

Knowledge, practices and attitude of healthcare professionals towards medico-legal aspects in clinical practice: Results of a questionnaire-based survey

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Abstract

Objective: To understand knowledge and practices of healthcare professionals towards medico-legal aspects in clinical practice. **Material and Methods:** In this cross-sectional online survey healthcare professionals answered questions related to awareness on important medico-legal decisions/rules/concepts, practices and attitude towards related to medico-legal cases. **Results:** Of the 545 healthcare professionals, 497 (91.2%) were postgraduate allopathy doctors and 374 (68.6%) were in clinical practice since more than 10 years. A total of 336 (61.7%) healthcare practitioners were aware about at least some landmark judgement given by Supreme Court in a medico-legal case. A total of 240 (44%) reported taking verbal consent of patient in outpatient department. In 242 (45.1%) doctor's hospital, operating surgeon takes the consent prior to surgery whereas in 143 (26.7%) and 149 (27.8%) cases residential medical officer and staff nurse takes the consent prior to surgery. A 398 (73%) healthcare professionals store data in physical/manual format. A total of 172 (31.6%) healthcare professionals reported to face some kind of violence from patient or relatives in practice and 393 (72.1%) reported that they have medical indemnity insurance. **Conclusion:** Considerable variations in the knowledge and practices related to medico-legal aspects among healthcare professionals in India are identified. This gap may be bridged by conducting continuous medical education activities and awareness drives.

Key Words: Clinical practice, healthcare professionals, medico-legal aspects

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Received Date: 10/06/2019 Revised Date: 03/07/2019 Accepted Date: 13/08/2019

DOI: <https://doi.org/10.26611/10121122>

Access this article online

Quick Response Code:



Website:

www.medpulse.in

Accessed Date:

02 August 2019

INTRODUCTION

Every profession has several obligations and responsibilities. Medical profession is unique and

different from other professions because of need of scientific knowledge, technical skills and understanding of human being for providing necessary patient care. Medical negligence is a concern, but it is obvious that no doctor wishes to harm their patient. Today, those involved in saving in other's life find themselves at risk because of increasing rates of assaults on medical professionals or litigations. Although there are no exact data, a study suggests over 75% of doctors have faced violence at the workplace.¹ According to another study, annually there is 110% increase in the number of medical negligence cases in India.² In medical profession, success cannot be guaranteed in every case, as it depends on several factors which are beyond doctor's control. Moreover, medicine is ever changing science. There can

How to cite this article: Richa Singh, Hemant Lahoti, Sriram Gopal, Surekha Patil, Abhishek Chandavarkar. Knowledge, practices and attitude of healthcare professionals towards medico-legal aspects in clinical practice: Results of a questionnaire-based survey. *MedPulse – International Journal of Gynaecology*. August 2019; 11(2): 45-50. <http://medpulse.in/Gynaecology/index.php>

be more than one correct method of treating patient; hence treatment can-not be generalized. With increase in awareness about rights of the patient, vulnerability of medical profession for litigation is increasing day by day. Similarly, there has been considerable shift in the medical practice after the enforcement of Consumer Protection Act, 1986. Successful clinical practice is balance between medico-legal requirements and excellence in patient care.³ Moreover, healthcare professionals have many ethical, moral and legal obligations.⁴ Cordial relation with patient and relatives is a key to the success of clinical practice. Medical negligence, disaster in patient-physician relationships, inadequate documentation, lapses in data storage and method of consent process are some of medico-legal aspects. Considering this, it is imperative that clinicians are aware about medico-legal aspects in clinical practice, relevant laws and regulations and take necessary precautions to protect themselves from being prosecuted in civil or criminal litigations. At the same time, they should strive hard to continue excellence in patient care. Optimal patient care may differ based on the type of hospital and facilities available at the centre. Although patients are reasonably well informed about their illness,⁵ awareness of rights among patients from developing countries is poor.⁶ Medico-legal issues can adversely influence relations and practice of medicine⁷ and they usually arises all of a sudden when clinician is off the guard. This may result in sudden psychological shock leading to depression, significant impact on clinical practice and huge social and financial implications. Moreover, harsh judgements may contribute to increase in mistrust among doctor patient relationship. The best way to handle any related complication is to avoid it, for which every clinician should have adequate knowledge of medico-legal issues. Without adequate knowledge, unknowingly clinicians may have to suffer with medico-legal issues during litigation. Unfortunately, during under-graduate or post-graduate training very little attention is given to medico-legal issues.⁸ Medico-legal issues may differ from speciality to speciality. Articles related to medico-legal issues in endoscopic sinus surgery,⁸ pathology,⁹ sports medicine,¹⁰ adolescent medicine,¹¹ psychiatry,³ dermatology¹² and anaesthesia.¹³ Few studies^{4,14,15} have been conducted in India to understand awareness of different medico-legal aspects among healthcare

professionals. A study by Nanandkar and Chavan⁴ reported poor awareness about important medico-legal aspects practicing obstetricians and gynaecologists. A survey among doctors from different specialities showed knowledge gaps in obtaining informed consent.¹⁴ Poor knowledge about medical negligence and medical ethics has been reported by another study among resident doctors and interns.¹⁵ Overall evidence about knowledge and practices of clinicians related to medico-legal issues in India are limited.

OBJECTIVE

The objective of study was to understand the knowledge and practice of healthcare professionals towards medico-legal aspects in routine clinical practice.

MATERIAL AND METHODS

A cross sectional questionnaire based online survey was conducted in tertiary care hospital in Navi Mumbai. The survey participants included MBBS, post-graduate allopathy doctors and healthcare professionals from AYUSH. The questionnaire was validated, pre-tested and then circulated to healthcare practitioners. The information collected included qualification of the healthcare professional, years of practice, type of consent taken in outpatient department (OPD), awareness and practices of data collection and storage, handling rape case, time limit to handover the medical record to patients or relatives after requisition, knowledge about legal remedies available to the patient against negligent conduct of medical professionals, knowledge about monetary limit under consumer protection act, landmark judgement given by supreme court in medico-legal cases, Jacob Mathew v/s state of Punjab (2015 SC 3180) case of medical negligence by apex court, concept of Res ipsa loquitar, vicarious liability, medical indemnity insurance, facing any kind of violence from patients or relatives and practice of issuing death certificate and other papers. The study was approved institutional ethics committee.

Statistical analysis:

Results are presented as summary statistics. Categorical data are presented as number and percentages. Chi square test was used to estimate difference in the categorical variables.

RESULTS

Table 1: Baseline characteristics

Parameter	Result N (%)
Postgraduate allopathy doctors	497 (91.2%)
MBBS	34 (6.2%)
AYUSH professionals	14 (2.6%)
Less than 5 years of experience in clinical practice	82 (15%)
6-10 years of experience in clinical practice	89 (16.3%)
More than 10 years of experience in clinical practice	374 (68.6%)

Table 2: Awareness about medico-legal decisions/rules/concepts

Awareness	Result N (%)
Any landmark judgement given by supreme court in medico-legal case	336 (61.7%)
Jacob-Methew versus state of Punjab case	243 (44.6%)
Res ipsa Loquitar	299 (54.9%)
Vicarious liability	386 (70.8%)

Table 3: Distribution of awareness about medico-legal decisions/rules/concepts according to years of practice

Awareness	Less than 10 years of practice N (%)	More than 10 years of practice N (%)	P value
Any landmark judgement given by supreme court in medico-legal case	97 (56.7%)	239 (63.9%)	0.110
Jacob-Methew versus state of Punjab case	58 (33.9%)	186 (49.5%)	0.0007
Res ipsa loquitar	101 (59.1%)	198 (74.4%)	0.183
Vicarious liability	120 (70.2%)	266 (71.1%)	0.821

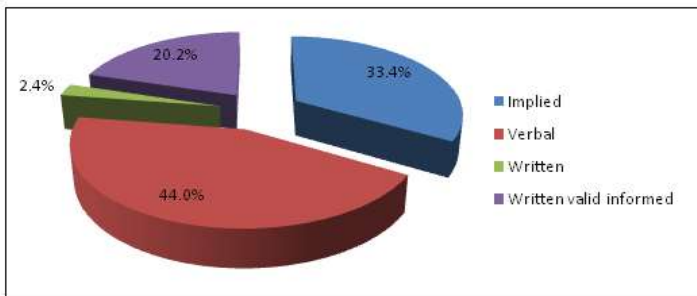


Figure 1

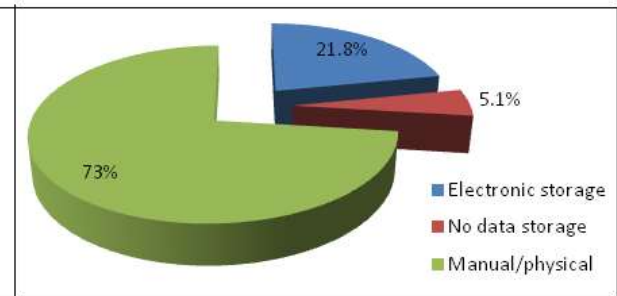


Figure 2

Figure 1: Types of consent taken before examination of patient in outpatient department; **Figure 2:** Types of data storage in hospital/clinics

The study involved a total of 545 healthcare professionals from different streams of medical sciences of whom 497 (91.2%) were postgraduate allopathy doctors. MBBS and AYUSH healthcare professionals were 34 (6.2%) and 14 (2.6%) respectively. Number of practitioners with less than 5 years, less than 10 years and more than 10 years of practice were 82 (15%), 89 (16.3%) and 374 (68.6%) respectively (Table 1). A total of 336 (61.7%), 243 (44.6%), 299 (54.9%), 386 (70.8%) and 115 (21.1%) healthcare practitioners were aware about some landmark judgement given by supreme court in medico-legal case, “Jacob-Methew versus state of Punjab case”, Res IPSA

Loquitar and vicarious liability respectively (Table 2). Significantly more number of healthcare professionals with more than 10 years of experience were aware about Jacob-Methew versus state of Punjab case than those with less than 10 years of experience (p=0.0007; Table 3). In other awareness there was no significant difference. Total of 182 (33.4%), 240 (44%), 13 (2.4%), 110 (20.2%) healthcare practitioners taken implied consent, verbal consent, written consent and written valid informed consent respectively before examining the patient in outpatient department (Figure 1). In 242 (45.1%) doctor’s hospital, operating surgeon taken the consent prior to

surgery whereas in 143 (26.7%) and 149 (27.8%) cases residential medical officer and staff nurse takes the consent prior to surgery. A total of 119 (21.8%) healthcare professionals reported to store patient data in electronic format whereas 398 (73%) healthcare professionals store it in physical/manual format. A total of 28 (5.1%) healthcare professionals reported that they do not store patient data (Figure 2). A total of 46 (8.4%) healthcare professionals reported that they issued death certificate under pressure by relatives/police/politician in case of sudden death in hospital, where cause of death was not known. A total of 44 (8.1%) reported handing over case papers to relatives/insurance agents without patients consent. A total of 227 (41.7%) doctors reported that they hand over medical records to the patient or relative after 48 hours. A total of 109 (20%) doctors mentioned that it should be handed over immediately whereas 156 (28.6%) said it should be given after 72 hours. Remaining 53 (9.7%) doctors said, record should be denied. As per the opinion of 92 (16.9%) doctors, medico-legal case (MLC) records must be preserved by the hospital for 5 years. A total of 110 (20.2%) doctors mentioned that MLC records must be preserved for 10 years. According to 165 (30.3%) doctors, MLC records must be preserved indefinitely whereas 178 (32.7%) opined that records need to be preserved till the final verdict of the case. According to 354 (65%) doctors, doctors working in the government hospitals can handle a rape case independently. According to 190 (34.9%) doctors a rape case can be handled independently by a registered medical practitioner. Only one (0.2%) mentioned that intern can independently handle a rape case. A total of 131 (24%) doctors reported that patients can file civil proceedings under consumer protection act 1986 for the negligent conduct of medical professional whereas 24 (4.4%) doctors mentioned that patient can follow criminal proceedings under Indian Penal Code (IPC) 1860. According to 390 (71.6%) doctors, patients can follow civil proceedings or criminal proceedings. According to 173 (31.7%) healthcare professionals monetary limit under consumer protection act 1986 in district forum is 5 lakhs whereas according to 176 (32.3%) healthcare professionals it is 20 lakhs. Other 196 (36%) mentioned that the limit under consumer protection act 1986 in district forum is 10 lakhs. A total of 172 (31.6%) healthcare professionals reported to face some kind of violence from patient or relatives in practice. Significantly less number of healthcare professionals having more than 10 years of experience faced violence from patients or relatives than those with less than 10 years of experience [98 (26.2%) vs 74 (43.3%); $p < 0.0001$]. A total of 393 (72.1%) healthcare professionals reported that they have medical indemnity

insurance. The percentage of healthcare professionals having medical indemnity insurance in those with practice more than 10 years was more than less than 10 years of practice [302 (80.7%) vs 91 (53.2%); $p < 0.0001$]. A total of 258 (58.4%) healthcare professionals have medical indemnity insurance of 50 lakhs or less whereas 145 (32.8%) have it between 50 lakhs to 1 crore. Only 39 (8.8%) healthcare professionals have medical indemnity cover of more than 1 crore.

DISCUSSION

In this cross sectional study healthcare professionals from different specialities were involved, but the population was predominated by post-graduate allopathy specialists and those with more than 10 years of experience in clinical practice. Overall awareness and practices related to medico-legal aspects differed among healthcare professionals. The judgment of Jacob Mathew versus state of Punjab case gives guidelines before filing prosecution against clinician for negligence.¹⁶ Less than half of the survey participants were aware of this judgment. There was significantly better awareness in healthcare professionals with more than 10 years of experience than less than 10 years of experience. The principle of *res ipsa loquitur* or “the thing speaks for itself” suggests that in certain circumstances no proof of negligence is required beyond the accident itself. This can be referred when there is proof of unexpected occurrence and evidence that the accident could not have happened without negligence or lapses on the part of the doctor, and circumstances clearly suggest that the medical professional and no other person was negligent. This principle was known to 54.9% in our study. Awareness about concept of vicarious liability i.e. holding employer vicariously liable for claim arising out of negligence by an employee was checked in the survey. Close to 71% survey participants were aware about this without significant difference in awareness between healthcare professionals with experience of more than or less than 10 years. Obtaining consent of patient before medical examination and procedure is mandatory.¹⁷ Valid consent is also necessary for medical treatment.¹⁸ Informed consent means more than just taking consent. Health-care provider should inform the patient about benefits and risks of procedure. Alternative treatment options and consequences of no treatment should also be explained to the patients.¹⁹ The type of consent may vary based on the type of examination and procedure. In our study, there were variations in practice in terms of type of consent before examination of patient in outpatient department and before surgical procedure. There are several options for patient to follow in case of medical negligence by the healthcare professional. These actions include seeking

compensatory action, filing a criminal complaint or approaching professional bodies for disciplinary action.¹⁹ We observed differences in the understanding of healthcare professionals. Another striking fact in terms of violence against healthcare professionals was observed in our study. Close to 32% healthcare professionals reported to face violence from the patients or their relatives. In today's world, physicians need to have professional liability insurance to get immunity against earned and invested assets.¹⁹ In our study, slightly above one fourth healthcare professionals reported not having medical indemnity insurance. Comparison showed significantly less number of healthcare professionals with less than 10 years of practice have medical indemnity insurance than those with more years of practice. This could be due to realization of need of indemnity insurance over the period of time. Violence was reported by significantly more number of healthcare professionals having less than 10 years of experience than those with more experience. This highlights the need for professional indemnity insurance by all healthcare professionals. As per the Consumer Protection (Amendment) Act, 2002, financial limits for filing case before the District Consumer Forum, State Commission and National Commission are up to Rs 20 lakhs, up to Rs 1 crore, above Rs 1 crore respectively.²⁰ Awareness of this was found to be poor in our study population. Documentation in clinical practice is very important. In case of lack of documentation, it is difficult to prove or disprove the facts. Documentation helps in verification of claims or allegations after months or years after an event.¹⁹ Documentation can be stored in electronic or physical format. In India, traditionally, manual method i.e storing data in papers is followed.²¹ In our study, most of healthcare professionals reported storing data, except 5.1% who do not store it. Most of the survey participants maintain data in physical format. Physical format of data is vulnerable to fire, flood or other forms of damage. Efforts should be taken to protect data in physical format from these risks. Electronic data with regular back-up may be suitable to overcome these limitations. Training and infrastructure are the basic requirements for maintenance of data in electronic form. Definite guidelines regarding duration of medical record retention do not exist in India, hence there are differences in the pattern record keeping for varied periods of time.²¹ In our study too we observed varied responses regarding duration for record retention. Few studies²²⁻²⁶ from India examining awareness about medico-legal aspects in healthcare professionals have been published. In a study by Singh and colleagues awareness about medico-legal procedures of medico-legal case management was found to be poor.²¹ In another study among dentists,²³ knowledge about consumer protection act was found to

be below average. In our study, we did not include dentists. A cross sectional survey by Senthilkumar and colleagues²⁴ also showed little awareness about medico-legal issues among health professionals from a medical and dental college. Overall, the findings of our study suggest importance and need of training of healthcare practitioners in medico-legal aspects. Our study has some limitations. Although it provides significant knowledge about current scenario, cross sectional design with objective questionnaire does not give clear understanding of exact challenges faced by the healthcare professionals. More studies are required to confirm these findings.

CONCLUSION

There are considerable variations in the knowledge and practices related to medico-legal aspects among Indian clinicians. There is urgent need to improve awareness about medico-legal aspects among doctors. Continuous medical education activities may help in bridging this gap. There is an urgent need to include chapters on medical negligence in both under graduate and post-graduate medical curriculum. All healthcare professionals should be trained on legal aspects of clinical practice and precautions to be taken for avoiding unnecessary litigations. Current indemnity insurance seems to be inadequate in most of the health-care professions. Clinicians should take adequate cover of medical indemnity insurance from their first day of clinical practice. Access to resources or support system (e.g. legal cell) should be made easy for healthcare professionals, so that they don't feel lonely in the legal battle.

REFERENCES

1. Dey S. Over 75% of doctors have faced violence at work, study finds. Times of India 4 May 2015 Available at <https://timesofindia.indiatimes.com/india/Over-75-of-doctors-have-faced-violence-at-work-study-finds/articleshow/47143806.cms> accessed on 20th July 2019
2. Singh S. Alarming rise in medical negligence litigation: Study. Times of India. 18 November 2016. Available at <https://timesofindia.indiatimes.com/city/nagpur/Alarming-rise-in-medical-negligence-litigation-Study/articleshow/55484635.cms> accessed on 20th July 2019
3. Straker M. Current medico-legal issues -- a psychiatrist's view. *Dis Nerv Syst* 1975;36:331-5
4. Nanandkar SD, Chavan GS. Assessment of medico-legal awareness of practicing obstetricians and gynaecologists *J Indian Acad Forensic Med* 2008;30:136-40
5. Yousuf RM, Fauzi AR, How SH, Akter SF, Shah A. Hospitalised patients' awareness of their rights: a cross-sectional survey from a tertiary care hospital on the east coast of Peninsular Malaysia. *Singapore Med J* 2009;50:494-9

6. Tabassum T, Ashraf M, Thaver I. Hospitalized patients' awareness of their rights-a cross sectional survey in a public and private tertiary care hospitals of Punjab, Pakistan. *J Ayub Med Coll Abbottabad* 2016;28:582-86
7. Nash L, Walton M, Daly M, Johnson M, Walter G, van Ekert E, *et al.* GPs' concerns about medicolegal issues - How it affects their practice. *Aust Fam Physicians* 2009;38:66-70
8. Patel AM, Still TE, Vaughan W. Medicolegal issues in endoscopic sinus surgery. *Otolaryngol Clin North Am* 2010;43:905-14
9. Allen TC. Medicolegal issues in pathology. *Arch Pathol Lab Med* 2008;132:186-91
10. Pearsall AW 4th, Kovalski JE, Madanagopal SG. Medicolegal issues affecting sports medicine practitioners. *Clin Ortop Relat Res* 2005;433:50-7
11. Schwarzenberg TL, Bufforne MR. Legal and medicolegal issues in adolescent medicine. A critical review of the present regulation and legislation. *Minerva Pediatr* 2001;53:49-53
12. Torres A, Konda S, Nino T, de Golian E. Medicolegal issues. *Clin Dermatol* 2016;34:106-10
13. Parakh SC. Medicolegal article. *Indian J Anaesth* 2010;54:39
14. Gupta G, Singh AN, Bansal N, Wander GS. Knowledge about informed consent among doctors of various specialities: a pilot survey. *J Assoc Physicians India* 2018;66:57-62
15. Varghese AM, Vaswani VR, B. Kishor Kumar, Shenoy V. Awareness and attitude of medical negligence and medical ethics among interns and resident doctors. *Int.J.Curr.Microbiol.App.Sci* 2016; 5: 532-535
16. Subrahmanyam BV. *Jacob Mathew v. State of Punjab*, the judgment stipulates the guidelines to be followed before launching a prosecution against a doctor for negligence. *J Neurosci Rural Pract* 2013;4:99-100
17. Yadwad BS, Gouda H. Consent--its medico legal aspects. *J Assoc Physicians India* 2005;53:891-4
18. Nandimath OV. Consent and medical treatment: The legal paradigm in India. *Indian J Urol* 2009;25:343-47
19. Raveesh BN, Nayak RB, Kumbar SF. Preventing medicolegal issues in clinical practice. *Ann Indian Acad Neurol* 2016;19 (Suppl 1): S15-S20
20. In "The Veracity of Laws relating to Medical Malpractice in India. Scope and Nature" by Aditya Singhal. *IJSRP Inc.* 2015 India
21. Thomas J. Medical records and issues in negligence. *Indian J Urol* 2009;25:383-88
22. Singh AK, Singh K, Verma A. Study of medico-legal case management in tertiary care hospital. *J Indian Acad Forensic Med.* October- December 2011, 33:337-42
23. Radhika T, Nadeem J, Arthi R, Nithya S. Awareness about medico legal aspects and consumer protection act among dentists. *J Forensic Odontostomatol.* 2017; 35: 1-8
24. Senthilkumar S, Chandrasekhara V, Ingle NA. Awareness of medico-legal issues among medical and dental college health professionals. *Indian Association of Public Health Dentistry.* 2013;11:44-50
25. Chavda KL, Jadhav JC, Padmaraj RY, Shah KA, Silajjiya DA, Joshivara RV. A study on awareness and consciousness towards the different medico-legal terms among the doctors of different areas of Gujarat. *Int J Res Med.* 2014; 3; 43-45
26. Goel P, Sharma P, Sharma P, Vaish S. Awareness about medico legal aspects and Consumer Protection Act (CPA) among dental fraternity. *J Dent Specialities.* 2018;6:131-135.

Source of Support: None Declared
Conflict of Interest: None Declared