# Translation of

# the Medical Liability and Patient Safety Law No. 13 of 2025

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# ترجمة قانون المسؤولية الطبية وسلامة المرضى رقم ١٣ لسنة ٢٠٢٥

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25 November 2025

ANDERSEN

# Law No. 13 of 2025 Concerning the Issuance of the Law Regulating Medical Liability and Patient Safety

In the name of the people President of the republic

## Preamble

The People's Assembly has enacted the following Law, and we have promulgated it:

## Promulgation Articles

### Article (1):

Without prejudice to the provisions of the Mental Health Care Law promulgated by Law No. 71 of 2009, the provisions of this Law and the accompanying Law shall apply with respect to the regulation of medical liability and patient safety.

### Article (2):

Every person practicing one of the medical professions and every establishment listed in the accompanying Law shall be required to subscribe to the Fund established in accordance with its provisions within a period not exceeding six months from the date of issuance of the decision approving the Fund's bylaws.

The Council of Ministers may, upon a proposal by the minister competent for health affairs, extend this period for one or more additional periods not exceeding a total of two years.



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## Article (3):

The decisions necessary to implement the provisions of this Law and the accompanying Law shall be issued, as specified therein, within six months from the date of entry into force of this Law.

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## Article (4):

This Law shall be published in the Official Gazette and shall enter into force on the day following the lapse of six months from the date of its publication.

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# Law Regulating Medical Liability and Patient Safety

## Chapter One – General Provisions on Liability

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## Article (1):

For the purposes of applying the provisions of this Law, the following terms and expressions shall have the meanings assigned to each of them below:

**Medical Professions:** Professions through which preventive, diagnostic, therapeutic, or rehabilitative medical care services are provided, practiced by physicians, dentists, pharmacists, physiotherapists and physiotherapy specialists, professional nurses, science graduates (chemists and physicists), technical nursing staff, health technicians, radiology, laboratory, and optometry technicians, applied health sciences technologists, ambulance technicians licensed to practice the profession, and any other categories authorized by legislation to practice such professions.

**Medical Service:** All medical procedures, including clinical examination, laboratory tests, radiological examination, medical consultations, surgical operations, prescribing or dispensing medications, nursing care, admission to medical facilities, and any other procedure of a preventive, diagnostic, therapeutic, or rehabilitative nature.



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**Service Provider:** A person practicing one of the medical professions and performing or participating in the performance of a medical service in accordance with the laws governing such practice.

**Service Recipient:** A person receiving a medical service from a service provider.

**Establishment:** Any public or private place licensed by the competent administrative authority to provide medical services in accordance with the applicable laws.

**Medical Complications:** An undesirable development in the health condition of the service recipient occurring during or as a result of the provision of a medical service without a causal or conditional link to the act or skill of the service provider.

**Emergency Case:** A sudden medical event affecting a person and posing an acute danger to his health, requiring immediate medical intervention to prevent deterioration of associated medical complications.

**Informed Consent:** A written expression based on free will and full voluntariness issued by the service recipient if fully competent, or by his guardian, custodian, or trustee if lacking or having diminished capacity; if this is not possible, then by one of his relatives up to the second degree.

It must contain explicit consent to receive or refuse the medical service after being informed of all aspects of the service, including in particular the potential effects and risks that may influence his decision, in accordance with the form prepared by the ministry competent for health affairs.

**Consent:** An expression of free will and full voluntariness issued by the service recipient if fully competent, or by his guardian, custodian, or trustee if lacking or having diminished capacity; if this is not possible, then by one of his relatives up to the second degree, indicating agreement to receive the medical service after being informed of all its aspects.

**Medical Error:** An act committed by a service provider, or an omission to perform a required medical action, in violation of this Law or other laws regulating medical practice, that is inconsistent with established scientific principles or professional ethics and traditions, or with the professional ethical codes issued by the Egyptian Health Council, as the case may be.



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**Gross Medical Error:** A medical error reaching a degree of gravity such that resulting harm is certain. This includes, in particular, committing a medical error under the influence of alcohol, drugs, or other psychoactive substances; refraining from assisting a person harmed by a medical error or from seeking assistance for him despite the ability to do so at the time of the incident; or deliberately practicing outside one's specialty in non-emergency cases.

**The Supreme Committee:** The Supreme Committee for Medical Liability and Patient Safety established pursuant to this Law.

**The Fund:** The Government Insurance Fund established pursuant to this Law.

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## Article (2):

A service provider within the State shall perform his duties with honesty, integrity, and accuracy, exercising the diligence of a prudent person as required by the health condition of the service recipient in order to preserve his safety, in accordance with national and international standards for safe medical practices.

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## Article (3):

Medical liability arises for every medical error resulting from the provision of a medical service that causes harm to the service recipient.

Any agreement to exempt or mitigate medical liability prior to the occurrence of harm shall be void.

The service provider and the establishment shall be jointly liable for compensating damages resulting from medical errors.

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## Article (4):

Medical liability shall be excluded in any of the following cases:

- If the harm suffered by the service recipient constitutes one of the known effects or medical complications recognized in scientifically accepted medical practice.
- If the service provider has followed a medical approach consistent with established scientific principles, even if differing from the approach taken by others in the same specialty.
- If the harm resulted from the act of the service recipient, his refusal of treatment, or his failure to follow the medical instructions given by the service provider.

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# Chapter Two – Obligations of the Service Provider and the Establishment

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## Article (5):

Without prejudice to the rules governing the practice of various medical professions and within the limits applicable to each specialty, the service provider shall comply with the following obligations:

- Follow established scientific principles and apply professional standards of his specialty when providing medical service.
- Record the medical condition of the service recipient and his personal and family medical history before commencing diagnosis and treatment.
- Use medical instruments and equipment that are functional and suitable for the service recipient's condition.
- Conduct necessary medical examinations to ensure the surgical intervention is necessary and appropriate for treatment and that the recipient's health status allows the procedure.



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- Inform the service recipient of the nature of his illness, its degree of seriousness, and possible medical complications, and obtain consent before treatment; if impossible, a medical report from the attending physician, another physician of the same specialty, and the establishment's director or his delegate shall suffice. The attending physician must also prescribe treatment in writing, specifying doses and methods of use, signed with his full name, signature, and date.

- Record every medical procedure taken, specifying its type and date in detail, in the recipient's medical file.

- Monitor the service recipient's condition during his presence at the establishment.

- Cooperate with other service providers involved in the recipient's care and provide information on the recipient's condition and treatment method when consultation is sought.

- Report to the competent authorities any suspected case of infectious disease that may harm others, in accordance with Law No. 137 of 1958 on Health Precautions for Prevention of Infectious Diseases.

- Refrain from performing a clinical examination on a service recipient of the opposite sex without his consent or without the presence of a relative, companion, or a member of the medical team, except in emergencies or where the recipient's life is at risk.

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## Article (6):

Without prejudice to the rules governing the practice of medical professions and within the limits applicable to each specialty, the service provider shall be prohibited from committing any of the following acts:

- Exceeding the scope of the license granted to him.

- Treating the service recipient without his consent, except in emergencies or life-threatening cases where obtaining consent is impossible, or in cases of infectious diseases posing a threat to public health or safety.



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- Refusing to treat a service recipient in emergencies or life-threatening situations until his condition stabilizes. If the procedure required exceeds the provider's specialty, he must administer necessary first aid, direct the recipient to a specialized provider or the nearest establishment, and prepare a brief report on the initial findings.

- Interrupting treatment before ensuring the stability of the recipient's condition, unless the interruption results from reasons beyond the service provider's control.

- Using unlicensed or unlawful means in managing the recipient's health condition.

- Performing any medical procedure contrary to applicable laws or to the intervention guidelines approved by the Egyptian Health Council.

- Disclosing the service recipient's confidential information obtained during or because of medical practice, whether entrusted to the provider or discovered in the course of treatment, except in the following cases:

    - Upon the recipient's request or with his consent.

    - To prevent or report a crime, in which case disclosure shall be made exclusively to the competent authority.

    - When mandated by the investigation authority or competent court as an expert or witness.

    - When mandated to perform a medical procedure by an insurance company or employer, within the limits of the mandate.

    - In defense of the provider against a complaint, before the competent authorities and within the limits necessary for such defense.

    - To protect public health in cases of infectious diseases, in which case disclosure shall be limited to competent authorities pursuant to the Health Precautions Law.



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## Article (7):

Except in cases requiring immediate surgical intervention to save the life of the service recipient or avoid serious medical complications, neither the service provider nor the establishment may perform or permit surgical intervention unless the following conditions are met:

- The physician performing the surgery shall be qualified based on scientific specialization, practical experience, degree of precision and significance of the surgical procedure, and clinical privileges approved by the Egyptian Health Council.

- Informed consent shall be obtained; if impossible, a medical report from the attending physician, another physician of the same specialty, and the establishment's director or his delegate confirming the necessity of the surgical intervention shall suffice.

- The surgery shall be performed in an establishment adequately equipped to conduct the procedure in accordance with applicable standards.

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## Article (8):

The service recipient shall have the right to be discharged from the establishment if his health permits, in accordance with established scientific principles and based on a written report from the attending physician indicating the end of the treatment period.

The service recipient may accept or refuse a medical procedure and may leave the establishment contrary to the provider's recommendation after providing informed consent.

The service recipient may not be transferred to another establishment for further treatment except upon the opinion of the attending physician, or upon the request of the recipient and under his responsibility, with the provision of proper medical transport requirements.

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## Article (9):

A committee named the *Supreme Committee for Medical Liability and Patient Safety* shall be established under the authority of the Prime Minister. It shall be formed as follows:

- Two members of the medical professions with distinguished expertise, scientific competence, and integrity, one nominated by the minister responsible for health affairs and the other by the minister responsible for higher education and scientific research. The Prime Minister shall appoint one as Chair of the Committee and the other as Vice-Chair.
- The Head of the Fatwa Department for the Ministry of Health at the State Council.
- A member of the judiciary nominated by the Minister of Justice with the approval of the Supreme Judicial Council.
- The Chair of the General Organization for Teaching Hospitals and Institutes.
- The Chief Executive Officer of the Egyptian Health Council.
- The Chair of the Board of Directors of the General Authority for Healthcare Accreditation and Regulation.
- The Chief Forensic Pathologist.
- A representative of the ministry responsible for health affairs from among the medical professions, nominated by the minister.
- A representative of the ministry responsible for higher education and scientific research from among the medical professions, nominated by the minister.
- A representative of the Ministry of Defense from among the medical professions, nominated by the Minister of Defense.



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- A representative of the Ministry of Interior from among the medical professions, nominated by the Minister of Interior.

- Two deans of medical faculties, nominated by the minister responsible for higher education after approval of the Supreme Council of Universities.

- One dean of the medical faculties of Al-Azhar University, nominated by the University President.

- A representative of the medical syndicate relevant to the matter under review by the Committee, nominated by the syndicate council.

A decision by the Prime Minister shall be issued determining the formation of the Committee, its rules of procedure, seat, and financial treatment of its members.

The Committee shall convene monthly at the invitation of its Chair or whenever necessary. Decisions shall be adopted by a majority of attending members; in case of a tie, the Chair shall have the casting vote.

The Vice-Chair shall act in place of the Chair during his absence or when unable to perform his duties.

The Committee may seek the assistance of experts as it deems appropriate in matters before it, without granting them voting rights.

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## Article (10):

The Supreme Committee shall be competent to:

- Consider complaints submitted against service providers or establishments regarding medical errors.

- Approve the reports issued by the subcommittees on medical liability established pursuant to this Law concerning the examination of complaints relating to medical errors.



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- Approve amicable settlements reached by the committees formed pursuant to this Law.

- Notify the competent investigative authorities or the relevant professional syndicate—where a criminal suspicion or disciplinary violation exists, as the case may be—of reports concerning complaints submitted initially to the Supreme Committee or to the subcommittees, after their approval in accordance with Article (12) of this Law.

- Examine appeals submitted against the reports issued by the medical liability subcommittees after their approval.

- Establish a database of medical errors in cooperation with the relevant syndicates and authorities.

- Coordinate with the relevant syndicates and authorities to issue guidelines on awareness of the rights of service recipients.

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## Article (11):

The Supreme Committee shall have a technical secretariat headed by a full-time Secretary-General selected from among members of the medical professions with the required technical, administrative competence, and experience, and staffed by an adequate number of members of the medical professions and individuals possessing legal and administrative expertise.

The Secretary-General of the Supreme Committee shall be appointed by a decision of the Prime Minister for a four-year term renewable for one similar term, including determination of his financial treatment.

A decision of the Supreme Committee, upon a proposal by the Secretary-General, shall determine the formation of the technical secretariat, its functions, rules of procedure, and the financial treatment of its members.

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## Article (12):

Without prejudice to the right to litigation, the service recipient, his authorized representative, or one of his relatives up to the second degree—if the recipient is deceased or unconscious—may submit a complaint regarding medical errors to the technical secretariat of the Supreme Committee or to one of its affiliated offices established for this purpose in the headquarters of each governorate.

The Supreme Committee may establish an electronic website and a hotline for receiving such complaints.

The rules and procedures for submitting complaints shall be issued by a decision of the Supreme Committee.

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## Article (13):

The Chair of the Supreme Committee shall form one or more medical liability subcommittees from among members of the medical professions to examine complaints referred to them concerning medical errors, according to the nature of the complaint and the relevant specialties.

A decision of the Supreme Committee shall set the rules and procedures for forming the subcommittees, their locations, and their operating procedures.

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## Article (14):

For the purpose of examining a complaint, the medical liability subcommittee shall hold one or more meetings with the complainant and the respondent service provider or establishment, either separately or jointly, to hear their statements and review any documents they provide.

The subcommittee may also seek the views of members of the medical staff at the establishment and may conduct medical examinations or inspections if necessary.



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The subcommittee shall prepare a reasoned report on the complaint within a period not exceeding thirty days from the date of referral, extendable for a similar period with the approval of the Supreme Committee. The report shall specify, in particular, whether a medical error occurred, the degree of its gravity, the percentage of responsibility where multiple individuals contributed to the error, the cause of the error, the resulting harm, the causal relationship between the error and the harm, and the percentage of permanent disability to the affected organ, if any.

The Chair of the subcommittee shall submit the report to the Supreme Committee for approval and for responding to the complainant within a period not exceeding fifteen days from the date of approval.

Concerned parties may appeal the report in accordance with the rules and procedures set by the Supreme Committee.

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## Article (15):

The medical liability subcommittee may propose an amicable settlement of the complaint to the concerned parties.

Amicable settlement shall be conducted by a special committee chaired by a member of the judicial authorities of at least the rank of judge or equivalent, nominated by the Supreme Judicial Council and the respective judicial councils, with the membership of one forensic physician and three members of the medical professions.

If an amicable settlement is reached, an agreement shall be drafted and signed by all parties, and shall be submitted to the Supreme Committee for approval.

If the parties do not agree to an amicable settlement, the medical liability subcommittee shall resume its work.

Once approved by the Supreme Committee, the amicable settlement agreement shall have the force of an executory instrument. The service recipient or his authorized representative, and his heirs or their authorized representative, shall be entitled to receive the compensation determined from the Fund established under this Law.



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The formation of amicable settlement committees, and the rules and procedures governing amicable settlement and its approval, shall be issued by a decision of the Supreme Committee.

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## Article (16):

The meetings of the Supreme Committee, its technical secretariat, the medical liability subcommittees, and the amicable settlement committees formed pursuant to this Law, as well as their procedures and reports, shall be confidential.

No information contained therein may be disclosed, used, or published except in accordance with this Law.

Members of the aforementioned committees shall be prohibited from expressing an opinion in any case before them whenever they have a relationship of kinship or affinity up to the fourth degree, a partnership of any kind, a judicial dispute, an employment relationship, or any professional connection with the service recipient or service provider.

Members must also recuse themselves where embarrassment or conflict of interest is perceived for any reason.

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## Article (17):

Each member of the Supreme Committee, its Secretary-General, members of its technical secretariat, and members of the committees formed pursuant to this Law—except for chairpersons of amicable settlement committees—must meet the following conditions:

- Have not less than fifteen years of experience in their field of work.
- Not have a final judicial conviction for a felony or a misdemeanor involving moral turpitude or dishonesty, unless rehabilitated.
- Not have been previously convicted in any case related to medical liability.
- Be of good conduct and reputable character.



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- Not have been subjected to disciplinary sanctions within the three years preceding their selection, unless such sanction has been expunged.

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## Article (18):

The Supreme Committee shall serve as the technical expert body for investigative or judicial authorities in cases relating to medical liability, whether through direct consultation, reliance on the approved reports issued by the medical liability subcommittees, or consultation with any member of the medical professions within the Committee or with specialized committees formed for this purpose.

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## Article (19):

Members of the medical professions engaged in technical expert work in cases involving medical liability shall enjoy all legal guarantees afforded to judicial experts.

Except as specifically provided in this Law, they shall be subject to the provisions governing experts under the Code of Criminal Procedure, the Law of Evidence in Civil and Commercial Matters, and Law No. 96 of 1952 concerning the Regulation of Expertise before Judicial Authorities.

By way of exception to those provisions, they shall be subject to the disciplinary accountability rules applicable under the law regulating their professions, where such a law exists.

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## Article (20):

A governmental insurance fund shall be established to insure against risks arising from medical errors, either directly or by contracting with one or more insurance companies or an insurance pool approved for establishment by the Financial Regulatory Authority.

The Fund may also contribute to covering other damages sustained by the service recipient during and as a result of the provision of the medical service, based on technical and actuarial studies prepared for this purpose.

The Fund's bylaws shall be issued in accordance with the model approved by the Board of Directors of the Financial Regulatory Authority.

The Fund shall be subject to the supervision and oversight of the Financial Regulatory Authority in accordance with the laws governing such oversight.

## Article (21):

Insurance shall cover cases of death, disability, and bodily injury sustained by the service recipient, in accordance with the provisions of the insurance policy issued for this purpose.

The Fund shall pay the compensation amount either on the basis of an amicable settlement in accordance with the provisions of this Law, or after the service recipient obtains a final judicial ruling determining the compensation.

The conditions, rules, categories, and pricing of insurance operations covered by the Fund shall be determined by a decision of the Board of Directors of the Financial Regulatory Authority.



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## Article (22):

Without prejudice to all provisions contained in the laws and decisions regulating the practice of medical professions or the licensing of establishments subject to this Law, it shall be a condition for continuing to practice any of the medical professions, or for obtaining or renewing a license to practice, as well as for obtaining or renewing a license for establishments subject to this Law, that a certificate be submitted proving subscription to the Fund.

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## Chapter Five – Penalties

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## Article (23):

Without prejudice to any more severe penalty provided for in any other law, the acts set out in the following Articles shall be punishable by the penalties prescribed therein.

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## Article (24):

Any person who, by gesture, word, or threat, insults a service provider during, or by reason of, the performance of his profession shall be punished by imprisonment for a period not exceeding six months or by a fine not exceeding ten thousand Egyptian pounds.

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## Article (25):

Any person who intentionally damages any part of an establishment or its contents, or assaults a service provider or resists him by force or violence during, or by reason of, the performance of his profession, shall be punished by imprisonment for a period not exceeding one year or by a fine not exceeding fifty thousand Egyptian pounds.



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If the damage or assault is committed using any weapon, stick, implement, or other instrument, the penalty shall be imprisonment for a period of not less than one year. In all cases, the offender shall be ordered to pay the value of what has been damaged.

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## Article (26):

Any person who knowingly reports or submits a false complaint against a service provider or an establishment, with the intention of harming or defaming them, shall be punished by imprisonment for a period not exceeding three months and a fine not exceeding thirty thousand Egyptian pounds, or by either of these two penalties, even if such report or complaint does not result in the initiation of criminal proceedings regarding the act reported or complained of.

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## Article (27):

Any person who violates the provisions of Articles (6), (7), and (8) of this Law shall be punished by imprisonment for a period not exceeding one year and a fine not exceeding one hundred thousand Egyptian pounds, or by either of these two penalties.

The person responsible for the actual management of the establishment shall be subject to the same penalties prescribed for acts committed in violation of the provisions of the aforementioned Articles if it is proven that he had knowledge of such acts and that his breach of the duties imposed on him by such management contributed to the commission of the crime.

The court may order the suspension of the establishment's license for a period not exceeding one year, and in case of recurrence may order the revocation of the license. The judgment shall be published in two widely circulated daily newspapers at the expense of the establishment.

The establishment shall be jointly liable for payment of all financial penalties imposed.

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## Article (28):

Any person who commits a medical error causing actual harm to a service recipient shall be punished by a fine of not less than ten thousand Egyptian pounds and not exceeding one hundred thousand Egyptian pounds.

The penalty shall be imprisonment for a period of not less than one year and not more than five years and a fine of not less than five hundred thousand Egyptian pounds and not exceeding two million Egyptian pounds, or either of these two penalties, if the offence results from a gross medical error.

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## Article (29):

The victim, his authorized representative, his heirs, or their authorized representative, may request the investigative authority or the competent court, as the case may be and at any stage of the proceedings, to record a settlement with the accused in the offences provided for in this Law. If settlement is concluded during execution of the sentence, the investigative authority shall order suspension of the execution of the penalty, even if the judgment has become final.

Settlement shall result in the extinction of the criminal action, without prejudice to the rights of the person harmed by the offence or to civil claims.

Settlement may also be acknowledged before the amicable settlement committee formed in accordance with this Law, provided that it is submitted to the investigative authority or the competent court, as the case may be, for approval. Such settlement shall have the same effects provided for in the first paragraph of this Article.



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