



Comparative Study of Medical Error Legislation in the League of Arab States (LAS) – A proposal to Unify Medical error definition and its liability Legislations

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ABSTRACT

BACKGROUND

The concept of unifying medical error legislation offers multiple potential benefits to the League of Arab States (LAS).

METHODS

This descriptive study examined LAS medical error legislation to highlight the current state of medical error legislation principles and proposes an approach that member states of the LAS could leverage to unify their regulations governing medical error.

RESULT

Among LAS countries, only 15 out of 22 (68%) had a specific medical liability law and only 12 of them (54%) defined medical error. The Civil and Penal Code was applied in 4 countries (18%) while information could not be found for 3 countries (13.6%).

CONCLUSION

The study recommends that LAS countries undertake medical error legislation reform to unify the definition, restrict criminal liability for actions prohibited by law, and limit medical error liability to corrective disciplinary and civil penalties (award), which will reflect positively in the healthcare system and practice of medicine.

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SUBMITTED: 23 APRIL 2026

ACCEPTED: 2 MAY 2026

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PUBLISHED BY NEW HEALTH CONCEPT

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How to cite this paper? Almemari A, Alshehri A. Comparative Study of Medical Error Legislation in the League of Arab States (LAS) – A proposal to Unify Medical error definition and its liability Legislations. *Panorama of Emergency Medicine*. 2026,4(1)

<https://doi.org/10.26738/poem.v4i1.13>

BACKGROUND

The League of Arab States (LAS) was established in 1945 to enhance mutual collaboration in economics, communication, peace, culture, social welfare, and health [1]. The organization includes 22 countries as member states from the Middle East and North Africa with similar legislative backgrounds. They applied the Ottoman Empire's "Kanun," which stems from Sharia (Hanafi school of Islam - Madhhab Hanifah), mandated by the Ottoman Empire when it was under its jurisdiction. The codes were compiled into 16 books and published as one journal, known as MAJALLA AL AHKAM AL ADALIYYAH - The Ottoman Courts Manual [2]. However, during the twentieth century and in the aftermath of World War I, Egypt took the lead in developing its system of codified law. Subsequently, numerous other countries in the Arab region followed suit and embarked on the path of legal development. Many of these nations drew inspiration from Egypt's legal framework, which was initially derived from the French legal system, while also incorporating the principles of Sharia [2]. Medical Liability Law is a specific subset of civil law that outlines standards for medical practice and addresses professional negligence or deviation from the standard of care, resulting in injury or damage to the patient. It also outlines penalties for failing to comply with the law [3]. Healthcare services vary among LAS countries; however, they are evolving and developing in most jurisdictions [4].

The Council of Arab Health Ministers was established in Cairo in 1975, with the primary objective of coordinating efforts to enhance healthcare services throughout the Arab world. The council aimed to foster collaboration in research, seeking unified solutions that would benefit the entire Arab region. Medical malpractice is defined as any commission or omission by a healthcare provider during management of a patient that deviates from accepted norms of practice and causes an injury to the patient, and internationally, it is addressed under the tort principle [3]. However, it is essential to note that medical error is the term used in all LAS countries to reflect medical malpractice. The definition of medical error, procedures for filing complaints, and penalties stipulated for committing medical errors that result in patient injury (medical malpractice) vary among countries within the Arab world. While all these countries uphold Sharia principles when formulating their laws, disparities arise when doctors from different Arab nations discuss medical liability of medical error and express concerns regarding the application of best practices, particularly fearing litigation when caring for high-risk patients where decisions are taken rapidly and under uncertainty, such as acute and emergency care. In these settings, the legal definition of medical error and liability may directly influence physicians' willingness to act, assume risk, or initiate invasive but potentially life-saving

interventions. Therefore; taking decisions urgency and time of contact with patients in consideration when assessing medical error is of important value which align with reasonable person standard theory rather than best care standard which is used for clinical trials, research and quality improvement purposes [5].

Overall, there is a prevalent fear of legal repercussions if patient outcomes are unfavorable. This descriptive study aims to compare the existing medical liability legislation for medical error across all LAS countries, outline the current state, and propose a set of unified medical liability of medical error principles that can be universally applied throughout the LAS countries.

METHODS

A descriptive comparative legal analysis to compare the medical liability of medical error legislation across the LAS countries. The study aims to examine the legislation of LAS countries regarding the following criteria: the existence of specific medical liability laws, the definition of medical error, the legal responsibility applied to medical errors, the process of medical error litigation, penalties stipulated for medical errors, and the presence of a statute of limitations. A comprehensive web search was conducted to identify the medical liability legislation of each LAS country. The study authors conducted web searches in April-June 2023 for medical liability legislation in English and Arabic. A second search was conducted in March 2025 to identify any new legislation enacted since the initial search. The following keywords were used: medical liability Law, Health Law, medical error definition, medical malpractice, and medical negligence. To ensure a thorough understanding of the subject, the study authors reviewed published research papers and law school theses that delved into medical liability within each country. When the information was unclear, the study authors consulted practicing physicians in specific countries for legislative insights; their expertise and firsthand experience helped verify and supplement our search findings. The study primary data sources (official legislative and regulatory texts) and secondary sources (interpretative legal papers) analysis followed a functional comparative legal approach, focusing on how different legal systems regulate similar issues related to medical error and professional liability.

RESULTS

Among LAS countries, only 15 out of 22 (68%) had a specific medical liability law and only 12 of them (54%) defined medical error. The Civil and Penal Code was applied in 4 out of 22 (18%) countries when medical error occur. Information was not available on 3 out of 22 (13.6%) countries. Data was extracted and summarized

in five tables in an intention to provide a comparative analytical overview of legislative approaches rather than an exhaustive codification of national legal systems. [Table 1] provides an overview of the medical liability legislation across all 22 LAS countries. It indicates whether each country has a specific Medical Liability Law, along with the dates of issuance and the presence or absence of a specific definition of medical error. Additionally, it indicates whether the Civil or Penal Code is used to address medical errors in countries that lack specialized legislation. This was extracted from published literature about medical error litigation in these countries. Regarding the definition of medical error, some countries briefly mentioned it, while others explicitly outlined it. However, across all countries, the concept of negligence formed the basis for defining medical errors. A few countries provided further details by specifying the actions considered negligent. [Table 2] lists the definitions of medical errors, and the penalties stipulated for medical errors in countries with specific medical liability laws. In nearly all countries, criminal and civil penalties were mandated for medical errors. Disciplinary penalties were stipulated in some of the medical liability laws examined however not in details as likely it is addressed in regulations governing practicing medicine and licensing in each country [Table 2]. Regarding the medical error litigation process, only 9 out of 22 (40%) countries prohibit the arrest of the healthcare provider or interrogation by the prosecutor for a claim regarding a medical error or professional misconduct before a professional committee examines the allegation and confirms the occurrence of the medical error, [Table 3] list the Arab countries that have these specific legislations in this regard as well as the specific article from the medical liability Law. Only 3 out of 22 countries (13.6%) have a statute of limitation for medical error litigation mentioned and specified; the rest did not mention it and, hence, applied the general civil law principles which is 3 years since knowing the medical error or 15-years from the event occurrence, [Table 4], lists the countries that have specific statutes of limitation for medical error litigation, with noting Kingdom of Saudi Arabia stipulated statute of limitation on the public criminal action 1 year from the knowledge of the medical error however the civil liability will be following the general civil Law principles. Finally, 3 out of 22 countries (13.6%) mandate the establishment of a registry for medical error claims, including final judicial rulings to facilitate research and inform legislation improvement [Table 5].

DISCUSSION

The study discussion focused on the elements of the comparative study conducted, which are the existence of specific medical liability law, the definition of medical error, the legal responsibility applied to medical error,

the process of medical error litigation, and the penalty stipulated on medical error, in addition to the presence of a statute of limitations and presence of medical error registry.

EXISTENCE OF SPECIFIC MEDICAL LIABILITY LAW

Upon reviewing the medical liability legislation in the LAS countries, it was observed that many countries still lack specific laws to address medical liability, instead relying on civil and penal codes to handle allegations of medical error. There are two internationally recognized legal systems: the Civil Law and the Common Law. Traditionally, the literature describes customary and religious legal systems; however, these are rarely standalone and are usually integrated within the civil law system, which can then be referred to as a hybrid legal system. The LAS countries can be described as hybrid, as they adopt the Civil Law system in addition to applying Sharia principles to both civil and criminal legal frameworks [14]. The Civil Law system stems back to the Roman Empire and developed in Europe, the Ottoman Empire, and most of the world except North America and Britain. It is based on several theories and principles, one of which is legal positivism, which states that Law is a set of rules and norms set by the legislator [15, 16]. Then, the systematization of legislation theory, where similar law rules are consolidated in a specific code, becomes the primary source of legislation and paves the way for its implementation, guiding legal policies in that field [17]. The third principle of the civil legal system is that it is an inquisitorial system based on extensive pre-trial investigations to ascertain the truth where the judge is empowered to oversee the investigation and interrogation process. Such principles ensure that innocent people are not brought to trial [18]. In the civil legal system, the Civil Code is considered the primary source of legislation where general principles are laid out and referred to whether the case is civil or criminal. The civil code can be supplemented by specialized statutes such as consumer protection law, labor law, and medical liability law [19]. Having special statutes provides clear and specific definitions of terminology, which enhances legal certainty when adapting legal principles to the subject. In addition, specialized statutes offer a deeper understanding of the legal principles pertinent to the field, as penalties are tailored to enhance the field and address its challenges. Lastly, it may lead to increased efficiency in the judicial process, as all sets of rules are consolidated into a single statute [20].

THE DEFINITION OF MEDICAL ERROR

Few LAS countries that had medical liability laws did not define medical error. LAS countries that had definitions of medical error, it was noted that all of them were based on the concept of negligence; some countries provided detailed descriptions of acts or omissions that constitute negligence, while others

offered a more general definition. In addition, in Law a person is liable for negligent act only if it results in damages (Tort) and a causation relationship between the act and the damage can be established. When examining medical error definitions in LAS countries, some included damages in the definition while others focused on describing negligence and did not mention that it must cause damage to the patient which can be confusing to medical liability experts when assessing presence or absence of medical error from legal point of view [21]. Overall, medical liability in LAS countries is viewed under 'Tort' rather than contract liability principles. In Legal literature "Tort" is defined as an act of civil wrong done to another violating a protected right and resulting in damage or harm [22]. Adhering to Tort principle when addressing medical errors is consistent with most of the international legislation except for France, which shifted from tort principle to contractual liability in 1936. However, in 2002 patient rights law changed from contractually based liability to a specific independent legal regime structured as a combination of both Tort principle and contract [23]. The LAS countries share similar religious and cultural backgrounds, which effectively unify their understanding of errors in general, as well as the consequent legal liability and penalties for individuals who commit an error. Therefore, having a unified definition of medical error is possible and helpful in easing communication among healthcare professionals and policymakers, as no internationally agreed-upon definition currently exists [3, 24]. The United States Institute of Medicine defined medical error as "the failure of a planned action to be completed as intended or the use of an incorrect plan to achieve an aim". Therefore, it is a failure, not necessarily due to negligence. However, realizing that despite being diligent, humans are error-prone and, hence, may still fail to enact a concise plan or that the plan itself may not be the most optimal for that patient [25, 26]. Not all medical errors in the United States warrant legal litigation, only medical malpractice, in another word, all medical malpractice involve medical error, but not all medical error are medical malpractice [3]. The definition of medical error in the United States aligns with the Islamic Fiqh of fault, which is "an act that, through ignorance, deficiency, or accident, departs from or fails to achieve what should be done", referred to as "Galat, or Gala6, غلط" and scholar Ibn Manthoor called it "Mistake" [27, 28, 29]. On the other hand, Negligence based error or fault (medical malpractice in USA) (referred to as "Khatt'a", خطأ in Arabic) is defined as "an error or defect in judgment or conduct that deviates from prudence or duty due to inattention, incapacity, perversity, bad faith, or mismanagement and may result in harm to another person and may be intentional or negligent." [26]. Therefore, LAS countries need to establish two definitions one of "Galat, or

Gala6, غلط" which is errors that occurs even when utmost care and diligence are exercised yet harm may occur despite taking all necessary precautions to prevent it which must be investigated at hospital or system level to improve quality of medical care provided and hold no legal liability. The second definition is of "Khatt'a", خطأ which is a fault that is the result of negligence and a breach of the duty of care, and result in hard and necessitate legal liability. Hence, the use of "medical fault" as Englis term (خطأ طبي) is more accurate to reflect negligence-based medical malpractice than "medical error." (غلط طبي). It is essential to accurately define these two definitions as one implies legal liability while the other does not, as not doing so can hinder the provision of necessary care due to fears of litigation. For instance, in emergency medicine, physicians frequently make rapid decisions under conditions of incomplete information. In such contexts, overlooking a diagnosis when clinical picture is unclear or previous patient data (history) may not be available or decisions are made under service and time pressure may be miss interpreted as medical error where in reality its explained by "reasonable person standard" for any physician working under similar circumstances that day, therefore emphasis on reasonable person standard which account for time pressure or clinical uncertainty of decision making in the Emergency Department or the Operating Room need to be clarified in the medical error definition or the medical liability Law illustrative document that follows . This illustrates how legal frameworks governing medical error may have unintentional practical consequences on clinical behavior, risk-taking, and ultimately patient safety if not detailed and clarified. Perhaps another approach might be to drop the medical error terminology and use the Kuwait approach of defining when physician is legally liable which include deviation from standard of care and neglecant which is like the United State approach where they use (medical malpractice) as a term rather than medical error.

THE LEGAL RESPONSIBILITY APPLIED TO MEDICAL ERROR

Regarding legal responsibilities and penalties for medical error, all LAS countries impose civil, criminal, and administrative penalties on healthcare providers found to be negligent. The criminal liability of medical professionals for medical errors dates to ancient times, when the medical profession was not yet fully established. Doctors were often viewed with suspicion, likened to witches or individuals with malevolent intentions rather than being regarded as healers [30]. Punishment in the penal code is based on two philosophical theories, utilitarian and retributive theories. According to utilitarian theories, punishment is justified by its deterrence of criminal behavior and by its other beneficial consequences for both individuals and society. According to the utilitarian theory, criminal acts are penalized and punished to deter individuals

and the community from committing crimes, thereby protecting society [31]. This does not apply to medical errors, as penalizing professionals who commit medical errors while caring for and serving patients holds no benefit to the patient, the community, or the healthcare practice. Indeed, it may be harmful to the community, as healthcare providers may be deterred from taking calculated risks in managing patients [32, 33]. The retributive theory involves three criteria, all of which must be met; first, a person may be punished only if the wrong act is voluntary. Second, the punishment must be equal to the damage caused, and third, the punishment must be justified on moral and just grounds [34]. Therefore, retributive theory also cannot justify punishment for medical error, given that it is not voluntary, nor is it moral or justifiable. In addition, two basic principles in criminal law do not apply to criminalizing medical errors, which are the “benefit of doubt” rule and the “acquittance is the rule.” The “benefit of the doubt” is a cornerstone of criminal law and necessitates that if reasonable doubt exists regarding the guilt of the accused (the healthcare professional), they should be accorded the benefit of that doubt and not deemed guilty as it must be proven that the accused is guilty “beyond all reasonable doubts”, in addition, the burden of proof is on the prosecution and the plaintiff not on the accused [35]. This, coupled with the legal principle that states “acquittance is the rule,” makes it challenging to criminalize medical errors. First, determining negligence is often subjective; thus, medical experts and professional committees cannot confirm whether negligence occurred solely based on objective evidence but rather through indirect signs. In addition, negligence is not exclusively the responsibility of the individual; there are indeed many confounding factors that may contribute to healthcare provider negligence, such as long working hours, working during non-social hours, inadequate administrative support processes, and a lack of social or collegial support. Therefore, imposing criminal liability on medical errors requires examination by LAS countries considering addressing medical errors under tort principle and sparing criminal penalties for healthcare professionals on actions that they are explicitly prohibited from undertaking, such as practicing without a license, performing illegal abortions, assisting patients to die, or facilitating the misuse of controlled drugs and other similar prohibited actions [36]. On the other hand focusing on compensating patients for the damage they suffer via valuable Civil Award to help them recover the damage if possible or manage it, is more beneficial for the patient and their families than punishing the healthcare professional criminally [25]. Additionally, the imposition of appropriate corrective disciplinary penalties will ensure that healthcare professionals are deterred from negligence [37]. By focusing on system-level and individual-level improvements rather than punitive measures against healthcare providers, the

system can avoid negative consequences that may discourage doctors from managing high-risk patients or offering alternative treatment options that may have benefits not commonly recognized [27]. Conclusively, whether we consider the utilitarian or retributive theory or consider basic criminal law principles, “the benefit of doubt” rule and the “acquittance is the rule,” it is found that criminally charging a healthcare professional neither serves the public nor the patient nor the healthcare provider [28].

THE PROCESS OF MEDICAL ERROR LITIGATION

The process of medical error litigation across LAS countries is diverse. Only 9 of the 22 countries with medical liability-specific legislation state that physicians can't be brought to court except after a medical error is proven by the medical committee's final report (Table 3). The UAE Medical Liability Law explicitly describes the process where the claim investigation is purely administrative, with a professional medical liability committee investigating the claim to determine if a medical error occurred. Both parties, the claimant and the defendant, have 30 days to appeal, and afterward, another independent committee (the higher committee of medical liability) re-investigates the case and issues their decision administratively; their decision counts as final where if no medical error is found, claimant can't file a case in court. In many LAS countries, where the medical malpractice litigation process is not outlined in law, patients can approach a prosecutor to file a claim, and the prosecution initiates an investigation involving healthcare workers before the medical error is proven. The role of the professional committee only comes into play once the case is referred to the court. During the process of prosecution investigations, healthcare professionals may be detained for days or weeks, which can be demoralizing to both the healthcare worker under investigation and their colleagues, as well as to the healthcare community in the perspective country, especially if the care provided meets the standards of care. Such harsh criminal investigation processes may harm medical practice, as doctors may be deterred from taking risks in managing high-risk patients, fearing criminal charges if complications arise [38]. Here is another area of medical liability reform for LAS countries which is preventing any prosecution or judicial litigation or investigation prior to confirming medical errors that necessitate legal liability.

THE PRESENCE OF A STATUTE OF LIMITATIONS

Out of all the LAS countries' legislations reviewed, only Saudi Arabia, Tunisia and Palestine have explicitly stipulated a statute of limitations for medical error litigation. The absence of such a provision leaves the timeframe open for up to 15 years, according to standard rules of civil law. However, this extended timeframe becomes increasingly unrealistic over time

due to the rapid advancement and changing standards of care, diagnostic methods, and treatment modalities. Implementing a statute of limitations would ensure a more realistic and fair approach to addressing medical error claims within a reasonable timeframe [3, 39]. In addition, the longer the time frame, the more difficult it is to perform robust investigations as most hospitals keep records for up to 5 years only; hence, evidence might be lacking if investigations are conducted on incidents that occurred longer than 3-5 years [40, 41].

RECOMMENDATIONS

Based on the comparison conducted, the review and analysis of current legislation regarding LAS Medical Liability of medical errors, the study suggests the following six legislative reform initiatives:

1- To Consider adopting two definitions of medical error, one that is negligence based and imply legal liability, and another that is not negligent based and does not imply legal liability. They can consider using the term "fault" instead of error for negligence based medical error and call it (medical fault) "Khatt'a" (a medical error that infers legal liability, ie; medical malpractice) and use the term "Galat" medical errors which is ignorance-based and can occur despite exercising due diligence and does not imply legal liability.

2- To provide an objective description of actions that will be considered negligence.

3- To establish a unified framework for non-criminal liability of negligence-based medical error, reserving criminal liability for acts explicitly prohibited by law such as non-medical abortion, euthanasia, refusal to treat a patient in case of emergency and other similar actions.

4- To adopt a unified statute of limitations to ensure a reasonable timeframe for medical error litigation.

5- To create a centralized database within the LAS that records all medical error litigations, which can be utilized for research and educational purposes, promoting knowledge sharing and improving the healthcare system collectively.

STRENGTHS AND LIMITATIONS

The research methodology stands out as the first comprehensive examination of medical liability legislation in the LAS countries. The proposal put

forward, encompassing a unified definition of medical error, consistent principles for penalties, and other essential considerations, is poised to foster collaboration and improve healthcare provision among these nations. It is crucial to acknowledge the study's limitations. This research did not address administrative, disciplinary, and restorative aspects of medical error in detail, and we suggest these as areas for future research. This research heavily relied on online searches and the insights gathered from the authors' network of colleagues practicing in different Arab countries. Consequently, the most up-to-date medical liability legislation, as well as any updates that may not have been published online, may have been missed and not included. While formal communication with each country's Ministry of Health could have provided more accurate information, the time constraints and logistical complexities led the authors to opt for an initial online review. Future studies are needed to build upon this groundwork, potentially led or facilitated by the Arab Health Council, to ensure a more robust and comprehensive exploration of medical liability in the LAS countries.

CONCLUSION

The League of Arab States shares a common cultural and legal background, presenting an opportunity for harmonizing medical liability legislation related to medical errors. By adopting a unified definition of medical error, applying civil and disciplinary non-criminal penalties, and establishing a unified statute of limitations in addition to other reform initiatives, these countries can positively impact their healthcare systems. Lastly, the study proposes that this review be conducted with the support of the Arab Healthcare Council to ensure the participation of all countries and achieve a comprehensive and accurate understanding of medical liability related to medical errors across the League of Arab States.

LIST OF ABBREVIATIONS

LAS : League of Arab States

KEYWORDS

LEAGUE OF ARAB STATES, MEDICAL ERROR, MEDICAL FAULT, MEDICAL MALPRACTICE, MEDICAL LIABILITY, CIVIL VERSUS CRIMINAL LIABILITY, UNIFIED MEDICAL MALPRACTICE LEGISLATION

TABLE 1 - Medical liability Legislations in LAS Countries

<i>Country</i>	<i>Specific Medical Liability Law</i>	<i>Year published</i>	<i>Law used to address medical liability</i>	<i>Defined medical error</i>
<i>Algeria</i>	Yes	2018	Health Law [6]	Yes
<i>Bahrain</i>	Yes	1989	Decree-Law No. (7) for the year 1989 On the practice of medicine and dentistry [7]	Yes
<i>Comoros</i>	There is no information	There is no information	There is no information	There is no information
<i>Djibouti</i>	There is no information	There is no information	There is no information	There is no information
<i>Egypt</i>	Yes	2025	Law No. 13 of 2025 Promulgating the Law Regulating Medical Liability and Patient Safety	Yes
<i>Iraq</i>	No	NA	Civil Law	No
<i>Jordan</i>	Yes	2018	Medical and Health Liability Law no. (25) of (2018)	Yes
<i>Kuwait</i>	Yes	2020	Kuwait Law No. 70/2020 On the Practice of the Medical and Paramedical Professions, the Rights of Patients and Health Facilities [8, p. 70]	Yes
<i>Lebanon</i>	Yes	1994	Law no. 240 dated October 22, 2012 Amending Law No. 288 of February 22, 1994. Code of Medical Ethics [9]	Yes
<i>Libya</i>	Yes	1986	“Act on Medical Responsibility” or Act 17 for the year 1986”[10]	Yes
<i>Morocco</i>	No	NA	Civil and Penal Code	No
<i>Mauritania</i>	No	NA	Civil and Penal Code	No
<i>Oman</i>	Yes	2019	Royal Decree No. 75/2019 on the promulgation of Law on Practising Medicine and Auxiliary Medical Professions [11]	Yes
<i>Palestine</i>	Yes	2018	Law by Decree on Medical and Health Protection and Safety No. 31 of 2018	Yes
<i>Qatar</i>	Yes	1983	Law No. 2 of 1983 with respect to the Practice of the Profession of Medicine and Dental Medicine and Surgery 2 /1983	Yes
<i>Saudi Arabia</i>	Yes	2005	Law of Practicing Healthcare Professions. Royal Decree No. M/59 dated 04/11/1426H and its implementing regulation issued by the ministerial resolution No. 4080489 dated 12/01/1439H.	Yes
<i>Somalia</i>	There is no information	There is no information	There is no information	There is no information
<i>Sudan</i>	No	NA	Civil and Penal Code	No
<i>Syria</i>	Yes	1970	Legislative Decree No. 12 of 1970 concerning the Practice of Medical Professions in the Syrian Arab Republic.	No
<i>Tunisia</i>	Yes	2024	Law No. 32 of 2024, dated 19 June 2024, concerning the Rights of Healthcare Service Beneficiaries and Medical Liability.	Yes
<i>UAE</i>	Yes	2016 / 2019	Federal Decree-Law No. (4) of 2016 on Medical Liability [12]	Yes
<i>Yemen</i>	No	NA	Civil Law	No

TABLE 2 - Medical error definition and penalty in LAS countries

Country	Definition of medical error	Penalty of medical error
<p><i>Algeria</i></p>	<p>Article 353 "Any proven medical error or fault, following an expert assessment, that may involve the liability of the healthcare facility and/ or the medical practitioner or healthcare professional, committed in the course of their duties, which affects the physical integrity or health of the patient, causes permanent disability, endangers life, or results in the death of a person, shall result in the application of the sanctions provided for by the legislation and regulations in force."</p>	<p>Public Health Law of 2018 – Article (413): Except in cases of justified medical necessity, any healthcare professional shall be punished in accordance with the provisions of Articles (288), (289), and (442), paragraph (2), of the Penal Code, for any proven act of negligence or professional error committed in the course of, or in connection with, the performance of their duties, which causes harm to the physical integrity or health of any person, results in permanent disability, endangers life, or causes death. Referred Provisions of the Algerian Penal Code Section Three Unintentional Homicide and Unintentional Injury** Article (288): Any person who unintentionally causes death, or contributes thereto, through recklessness, lack of precaution, lack of attention, negligence, or failure to observe regulations, shall be punished by imprisonment for a term of not less than six (6) months and not more than three (3) years, and by a fine of 1,000 to 20,000 Algerian dinars. Article (289): Where recklessness or lack of precaution results in injury, wounding, or illness causing total incapacity for work for a period exceeding three (3) months, the offender shall be punished by imprisonment for a term of not less than two (2) months and not more than two (2) years, and by a fine of 500 to 15,000 Algerian dinars, or by either of these penalties. Article (442) (as amended): The penalty shall be imprisonment for a term of not less than ten (10) days and not more than two (2) months, and a fine of 8,000 to 16,000 Algerian dinars, for: (2) Any person who unintentionally causes wounds, injury, or illness that does not result in total incapacity for work exceeding three (3) months, whether such act arises from recklessness, lack of precaution, lack of attention, negligence, or failure to comply with regulations.</p>
<p><i>Bahrain</i></p>	<p>Article 27 "The doctor shall not be responsible for the condition reached by the patient, if it is found that he has done the necessary care, and resort to all means that can be in such circumstances to diagnose the disease and treat the patient, but is responsible in the following cases: A - If he commits an error that caused the injury to the patient as a result of ignorance of technical or practical matters that are supposed to be known to each physician. B - If the patient is harmed as a result of the doctor's negligence or lack of care. C - If the physician conducted experiments or scientific research on the patients not approved by the Ministry of Health, and resulted in that damage them. The Committee provided for in Article 5 of this Law shall be responsible for determining the occurrence of the errors referred to.</p>	<p>Penal Code – Provisions That May Apply to Offenses Affecting Human Life and Bodily Integrity Article (336): Any person who assaults the bodily integrity of another by any means, without intending to cause death, but whose act results in death, shall be punished by imprisonment for a term not exceeding seven (7) years. Where any of the aggravating circumstances set forth in paragraph (2) of Article (333) are present, such circumstance shall be deemed an aggravating factor. The commission of the act by the offender while under the influence of intoxication or narcotic substances shall also constitute an aggravating circumstance, without prejudice to the provisions of the final paragraph of Article (34). Article (337): Any person who unintentionally causes a permanent disability shall be punished by imprisonment for a term not exceeding seven (7) years. Where any of the aggravating circumstances set forth in paragraph (2) of Article (333) are present, such circumstance shall be deemed aggravating. A permanent disability shall be deemed to exist where the injury results in the severance or amputation of a limb, the loss of its function, or the total or partial permanent impairment of one of the senses. Any bodily disfigurement that is not likely to heal shall be deemed equivalent to a permanent disability. Article (338): Any person who assaults the bodily integrity of another by any means and whose act results in a permanent disability, without intending to cause such disability, shall be punished by imprisonment for a term not exceeding five (5) years. The penalty shall be imprisonment for a term not exceeding ten (10) years where any of the aggravating circumstances set forth in paragraph (2) of Article (333) are present, or where the act is committed while the offender is under the influence of intoxication or narcotic substances, without prejudice to the provisions of the final paragraph of Article (34). Article (339): Any person who assaults the bodily integrity of another by any means, thereby causing illness or incapacity from performing personal activities for a period exceeding twenty (20) days, shall be punished by imprisonment or a fine. Where the consequences of the assault do not reach the degree of gravity specified in the preceding paragraph, the penalty shall be imprisonment for a term not exceeding one (1) year or a fine not exceeding one hundred (100) dinars. If the assault on a person's body results in an injury leading to miscarriage, such consequence shall constitute an aggravating circumstance.</p>

<p><i>Egypt</i></p>	<p>Article (1) Medical Error: An act committed by a healthcare service provider, or a failure to perform a medical act that they are legally obligated to undertake pursuant to the provisions of this Law or other laws regulating the profession, or an act that is inconsistent with established scientific principles, or with the professional ethics and customs governing medical professions as issued in accordance with the laws regulating the relevant professional syndicates or the professional codes of ethics issued by the Egyptian Health Council, as applicable. Gross Medical Error: A medical error that reaches a level of gravity such that the resulting harm is certain. This includes, in particular, committing a medical error while under the influence of alcohol, narcotics, or other psychoactive substances; failing to provide assistance to the person affected by the medical error or to seek assistance for them despite having the capacity to do so at the time of the incident; or practicing the profession in multiple fields outside one's scope of specialization in non-emergency situations.</p>	<p>Article (28): Any person who commits a medical error that results in proven harm to the recipient of the medical service shall be punished by a fine of not less than ten thousand (10,000) Egyptian pounds and not exceeding one hundred thousand (100,000) Egyptian pounds. The penalty shall be imprisonment for a term of not less than one (1) year and not exceeding five (5) years, and a fine of not less than five hundred thousand (500,000) Egyptian pounds and not exceeding two million (2,000,000) Egyptian pounds, or either of these two penalties, if the offense is committed as a result of gross medical error.</p>
<p><i>Jordan</i></p>	<p>An act or omission, which does not correspond to the standard professional rules resulting in harm to the patient.</p>	<p>Without prejudice to any more severe penalty stipulated in any other legislation: (a) Any person who violates the provisions of Article (7) and paragraphs (a), (c), (d), (e), (f), and (g) of Article (8) of this Law shall be punished by a fine of not less than three thousand (3,000) dinars and not exceeding five thousand (5,000) dinars. Legal scholarship has consistently held that, in such cases, the Penal Code is applicable with respect to offenses affecting bodily integrity, as well as acts of fault and negligence.</p>
<p><i>Kuwait</i></p>	<p>The physician shall be liable in the following cases: 1- If he/she commits an error as a result of breaching or ignorance of the proven medical technical standards and basic rules of medicine, or negligence in implementing them. 2- If he/ she conducts research, experiments or applications on the patient's body that he/she is not authorized to perform by the competent authority in the Ministry, or without obtaining the patient's prior and explicit written consent. 3- If it is proven that the physician neglected or failed to provide the necessary care and follow-up of the patient's health condition and treatment. 4- If he/she performs any medical work on a patient in violation of the regulatory decisions issued by the Ministry in this regard.</p>	<p>Article (75) of the Medical Liability Law of 2020 provides as follows: Any person licensed to practice the profession who is found to have violated the provisions of this Law, or the regulations or decisions issued in implementation thereof, shall be subject to the following disciplinary sanctions: 1. Reprimand. 2. Warning. 3. Imposition of financial penalties commensurate with the gravity of the violation, not exceeding one thousand (1,000) dinars and not less than one hundred (100) dinars. 4. Temporary suspension of the license to practice the profession for a period not exceeding one (1) year. 5. Revocation or withdrawal of the license to practice the profession. The holder of a license for a healthcare facility, as well as any director or responsible official thereof, shall be subject—upon proof of violation of the provisions of this Law or the regulations or decisions issued in implementation thereof—to the following disciplinary sanctions: 1. Reprimand. 2. Warning. 3. Imposition of financial penalties commensurate with the gravity of the violation, not exceeding five thousand (5,000) dinars and not less than five hundred (500) dinars. 4. Temporary total or partial administrative closure for a period not exceeding one (1) year. 5. Final administrative closure and revocation or withdrawal of the facility's license. In all cases mentioned in this Article—except for closure and revocation of the license—any healthcare practitioner, healthcare facility license holder, or its director who commits a violation shall be required to cease the infringing activity or remove its effects, as appropriate to the nature of the violation, within a period not exceeding three (3) months.</p>

	<p>5- If he/she conducts and operation, , prescribes, applies, or provides treatment to a patient without being a specialist or being qualified for that.</p> <p>6- If he/she uses medical devices, equipment, machines, or tools without sufficient knowledge or adequate training for their use, or without taking the necessary precautions to prevent harm as a result of this use.</p>	<p>A healthcare facility may not be reopened, nor may a license be reinstated, except after the expiry of the closure period and the removal of the cause thereof. Such measures shall be carried out at their own expense upon notification of the violation by the competent authority of the Ministry.</p>
<p><i>Lebanon</i></p>	<p>Law no. 240 dated October 22, 2012 Amending Law No. 288 of February 22, 1994. Article 18: Every Physician is liable for his/her professional medical actions.</p> <p>Law No. 288 of February 22, 1994, Every physician is responsible for his own professional actions.</p> <p>Article 123: A person is asked about the damage caused by his negligence or lack of foresight, just as he is asked about the harm arising from an act he commits.</p>	<p>Criminal and civil liability Penal Code (1943), Article (564): Imprisonment from six (6) months to three (3) years.</p>
<p><i>Libya</i></p>	<p>Article 23: Liability is incurred by the health professional for every act of negligence in the course of patient management if such negligent act causes damage to others.</p> <p>Breach of duties and contravention of rules framed by legislation in force or approved practice of the medical profession are considered medical negligence, taking into account the attendant circumstances and available resources in each case.</p> <p>The occurrence of injury or harm to the patient will be considered a presumption that negligence or breach of duty was committed.</p> <p>Liability in medical practice shall not be mitigated or abolished prior to the occurrence of injury or harm, and any agreement to that effect will be deemed invalid.</p> <p>Article 25: In situations wherein damage is caused to the patient as a result of negligence on the part of nurses, technicians and others whose jobs are connected with patient care, the medical establishment in which they all work and the treating doctor who is empowered to instruct and supervise them will be held liable jointly with the first group.</p>	<p>Civil and disciplinary sanctions pursuant to Articles (26) to (31).</p>

<p><i>Oman</i></p>	<p>Any medical procedure, in fact, or omission, that is not consistent with scientific and technical principles causes harm to the patient and has nothing to do with medical complications.</p>	<p>The Law Regulating the Practice of the Medical Profession and Allied Medical Professions (2019) does not expressly provide for a criminal penalty for medical error. However, Article (44) of the Law stipulates as follows: **Without prejudice to criminal and disciplinary liability, compensation for established medical errors in cases of death, permanent total disability, partial disability, wounds, and injuries shall be assessed in accordance with the provisions of the Royal Decree concerning the assessment of blood money (diya) and compensation (arsh). In all cases, this shall not prejudice the right of the injured party to claim compensation for moral damage, where applicable.** Accordingly, criminal liability may arise for the perpetrator of a medical error pursuant to the Omani Penal Code issued in 2018, which provides: Article (311): Where a human death results from an error, the penalty shall be imprisonment for a period ranging from three (3) months to three (3) years. Article (312): Any person who negligently causes injury to another shall be punished by imprisonment for a term of not less than ten (10) days and not exceeding three (3) months, and a fine of not less than one hundred (100) Omani rials and not exceeding three hundred (300) Omani rials, or by either of these two penalties, where the injury does not result in illness or incapacity for work exceeding thirty (30) days. The penalty shall be imprisonment for a term of not less than three (3) months and not exceeding six (6) months, and a fine of not less than one hundred (100) Omani rials and not exceeding five hundred (500) Omani rials, or by either of these two penalties, where the illness or incapacity exceeds thirty (30) days. Based on a review of published legal scholarship, it appears that criminal liability does not arise directly from medical error as such, although academic analysis does not entirely exclude the possibility of criminal liability where the statutory elements of the offense are fulfilled.</p>
<p><i>Palestine</i></p>	<p>A medical error is what a practitioner of the profession commits and causes harm to the recipient of the service because of any of the following reasons: 1. Ignorance of the technical matters that everyone who practices the profession of the same degree and specialization is supposed to be aware of. 2. Failure to follow the generally accepted medical and health professional principles and rules. 3. Not taking due care. 4. Negligence and failure to follow caution.</p>	<p>Civil, administrative and Criminal liability. Penal Code (1960) article 343 : 6 months to 3 years detention [13, p. 196]</p>
<p><i>Qatar</i></p>	<p>He shall be liable if he commits a fault that results in harming the patient, especially in the following cases: A- If the error is a result of his ignorance of technical matters, every doctor is supposed to be familiar with them, whether in terms of diagnosing the disease or prescribing the appropriate treatment. B- If the cause of harm to the patient is negligence or failure to take the necessary care. C- If the cause of the patient’s harm is the doctor’s conduct of scientific experiments and research that are not technically approved.</p>	<p>Penal Code – Article (312): Any person who, through their fault, causes harm to the bodily integrity of another, as a result of negligence, recklessness, lack of due care, or failure to observe laws or regulations, shall be punished by imprisonment for a term not exceeding six (6) months, and a fine not exceeding five thousand (5,000) rials, or by either of these two penalties. Where the offense results in permanent disability, the penalty shall be imprisonment for a term not exceeding one (1) year, and a fine not exceeding fifteen thousand (15,000) rials, or by either of these two penalties. In all cases, the offender shall be punished by imprisonment for a term not exceeding two (2) months, and a fine not exceeding one thousand (1,000) rials, or by either of these two penalties, where the injured party or their guardian grants forgiveness or accepts blood money (arsh).</p>

<p><i>Saudi Arabia</i></p>	<p>Any healthcare professional who commits malpractice causing harm to a patient shall be liable for indemnification. The Sharia Medical Panel provided for in this Law shall determine the amount of such indemnification. The following shall be deemed malpractice:</p> <ol style="list-style-type: none"> 1- Error in treatment or inadequate follow-up 2- Lack of knowledge and skills expected in healthcare professionals of the same specialty. 3- Performing experimental and unprecedented surgery on a person, in violation of relevant rules. 1- Conducting experiments or scientifically unestablished research on patients. 2- Administering medications to patients on an experimental basis. 3- Using medical instruments or equipment without adequate knowledge of their use or failing to take appropriate precautions to prevent damage arising from such use. 4- Failure to provide adequate monitoring or supervision. 5- Failure to consult anyone the consultation of whom is necessitated by the condition of a patient. 	<p>Article (27): Any professional health error committed by a healthcare practitioner that results in harm to the patient shall give rise to an obligation on the part of the perpetrator to pay compensation. The Sharia Health Authority provided for under this Law shall determine the amount of such compensation. A professional health error shall be deemed to include, in particular, the following:</p> <ol style="list-style-type: none"> 1. Error in treatment or inadequate follow-up. 2. Lack of knowledge of technical matters that a practitioner of the same specialty is presumed to possess. 3. Performing experimental or unprecedented surgical operations on humans in violation of the rules governing such procedures. 4. Conducting unapproved experiments or scientific research on a patient. 5. Administering medication to a patient on a trial basis. 6. Using medical instruments or devices without sufficient knowledge of their proper use, or without taking the necessary precautions to prevent harm arising from such use. 7. Failure in supervision and oversight. 8. Refusal to treat a patient in emergency cases without a justifiable reason. <p>Any condition purporting to exempt from liability shall be deemed null and void.</p> <p>Article (28): Without prejudice to any more severe penalty provided for under other laws, any person who violates Article (27), paragraph (3) shall be punished by imprisonment for a term not exceeding six (6) months, and a fine not exceeding one hundred thousand (100,000) riyals, or by either of these two penalties.</p>
<p><i>Tunisia</i></p>	<p>Article (1): Medical Error: Any breach by a health professional of an obligation imposed by prevailing scientific standards, and in accordance with the available means and resources, which results in harm to the recipient of healthcare services. Medical Incident: Any medical occurrence arising in connection with the provision of a healthcare service that causes abnormal harm to others in light of prevailing scientific standards, in the absence of any fault. Gross Error: Disregard for the safety of the beneficiary of healthcare services, where a significant and evident disparity is established between the care provided and prevailing scientific standards, resulting in the harm sustained. Therapeutic Failure: Medical conditions in which the desired outcomes are not achieved despite the provision of appropriate treatment in accordance with prevailing scientific standards.</p>	<p>Chapter Five: Criminal Liability of Health Professionals Article (47): Gross error shall constitute the basis for the criminal liability of health professionals. In the event that criminal proceedings are instituted against health professionals in connection with the performance of their professional duties, the territorially competent Public Prosecutor shall, within a maximum period of seventy-two (72) hours, notify the relevant sectoral supervisory authority and the professional body to which the concerned health professional belongs, by any means that produces a written record. Subject to the provisions of Article (30) of the Code of Criminal Procedure, the Public Prosecutor at the territorially competent Court of First Instance shall inform the Public Prosecutor General at the Court of Appeal, who shall authorize the opening of a judicial investigation into the matter of the prosecution.</p>

<i>UAE</i>	<p>A medical error is the error made by a Profession Practitioner due to any of the following reasons:</p> <ol style="list-style-type: none"> 1. Ignorance of technical matters that are supposed to be known by any Profession Practitioner of the same degree and specialization. 2. Non-compliance with the recognized professional and medical principles. 3. non-exercising due diligence. 4. Negligence and not paying attention. <p>Gross Medical Error is an Error that causes death, loss of organ or organ function or permanent damage, or any other gross damage in addition to one of the seven listed criteria.</p>	<p>Medical Error: Financial compensation only (by judgment). Gross Medical Error: Imprisonment for a term of up to two (2) years or a fine. Article (34): Any person proven to have committed a gross medical error, as defined under this Decree-Law, shall be punished by imprisonment for a term not exceeding one (1) year, and a fine not exceeding two hundred thousand (200,000) dirhams, or by either of these two penalties. The penalty shall be imprisonment for a term not exceeding two (2) years, and a fine not exceeding five hundred thousand (500,000) dirhams, or by either of these two penalties, where the gross medical error results in the death of a person. The penalty shall be imprisonment for a term not exceeding two (2) years, and a fine not exceeding one million (1,000,000) dirhams, where the offense referred to in the first paragraph of this Article is committed while under the influence of intoxication or anesthesia.</p>
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TABLE 3 - Arab League nations that prohibit healthcare professionals from allegations of medical error before a professional committee confirms it	
<i>Country</i>	<i>Legal Provision</i>
<i>Egypt</i>	<p>Article (12): Without prejudice to the right to litigation, the recipient of the medical service, their private legal representative, or one of their relatives up to the second degree, in the event of death or loss of consciousness, may submit a complaint concerning medical errors to the Technical Secretariat of the Supreme Committee or to one of its affiliated offices established for this purpose at the headquarters of each governorate.</p>
<i>Tunisia</i>	<p>Article (48): An assessment to determine criminal liability, within the meaning of the provisions of this Law, shall be conducted by an expert committee whose composition is determined in accordance with Article (43) of this Law. Preventive custody or provisional detention of a health professional may not be authorized unless the medical assessment establishes the existence of serious and corroborated indications substantiating liability.</p>
<i>Kuwait</i>	<p>Article (79): Healthcare practitioners shall be summoned for investigation and trial in complaints, claims, and cases related to medical errors or professional violations attributed to them in connection with the practice of their profession exclusively through the Medical Liability Authority. Healthcare practitioners may not be arrested while performing their duties or while present within a healthcare facility except pursuant to a written order issued by the Public Prosecution or the competent court. Any violation of this provision shall render the arrest null and void, except in cases of flagrante delicto.</p>
<i>Sultanate of Oman</i>	<p>Article (39): By way of exception to the Criminal Procedure Law, a medical practitioner or an allied health professional may not be investigated, arrested, or placed in pretrial detention as a result of a complaint relating to medical errors except pursuant to an order issued by the Public Prosecutor, and only after receipt of the final report of the Supreme Medical Committee confirming the occurrence of a medical error. The Ministry and the practitioner’s employing authority shall be notified accordingly. Article (40): A medical practitioner or an allied health professional shall be notified to appear for investigation in matters related to their professional duties by the Royal Oman Police, the Public Prosecution, or the competent court at their place of employment. Article (41): Health institutions may authorize their in-house legal officers or any licensed lawyer to attend investigation and trial sessions on behalf of, and to defend, a medical practitioner or allied health professional, without the need for a special power of attorney.</p>

<p><i>Jordan</i></p>	<p>Article (12): (a) Notwithstanding the provisions of any other law, a healthcare service provider may not be detained for the offense of committing a medical error during the investigation and trial stages. (b) The measure taken pursuant to paragraph (a) of this Article shall not prevent the competent authority, in accordance with the applicable legislation, from suspending the service provider from practicing their profession or taking any other disciplinary action against them in the event that a final judicial decision is issued establishing their non-liability.</p>
<p><i>Palestine</i></p>	<p>Article (24): Notwithstanding the provisions of any other law, a physician may not be detained for the offense of committing a medical error during the investigation and trial stages, except after a final and conclusive judgment has been issued by the competent court.</p>
<p><i>United Arab Emirates</i></p>	<p>Article (24): Interested parties may submit complaints to the Public Prosecution regarding incidents related to medical error. The Public Prosecution shall directly refer such complaints to the competent health authority to take the necessary measures in accordance with the provisions of this Decree-Law. In all cases, healthcare practitioners may not be investigated, arrested, or placed in pretrial detention as a result of a complaint filed against them unless a final medical report is received from the competent health authority confirming the existence of gross medical error on the part of the accused practitioner.</p>
<p><i>Sultanate of Oman</i></p>	<p>Article (40): The Executive Regulations shall determine the rules and procedures necessary for examining violations and cases arising from the application of this Law, as well as the methods for adjudicating them. Executive Regulations – Article (40-1): Procedures preceding referral to the Sharia Health Authority or the Committee for the Examination of Violations of the Law Regulating the Practice of Health Professions: (a) Any person who has sustained harm as a result of a professional health error, or their legal guardian, or their heirs in the event of death, may submit a claim for their private right to the health facility where the error occurred or to the relevant Director of Health Affairs. In such cases, Form No. (1) designated for submitting a medical complaint (Annex No. 2) shall be completed. Consideration of the complaint may proceed even in the absence of a private claim. (b) The competent administrative authority shall complete the prescribed regulatory procedures upon becoming aware of a violation or upon receipt of a report concerning violations committed by healthcare practitioners in health institutions. (c) The competent health authority shall initiate the necessary procedures immediately upon receipt of the complaint, shall obtain statements from the healthcare practitioners involved in the case, and shall complete Form No. (2) designated for recording the practitioner’s statement (Annex No. 3) and Form No. (3) designated for preparing the report for the competent committee (Annex No. 5).</p>
<p><i>Libya</i></p>	<p>Law No. 19 of 2023 concerning the addition of a provision to Law No. 17 of 1986 on Medical Liability: Article (1): Without prejudice to the provisions of Article (30) and subsequent articles of this Law, the Public Prosecution may not order pretrial detention against physicians or allied health professionals in relation to charges arising from their medical practice, nor may they be arrested or detained during the investigation stage, unless medical error is established by a decision issued by the Supreme Council for the Determination of Medical Liability.</p>

<p>TABLE 4 - Arab League nations that has specific statute of limitation for medical error litigation</p>	
<p><i>Palestine</i></p>	<p>Two years from the date of knowledge of the incident, subject to additional conditions extending the two-year period in accordance with Article (13): Article (13) (1) An action for compensation arising from medical error shall be time-barred after two (2) years from the date of: (a) the commission of the medical error or its discovery; (b) the issuance of a final medical report confirming the cessation of the damage resulting from the medical error, where the damage is continuous; (c) the discovery by the claimant of the medical error, or from the date on which the claimant could have discovered such error had they exercised reasonable diligence and skill; (d) the death of the recipient of the medical service, in which case the limitation period shall commence from the date on which minor heirs attain the age of eighteen (18) years. (2) Where the defendant has fraudulently concealed the medical error, the limitation period prescribed in paragraph (1) of this Article shall be calculated from: (a) the date on which the claimant attains the age of eighteen (18), if the cause of action first arose while the claimant was under eighteen years of age; (b) the date on which the defendant returns to the State of Palestine, if the cause of action arose while the defendant was outside the State.</p>

	(3) Notwithstanding the provisions of any other legislation, the calculation of the limitation periods referred to in paragraphs (1) and (2) of this Article shall be suspended in the event of: (a) the initiation of criminal proceedings against the medical or healthcare service provider responsible for the medical error; (b) the dismissal of the civil claim for reasons relating to improper standing or the lapse thereof. (c) The limitation periods referred to in paragraphs (1) and (2) of this Article shall resume upon the issuance of a final and conclusive judgment by the competent court.
Saudi Arabia	Article (37): No public criminal action shall be heard after the lapse of one (1) year from the date of knowledge of the professional health error. The Executive Regulations shall specify the criteria for determining knowledge of professional health error.
Tunisia	Article (24): Subject to the requirements of Article (392) of the Code of Obligations and Contracts, the injured party, their legal guardian, legal representative, caregiver, or universal successor may claim compensation within a period not exceeding ten (10) years from the date on which the damage occurred, or one (1) year from the date of knowledge thereof. Claims for compensation for damage arising in the field of dentistry shall be brought within a period not exceeding three (3) years from the date the damage occurred, or one (1) year from the date of knowledge thereof.

TABLE 5 - The Arab League States Countries that have a registry of medical error	
Jordan	Article 19: The Ministry of Health is mandated to establish an official record that includes the final judicial decisions issued by the competent courts.
Kuwait	Article 54: A special register shall be established to record all data on complaints, records, cases, reports, decisions, and judicial rulings related to errors and responsibilities of professionals and health facility owners and managers.
Palestine	Article 4: The Ministry of Health shall establish a national registry for medical errors in collaboration with the relevant professional associations. The specific data, decisions, and judicial rulings to be included in this registry shall be determined by regulations issued by the minister in agreement with the relevant associations for this purpose.

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AUTHORS' CONTRIBUTIONS

Both authors contributed equally to the manuscript and study. Both authors have a Bachelor of Laws and are interested in medical liability in addition to legislation related to healthcare. Both authors serve as medical examiners for medical malpractice cases in their respective jurisdictions of practice.

DECLARATIONS

USE OF ARTIFICIAL INTELLIGENCE DECLARATION

Authors would like to declare that Chat GPT was used to translate Law articles and Law titles from Arabic to English as many of the Legislations reviewed are available in Arabic and not available in English.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This is a descriptive comparative study that compares published legislation; therefore, no ethics approval or consent was required.

CONSENT FOR PUBLICATION

Not applicable

AVAILABILITY OF DATA AND MATERIALS

All legislation and literature reviewed are referenced and available upon request.

COMPETING INTERESTS

Both authors declare no competing interests.

FUNDING

No funding was received for this study.

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