

countries. However, we demonstrated that elements of the framework are relevant to India, a LMIC setting, allowing us to draw general conclusions. Unlike the many existing theoretical frameworks on public policy implementation, the proposed framework in this paper on the functioning of patient grievance systems takes into account both structure and agency. Furthermore, the model integrates the macro (e.g. discourses on patient rights) and micro policy implementation dynamics resulting from the power differentials between healthcare-seeking individuals and their collectives with the state and socially elite medical profession. The grievance redressal mechanisms for patient rights violations in health facilities showcase multilevel governance arrangements with multiple overlapping decision-making units at the national and subnational levels. With market perspectives pervading the health sector, there is an increasing trend to adopting a consumerist approach to protecting patient rights. In this line, avenues for grievance redressal for patient rights violations are gaining traction. The 'hegemonic power' and privileged position of medical professionals because of their financial, technical, political, bureaucratic and social resources in the multilevel governance arrangements for grievance redressal place the care-seeking individuals at a disadvantage during dispute-resolution processes. Inclusion of external structures in health services and the healthcare profession and involvement of laypersons in the grievance redressal processes are heavily contested. Normatively speaking, a patient grievance redressal system should be accessible, impartial and independent in its function, possess the required competence, have adequate authority, seek continuous quality improvement, offer feedback to the health system and be comprehensive and integrated within the larger healthcare regulatory architecture.

Supplementary data

Supplementary data are available at *Health Policy and Planning* online.

Data availability

The articles used in this review are available in the online supplementary material. The lawsuits from the SCI used in this review were retrieved from the source in the public domain.

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Ethical approval

Ethical approval was not required since it is a review paper that uses already published literature and court cases from the Supreme Court of India, which are available in the public domain.

Conflict of interest statement

The authors declare that they have no conflict of interest.

Appendix 1. Cases

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