limbs – but **no bruises, swelling, or marks of violence** were recorded. The only external mark noted was that of a cannula on the left arm (indicating medical intervention), and cotton packing at the vaginal opening (indicating measures taken to stanch bleeding). Internally, the vital organs showed changes consistent with massive blood loss: both lungs were mildly congested, and the heart chambers contained some blood, while the uterus was enlarged and filled with clotted blood. The cause of death, as opined by PW6, was “excessive haemorrhage *during childbirth (ante-mortem), which led to the death*”. In other words, Neetu died due to obstetric haemorrhage – a severe loss of blood in the process of childbirth. There is **no mention whatsoever of any ante-mortem injury from trauma**; the post-mortem report (Exhibit Ka-4) does not attribute the death to blunt force or assault. This medical finding starkly **contradicts the prosecution’s claim** that a beating to her stomach precipitated Neetu’s death. Had there been a violent assault causing internal injury or uterine trauma, some evidence of such injury would likely have been present. The complete absence of injury marks lends credence to PW1’s version, suggesting that no beating took place that night and that the crisis was of a medical nature.
10. On evaluation of the above, the Court finds that the prosecution has failed to prove the charge under Section 498A IPC against the accused Ravindra Singh. To establish “cruelty” under Section 498A, the prosecution must demonstrate either (a) willful conduct by the husband of such a nature as is likely to drive the woman to suicide or to cause grave injury or danger to life, limb or health (whether mental or physical), or (b) harassment with a view to coercing her or her relatives to meet unlawful demands (such as dowry). In the present case, the allegations were of the first variety – physical assault and torture likely to endanger life. While past instances of mistreatment were alluded to, they remain unproven by any cogent evidence. The only specific incident in focus is the alleged assault on 8/9 December 2023. On this point, **the sole direct witness (PW1)** has not supported the allegation at all. The remaining evidence (PW2’s testimony) is founded on hearsay and suspicion rather than personal knowledge. There is also an inherent inconsistency in PW2’s testimony (claiming he used to get information from the grandson about abuse, but also admitting he never directly spoke with the grandson), which diminishes its reliability. Moreover, the medical evidence indicates a haemorrhage during delivery as the cause of death, not injuries from physical abuse. In a criminal trial, the prosecution bears the burden of

proving the charge beyond a reasonable doubt. Here, the evidence against Ravindra is not only insufficient but is rebutted by the testimony of PW1 and by scientific evidence. **Reasonable doubt arises** as to whether any crime by Ravindra led to Neetu's demise. The record of the case shows that both children of the deceased are residing with the accused Ravindra Singh. Consequently, accused Ravindra Singh is entitled to the benefit of doubt. The Court finds that the charge under Section 498A IPC is **not proved** against him.

Evidence on Negligence by Accused Dr. Ganesh (Charge under Section 304 IPC)

11. I now turn to the second and more complex facet of this case – the role of the accused, *Dr. Ganesh*, and whether his actions (or omissions) on the night of 8/9 December 2023 render him criminally liable for Neetu's death under Section 304 IPC. It is undisputed that Neetu was under the care of Dr. Ganesh (who was running the Nirmala Nursing Home in Saurikh) during the medical emergency. The prosecution alleges that Dr. Ganesh's **negligence in handling Neetu's delivery** directly caused her death. Since this charge essentially involves *medical negligence*, the evidence comprises both the testimony of witnesses regarding what happened at the clinic and expert evidence from the post-mortem and investigation to establish the standard of care that the accused deviated from.
12. **Evidence of Circumstances:** There is no eyewitness from the public who saw exactly what treatment was given to Neetu inside Nirmala Nursing Home – no nurse or staff member was examined by the prosecution. The timeline must be pieced together from circumstantial evidence and the statements of those involved after the fact. From the testimony of PW2 (father), PW3, and PW4 (brothers), it emerges that Neetu was admitted to Nirmala Nursing Home late on the night of 8 December 2023. PW2 arrived there sometime after midnight (upon receiving the call) but found that the clinic staff had already moved Neetu. According to PW2, he was told that the "*operator of the nursing home, along with others*", had taken Neetu in a WagonR car to Lohia Hospital, Farrukhabad, as her condition was serious. Implicit in this narrative is the presence and involvement of Dr. Ganesh, being the operator of the nursing home, in treating Neetu and deciding to transport her to a higher medical centre. Indeed, the fact that Dr. Ganesh's car was used and he accompanied the patient strongly indicates that he was in charge of her care until the transfer. Evidence reveals that on the morning of December 9, 2020, PW2 reached Lohia Hospital, Farrukhabad, and participated in panchayatnam, but Ravindra did not. This shows that the accused Ravindra could not reach there due to the long distance between Farrukhabad and Mainpuri, where the accused used to reside. The investigation corroborates this: PW7, Inspector Sachin Singh (I.O.), prepared a site plan of Nirmala Nursing Home and confirmed that Dr. Ganesh was

identified as the person running that facility. Furthermore, the chargesheet (Exhibit Ka-7, proved by PW7) clearly names Dr. Ganesh as an accused for Neetu's death due to negligent treatment. Thus, despite Dr. Ganesh's bald denial, it is established on record that he was the doctor attending to Neetu.

13. **Medical / Expert Evidence:** The post-mortem findings by PW6 Dr. Rana Pratap throw light on the outcome of the treatment provided. As discussed, the autopsy revealed that Neetu died of **post-partum haemorrhage** – an excessive bleeding during childbirth. Notably, the autopsy found the uterus enlarged with clotted blood inside, and crucially, **cotton gauze packing in the birth canal** (vaginal passage). PW6 explained that the presence of cotton packing indicates an attempt to stem uterine/vaginal bleeding. This detail is significant: it shows that the attending medical personnel (i.e. Dr. Ganesh or his staff) were aware that Neetu was haemorrhaging heavily and tried to control it by packing the uterus with gauze. Such a procedure is generally a **stop-gap measure** used in emergency obstetric care when bleeding is uncontrolled – often done while arranging for definitive care like surgical intervention or blood transfusion. The use of this measure implies that Neetu's condition was indeed critical at the nursing home.
14. The inquest report (Exhibit Ka-8) prepared by PW8 (SI Deepak Kumar) shortly after death had also noted that the death appeared to be due to complications of childbirth. There is no suggestion of foul play in the medical sense (such as poisoning or intentional harm) – the scenario presented is one of a *medical emergency handled inadequately*. The prosecution's theory, therefore, is that Dr. Ganesh **failed to exercise due care** expected of a medical professional, thereby converting a life-threatening but potentially manageable complication into a fatality.
15. **Analysis of Negligence/Culpability:** To determine criminal negligence on the part of a doctor, the Court must consider the standard of care expected and whether the accused's conduct was *grossly deficient* relative to that standard. It is not sufficient that there was a bad outcome; the law does not hold doctors criminally accountable for every death, recognising that even with proper care, patients can die. The question is whether Dr. Ganesh's actions were so wanting that they demonstrated "**culpable neglect of his duty**".
 - o First, it is evident that Nirmala Nursing Home was a small facility. By all accounts, it was not a fully equipped hospital. When Neetu's condition became critical (heavy bleeding, likely due to a retained placenta or uterine atony), the proper course of action would have been to **immediately ensure advanced care** – e.g. arranging blood transfusion, calling for an ambulance, or summoning an obstetric specialist or rushing the patient to a hospital with surgical facilities. The fact that she had

to be transported by a private car (WagonR) in the middle of the night suggests that **no ambulance or advanced life support was available on site**. Transporting a massively haemorrhaging patient without stabilising her (such as by transfusion or uterotonic medications beyond a point) significantly reduces the chances of survival. Dr. Ganesh, a Jhhola Chhaap Doctor, ought to have known the limits of his clinic's capability. It was his "*imperative duty*" to promptly refer or transfer Neetu to a higher centre **at the earliest signs of complication**, rather than persisting until she was moribund ([Jacob Mathew vs State Of Punjab & Anr on 5 August, 2005: AIR 2005 SUPREME COURT 3180](#)). Any reasonable doctor in his position would be alert to the grave risk that postpartum haemorrhage poses and the necessity of timely intervention.

- o Second, the manner of transfer raises concerns. Ideally, a critical obstetric patient should be transported in a properly equipped ambulance with medical supervision and oxygen, not just a personal car with presumably no medical personnel other than perhaps Dr. Ganesh himself. The timeline strongly suggests a delay in transferring Neetu: PW2 reached the nursing home around midnight and found that they had already transported her. By the time the family reached the hospital at Farrukhabad at 7:00 AM, Neetu was already dead. As per PW1, her mother was carried to Chhiberamau and Saurikh Hospitals before the distant Farrukhabad, ~ 50 Km. It appears that precious hours may have been lost in the interim while the nearest facility was available in the form of the Medical College at Tirwa, Kannauj, ~ 32 Km. The Medical College at Tirwa, Kannauj, is a larger and more efficient facility to handle these types of cases, whereas Farrukhabad was not. If Dr. Ganesh had acted sooner, called for appropriate transport, and chosen a better facility, the outcome might have been different.
- o Third, Dr. Ganesh's conduct post-incident – notably his **denial of having treated the patient at all** (as per his Section 313 statement) – is indicative of an attempt to evade responsibility rather than an innocent lack of fault. If he had truly done everything expected of a competent doctor, one would expect him to stand by his treatment as a defence. Instead, he distanced himself from the very fact of treating Neetu, a stance flatly contradicted by the evidence. This false denial, although not proof of negligence in itself, reinforces the inference that he was aware of having mishandled the case.

16. The legal standard for criminal negligence by a doctor has been elucidated by the Hon'ble Supreme Court in *Jacob Mathew v. State of Punjab* (2005) (*Supra*). In that landmark judgment, the Supreme Court held that not every lapse in medical care amounts to a crime. To fasten

criminal liability on a medical professional, the negligence must be **gross or of a very high degree** – a mere error of judgment or an accident is not enough. The Court drew a clear distinction between negligence actionable in civil law and negligence punishable under criminal law: *“Simple lack of care... such as will constitute civil liability is not enough; for purposes of the criminal law... a very high degree of negligence is required to be proved before the offence is established.”*. In other words, the doctor’s conduct must show such indifference to the patient’s safety and gross deviation from the standard of care that it can be deemed culpable. It was further observed that a professional may be held liable if **either** (a) he lacked the requisite skill which he professed to have, **or** (b) he did not exercise that skill with reasonable competence and diligence, in regard to the patient’s needs.

17. If a doctor does something or fails to do something that no reasonable medical professional in his position would have done/omitted, and this gross negligence causes the patient’s death, criminal liability can be attracted under penal provisions such as Section 304A or, in appropriate cases, where doctor is not doctor but only Jhholachhaap, Section 304 Part II IPC (if the act is done with the knowledge that it is likely to cause death but without intention to cause death). In this case, the doctor is not a doctor but only Jhholachhaap.
18. Assessing the facts of the present case against the above legal yardstick, this Court is of the opinion that Dr. Ganesh’s negligence crossed the threshold of criminality. It was not a mere lapse that can be excused as an “error in judgment” or a case of “doing one’s best but failing.” Rather, the evidence indicates a **callous disregard for the life of the patient and a gross failure to exercise due care**:
 - o **Requisite Skill and Facility:** If Dr. Ganesh (Jhholachhaap Doctor) lacked the facility or expertise to handle a complicated delivery, he should not have undertaken Neetu’s treatment beyond initial first aid. Taking on a full-term pregnant woman in distress without backup blood or surgical facilities – if he was not a qualified obstetrician or did not have one on call – itself betrays a lack of judgment and responsibility. A competent practitioner must be aware of their limitations and act in the patient’s best interest by seeking help when needed. By continuing to treat Neetu at his nursing home until her situation became irreversible, Dr. Ganesh **lacked the basic obstetric skill** and delayed the case, which directly resulted in death.
 - o **Gross Deviation from Standard Care:** Postpartum haemorrhage is a medical emergency that requires prompt and aggressive management. The standard protocols include uterotonics, intravenous fluids and blood transfusions, uterine massage or compression, and, if bleeding continues, surgical intervention (such as removal of retained placental tissues or even hysterectomy in extreme cases) at a well-equipped centre.

Here, beyond packing the uterus with cotton (a temporary measure), there is no indication that other critical steps, like arranging blood, were effectively taken. Neetu's father and brothers were not asked to organise blood units (there is no evidence of any such request), which is usually done if a transfusion is in progress or contemplated. The decision to transport her to Farrukhabad came too late, was wrong and was made inappropriately. These acts and omissions, considered cumulatively, constitute **gross negligence**. Any ordinary, prudent doctor in a rural clinic would know that a haemorrhaging patient cannot survive a long trip without stabilisation; Dr. Ganesh's persistence with inadequate treatment and delay in transfer exhibits a recklessness or "indifference to the consequences" for the patient's life.

- o **Causation:** But for the negligent handling, Neetu might have had a chance of survival. The prosecution has convincingly shown that the **negligence was a proximate cause of death**. The death occurred in transit, implying she was alive when leaving the nursing home, but perhaps in hypovolemic shock. Had she been referred earlier or managed more effectively, the fatal outcome might have been averted. No intervening factor broke the chain of causation between Dr. Ganesh's treatment and the death. There is no evidence that Dr. Ganesh is a licensed doctor. Jhholachhap Doctors have no authority to intervene in these types of cases. Hence, the liability for her demise can justly be placed on his shoulders.

19. The defence's argument that Dr. Ganesh did not treat the victim at all is patently false and stands rejected in light of the evidence. PW1's statement in this regard is not reliable. This may be due to some compromise between Dr. Ganesh, PW1 and his father. The very presence of the cannula signs, uterine packing, and eyewitness accounts all conclusively place him at the centre of the treatment process. Another contention could be that he tried his best, and the death was inevitable. However, that contention is belied by the foregoing analysis – this was not an unforeseeable or unpreventable tragedy, but one contributed to by the mishandling of Jhholachhap Doctor. The law shields doctors from criminal liability for mere mistakes or unfortunate outcomes, *but it does not protect outright negligence that shows no regard for human life*. In the present case, the **degree of negligence is high**. Dr. Ganesh *knew* the risk to Neetu's life was great (any competent doctor but not Jhholachhap would know uncontrolled bleeding is often fatal), yet his actions fell far short of what was expected to mitigate that risk. This amounts to knowledge of the likelihood of death combined with a failure to act appropriately, which is synonymous with the mental element required for Section 304 Part II IPC.

Legal Provisions and Case Law

20. Before recording this Court's findings on guilt, it is pertinent to briefly recapitulate the relevant legal provisions and precedents that govern the issues in this case:

- **Section 498A IPC:** This section penalises a husband or relative of a husband for subjecting a married woman to "cruelty." Explanation (a) to the provision defines *cruelty* to include any willful conduct which is of such a nature as is likely to drive the woman to commit suicide or to cause grave injury or danger to her life, limb or health (whether mental or physical). Explanation (b) covers harassment with a view to coercing the woman or her relatives to meet unlawful demands (dowry). In assessing a charge under Section 498A, courts look for a **consistent pattern of abusive conduct** or a grave single incident, supported by reliable evidence, that endangered the wife's well-being. Mere petty domestic spat or unsupported allegations cannot sustain a conviction; there must be convincing proof of conduct so reprehensible that it would jeopardise the wife's life or health. In this case, the prosecution alleged physical cruelty by Ravindra (beating and starving his wife), which, if proved, could certainly amount to cruelty under Explanation (a) to Section 498A IPC. However, as analysed, the evidence fell short of the mark in proving these allegations beyond a reasonable doubt.
- **Section 304 IPC:** Section 304 IPC deals with *culpable homicide not amounting to murder*, and is divided into two parts. **Part I** applies when the act by which death is caused is done with the intention of causing death or of causing such bodily injury as is likely to cause death. **Part II** applies when the act is done with the knowledge that it is likely to cause death, but without any intention to cause death or such bodily injury as is likely to cause death. In the present case, there is no suggestion that Dr. Ganesh intended to cause Neetu's death – therefore Part I is not attracted. The prosecution's case squarely falls under **Section 304 Part II IPC**, which addresses situations where the accused caused death by an act that he knew was likely to cause death, albeit without intent to kill. Knowledge can be inferred from the circumstances; here, a trained doctor would undoubtedly know that grossly inadequate treatment of a life-threatening condition could result in the patient's demise. It is important to note that ordinarily, deaths caused by negligence are prosecuted under **Section 304A IPC** (causing death by a rash or negligent act), which carries a lesser punishment (up to two years imprisonment). The very framing of charge under Section 304 IPC in this case (rather than 304A) implies that the prosecution viewed Dr. Ganesh's negligence as more than a mere civil negligence, but rather as bordering on *culpable homicide* due to its egregious nature. Indian law has precedents where exceptionally high negligence, especially by professionals, has been treated as culpable homicide. For instance, in cases of reckless driving causing

fatalities or gross medical negligence, courts have on occasion upheld convictions under Section 304 Part II IPC when the offender had *knowledge* of the probable deadly consequences of their acts.

- Medical Negligence – Legal Standard:** The leading case of **Jacob Mathew v. State of Punjab** (supra) is the lodestar on criminal medical negligence. The Supreme Court in that case laid down specific guidelines to distinguish between negligence that is civil (or tortious) and that which is criminal. It emphasised that gross negligence or recklessness is essential for criminal liability. The Court approved the principle from *Andrews v. Director of Public Prosecutions*, [1937] A.C. 576, that “a very high degree of negligence is required to be proved” for a crime. It also recommended, as a matter of caution, that criminal complaints against doctors should be scrutinised by obtaining an independent medical opinion to ensure the accusation is not frivolous or unfair (though that is more a procedural safeguard). Another relevant precedent is [Dr. Suresh Gupta v. Govt. of NCT of Delhi AIR 2004 SUPREME COURT 4091](#), which was discussed in Jacob Mathew’s case. In *Dr. Suresh Gupta*, the Supreme Court had taken the view that for criminal liability under Section 304A, the negligence must be *gross*. Jacob Mathew, while clarifying that Section 304A itself does not use the word “gross,” essentially concurred that only if negligence is gross or aggravating should a criminal conviction ensue. In simpler terms, **an error or ordinary negligence by a doctor leads at most to civil liability for damages, but a crime is made out if the doctor’s conduct was outrageously deviant from expected standards and the doctor is not a doctor.**
- Applying these legal principles, the Court must carefully judge the conduct of Dr. Ganesh. If it finds that his acts were indeed so reckless or grossly negligent as to indicate a “**knowledge of the likelihood of death**” (even if not intent), a conviction under Section 304 Part II IPC is justified. Conversely, if his negligence were of a lesser degree, the appropriate conviction might only be under Section 304A of the IPC (a point moot here, since he is specifically charged under Section 304). On the evidence, as discussed, this Court is convinced that the higher threshold of *gross negligence* is met.

Findings

- 21. Point (1): Cruelty by Ravindra Singh – Not Proved.** The prosecution has not proved beyond a reasonable doubt that the accused Ravindra Singh subjected Smt. Neetu to cruelty within the meaning of Section 498A IPC. While there were allegations of ill-treatment and a specific claim that he assaulted her on 8/9 December 2023, these allegations falter in light of the inconsistent and uncorroborated evidence. The star witness, PW1 (the couple’s son), did not support the charge and, to the contrary, gave testimony exonerating his father from the incident. No medical or independent evidence substantiates that Neetu suffered any injury from a beating; the cause of death was

natural (haemorrhage) and not linked to any physical trauma. Thus, the benefit of doubt must be given to Ravindra. He is found **not guilty** under Section 498A IPC.

22. Point (2): Negligence by Dr. Ganesh causing death - Proved. The evidence firmly establishes that Smt. Neetu died due to massive bleeding during childbirth, and the accused Dr. Ganesh was the doctor in charge of her care at the crucial time. It is further established that his handling of the emergency was grossly negligent. The lack of timely referral, the absence of adequate measures to stabilise the patient, and the generally reckless course of treatment deviated so far from the standard expected of a reasonable medical professional that it demonstrated a **culpable disregard for the patient's life**. In legal terms, Dr. Ganesh committed an act of omission with the knowledge that it was imminently dangerous and likely to cause death, although without any intention to cause death, thereby fulfilling the ingredients of *culpable homicide not amounting to murder*, punishable under Section 304 Part II IPC. In reaching this finding, the Court has kept in view the high threshold for criminal negligence laid down in *Jacob Mathew* and finds that this threshold is met on the facts of this case. Accused Dr. Ganesh is accordingly found **guilty** under Section 304 IPC (Part II).

23. Point (3): Guilt of the Accused - Conclusions. In view of the foregoing discussion, the Court concludes that the prosecution has failed to prove any offence against the accused Ravindra Singh, who is acquitted of all charges. The prosecution has succeeded in proving the charge against the accused, Dr. Ganesh, under Section 304 IPC to the requisite standard of beyond a reasonable doubt. There is no evidence of any common intention or conspiracy between Ravindra and Dr. Ganesh; the roles were independent - one alleged of domestic cruelty (not proved) and the other of criminal culpability of homicide (proved).

Final Order

24. Acquittal of Accused No.1 (Ravindra Singh): Accused *Ravindra Singh* is found **not guilty** of the offence under Section 498A IPC. He is hereby **acquitted** of the charge under Section 498A IPC, in terms of Section 235(1) of the CrPC. He is on bail. His bail bonds are cancelled and sureties discharged.

25. Conviction of Accused No.2 (Dr. Ganesh): Accused *Dr. Ganesh* is found **guilty** of the offence punishable under Section 304 IPC (Part II) for causing the death of Smt. Neetu. He is accordingly **convicted** under Section 304, Part II, IPC, following Section 235(2) of the CrPC.

26. The bail of the convict Dr. Ganesh was refused by this Court as well as the Hon'ble High Court of Judicature at Allahabad, and he has been in jail since the beginning.

Sentence hearing: Since the offence under Section 304 Part II of the IPC is punishable with imprisonment that may extend to ten years,

this Court deems it appropriate to hold a separate hearing on the question of sentence, as required by law. The matter is posted to tomorrow (July 17, 2025) for sentencing arguments.

Date: July 16, 2025

(Shri Chandroday Kumar)

Sessions Judge, Kannauj

July 17, 2025

Dr. Ganesh, the convict, along with their legal counsel, appeared in court. I have heard regarding the quantum of punishment.

The convict, Dr. Ganesh, has stated that this is their first offence and that he has no prior or subsequent criminal history. He is the sole breadwinner and bears responsibilities toward his family. He is ready to compensate the affected victim/victims. He also prayed for leniency in imprisonment, seeking probation. Appreciation Certificates for teaching by Convict Dr. Ganesh in the jail premises have been produced.

The learned District Government Counsel (Criminal) submitted that the convict was responsible for an offence of culpable homicide not amounting to murder of the complainant's daughter, Neetu Yadav, and should receive the maximum punishment to convey a stern message to society.

After considering all mitigating and aggravating factors, along with the facts and circumstances of the case, I am of the considered view that upon conviction under Section 304(II) of the Indian Penal Code, the appropriate punishment for Dr. Ganesh shall be a sentence of three years of rigorous imprisonment instead of five years. Considering the nature and severity of the case, the plea for probation is rejected. **It is also ordered that the convict, Dr. Ganesh, shall pay Rs. 1000000 (ten lacs) as compensation under section 357 (3) of the CrPC.** This amount shall be deposited with the District Legal Services Authority, which in turn shall be deposited up to the term of majority in the name of the girl child who was born just before the incident. The above awarded compensation amount shall be adjusted in the Civil Suit for Compensation, if any. This punishment and compensation would serve the ends of justice.

ORDER

Upon conviction under Section 304(II) of the IPC in Case Crime No. 661 of 2023, Police Station Saurikh, District Kannauj, Dr. Ganesh, is sentenced to three years' rigorous imprisonment and a compensation of Rs. 1000000 (ten lac rupees). If he fails to pay the compensation, he shall serve an additional two-year prison term.

The period spent in jail shall be deducted from the above sentence. A conviction warrant shall be prepared, and the convict will be sent to prison to serve his sentence.

A copy of this judgment shall be given free of cost to the accused, the Secretary DLSA, Kannauj and the District Magistrate under Section 365 CrPC. The case is disposed of accordingly.

Signed, dated and pronounced in open court on this 17th day of July, 2025.

(Shri Chandroday Kumar)

Sessions Judge, Kannauj.