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Awareness of Consumer Protection Act among medical and dental professionals - a cross sectional study from Davangere, Karnataka, India



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ABSTRACT

Background:

Enormous scientific and technological advancements, reduced the mortality rate, morbidity but certain issues came up, which significantly affected the trust and relationship between a doctor and the patient such as, deteriorating quality of medical education, ethical issues, commercialization of medical fields and corporate culture for patient management. So it is important to know about the consumer protection act (CPA). The purpose of this research was to assess the awareness of CPA among Dental and Medical practitioners in Davangere city, Karnataka, India.

Methods:

504 dental and medical professionals were included in the survey. A self-administered, structured questionnaire written in English script, validated through a pretested survey including 22 items was used to evaluate the awareness and practices regarding CPA among all the participants.

Results:

The results showed that there was no significant difference in awareness regarding COPRA among medical professionals and dental professionals. In this study we observed private practitioners had more awareness comparing with the doctors associated with the academic sector.

Conclusion:

Medical and dental professions need to update their understanding on consumer protection act and its amendments to be on a legally safer side.

Keywords:

Awareness, consumer protection act, dentists, physicians

Introduction:

In the past few decades' enormous scientific and technological advancements, reduced the mortality rate, morbidity and improved overall quality of human life [1]. This credit is not only the advanced techniques, but also the doctors, who implements to the patients. The doctor-patient relationship is based on faith and mutual trust [2]. At the same time certain negative aspects came up, such as deteriorating quality of medical education, ethical issues, commercialization of medical fields and corporate culture for patient management. All these changes significantly affected the trust and relationship between a doctor and the patient [3]. The most pitiful fact is that, this relationship is further strained by the implementation of Consumer Protection Act (CPA/COPRA).

In India, CPA/COPRA of 1986 was enacted for better protection of the interests of consumer grievances. This is done through quasi-judicial mechanisms set up at district, state, and national levels. The main purpose of this act was to protect the interest of the consumers of different commodities which is available to them but after paying they do not get standard quality of service [4]. CPA was implemented to stop the unlawful and unethical medical practices in India. The main disadvantage of CPA is that there is no provision to punish people who filed fraudulent cases against doctors. Another point to be considered in this context is that it does not consist of any medical professional in the panel. Through this act, consumers can lodge a complaint which is further preceded by the quasi-judicial bodies referred to as consumer forums. These forums have been authorized to award compensation to the consumer for their sufferings. In the end of the year 1995, the honorable Supreme Court of India delivered judgment on application of consumer protection act, 1986 to the medical or dental professionals, hospitals, dispensaries, nursing homes and all other health related services [5].

Through this act, patient can file lawsuits in consumer courts, in case of medical negligence. The legal cases of medical negligence are rising because of the ease with which these cases can be initiated in a consumer court. It resulted in enormous financial loss and damage to the reputation of individuals and institutions. This makes Understanding Law and Legal framework of the constitution imperative for healthcare workers to prevent complaints and legal cases [6].

Unfortunately, most of this information is scattered across various Acts and Statues. To add to this, legal language is very technical and difficult to be interpreted by a non-legal person. The law is implemented to help the patient in cases of negligence, not to punish or harass health professionals.

Amongst all CPA is the most effective, patient friendly platform for the settlement of the dispute in a easier way without any financial burden to the patients.

Conditions of medical negligence arises when a medical/dental practitioner shows irresponsibility, which is not expected from a careful practitioner [7].

So, doctors should be more careful when admitting patients. This is also important that, what medication or treatment will be given to the patient. Proper supervision is required during the full treatment period. Infringement of any of these allows the patient a right to act for negligence [8, 9]. According to the law, if patient suffers from any symptoms after the treatment, by medical or dental professionals, patients can claim for compensation. Thus this is an important issue to know about the CPA for the avoidance of medico-legal harassment [8].

Medical professionals with honest and ethical practice should not fear about these medico legal aspects. In a broad sense, any law whether civil, criminal or consumer can set a range of the outer limits of acceptable conduct. To be clearer, there is always a question leaving us in dark for its acceptable limits. So this is always recommended that doctors should be familiarizing themselves with these laws, which may interfere their practice.

In India several studies were conducted to make out the knowledge and awareness about CPA among healthcare professionals. A less research work carried out in the state of Karnataka. The current research was undertaken to obtain a comparative scenario of the knowledge and awareness among medical and dental professionals in the city of Davangere, Karnataka, so that necessary awareness programme can be launched [8-10].

Materials and methods:

Study Period

This cross-sectional survey was conducted from October to December 2010 in the two dental and two medical educational institutes, hospitals (government and private) in Davangere city.

Study design, method and the participants

The institutes were College of dental sciences, Bapuji Dental College and hospital, JJM medical college and hospital and SS Medical College and Hospital. The study was also conducted among local medical/dental practitioners in Davangere city Karnataka, India. So, the total sample comprised of 452 professionals, including 163 dental and 289 medical professionals.

Response Rate

Out of 504 medical and dental professionals 452 took part in the study giving an overall response rate of 89.68%.

Questionnaire design

A self-administered, structured questionnaire written in English validated through a pretested survey including 22 items was used to evaluate the awareness and practices regarding CPA among all the participants. Questionnaire was started with the socio-demographic characteristics of the respondents; which was followed by the second part consisted of questions to judge the knowledge about CPA, provisions as applied to medical and

dental profession, third part regarding awareness about informed consent. Unique study identification number was used to avoid biasness and to maintain the confidentiality of the study.

Validity of the Questionnaire

A pilot study was conducted with the questionnaire constructed to obtain the awareness and practices regarding CPA. Pretesting of this questionnaire with a group of 20 professionals ensured the level of validity and degree of repeatability (Cronbach's alpha=0.76). Those professionals included in the pilot study were not a part of the final sample.

Data collection

The medical and dental professionals were visited by one post graduate students and nine third year undergraduate students posted in the Department of Preventive and Community Dentistry, College of Dental Sciences, Davangere. Study investigators collected the written informed consent from the participants prior to distribution of the questionnaire.

List of doctors working in two dental and medical colleges was obtained from the respective colleges, the list of private practitioners was obtained from the Indian dental association; Indian medical association of Davangere branch and list of doctors working in government hospital was obtained from district medical office Davangere. All returned questionnaires were coded and analyzed. Results of this questionnaire based survey were expressed as a number and percentage of respondents for each question.

Inclusion criteria

All medical and dental professionals of the Bapuji Dental College and hospital, JJM medical college and hospital and SS Medical College and Hospital and other practitioners of the city of Davangere.

Exclusion criteria

52 subjects were excluded from the study (those who did not completed the proforma, those who refused to give consent, those who were not available on two consecutive visits, those included in pilot study)

Outcome variable

Different factors for assessing knowledge and awareness of CPA was considered as outcome variable.

Explanatory variables

Demographic factors like gender, age, years of experience, type of practice, type of degree were defined at individual level.

Ethical committee approval

Prior this survey, clearance was taken from the ethical committee of the college authority of Davangere. An official

permission was also taken from the higher authority of all other colleges.

Data management and statistical analysis

Statistical package for social sciences (SPSS) Version 17 software was used in this study for the analysis. Chi-square test was performed to find out the association between different variables namely age, years of experience, qualification etc. Level of significance was set at $p < 0.05$.

Results:

Part I: Respondent's profile

Table 1 presents the distribution of the study subjects according to their gender, age, experience and type of practice, degree etc.

Table 1: general profile of the study population	
Characteristics	Subjects n(%)
Gender	
Male	271(60)
Female	181(40)
Age group (in years)	
25– 35	196(43.4)
36 – 45	147(75.9)
46 – 55	69(15.3)
56 - 65	28(6.2)
66 - 75	12(2.7)
Years of experience	
1-10	290(64.2)
11-20	114(25.2)
21-30	37(8.2)
31-40	11(2.4)
Type of practice	
Academic	223(49.3)
Private	86(19)
Both	143(31.6)
Type of degree	
MBBS	63(13.9)
MS/MD	226(50)
BDS	25(5.5)
MDS	138(30.5)

Of the 452 professionals who participated in the study, majority (60%) were males. Among the medical and dental professionals, majority (43.4%) was in the age group between 25 and 35 years, followed by 36 and 45 years (32.5%), 46 and 55years (15.3%), 56 and 65 years (6.2%), 66 and 75 years (2.7%). In terms of experiences, 64.2% had between 1 and 10 years of experience, followed by 11 to 20 years (25.2%), 21 to 30 years (8.2%) and >30 years (2.4%) in their practice. Among the participants, majorities (63.9%) were medical professionals with MBBS, MS or MD degree and remaining were dental professionals qualified with the degree of BDS, MDS. Number of academic professionals were more (49.3%), followed by both academic and private professionals (31.6%), private professionals (19%).

Table 2: comparison of response to questions among respondent with various degree (%)

Question	Response		P value
When asked if they can be sued for rejecting medically compromised cases	50.4	20.4	0.05 [†]
Maximum time period required for patient to sue the professionals	2months	6months	0.000 [†]
	40.9	26.3	
Number of respondent always take a written consent from their patient once they explain the treatment procedures?	53.3	46.7	0.000 [†]
Number of respondent felt prior consent necessary for giving emergency / first-aid treatment	66.8	28.8	0.01 [*]

[†]P<0.01, statistically significant

^{*}P<0.05, statistically significant

Part II: Knowledge about CPA, provisions of CPA as applied to medical and dental profession

Majority of the respondents said that they were aware of CPA and around 45.4% of the respondents were unaware of the aims and objective of COPRA. 16.4% does not know that qualifications/ training/ experience/ designation have to be mentioned on the prescription. There was statistically significant difference seen among postgraduate and undergraduate medical and dental professionals. Most of the respondents (87.4%) were aware that state consumer forum of Karnataka located is located at Bangalore.

79.2% felt that they can be sued for rejecting an emergency case, only 9.7% of the respondents were unaware of this situation. There was statistically significant difference seen among professionals with different service they provided. Only 50.4% of the respondents felt that they can be sued for rejecting medically compromised case 20.1% of them were not aware of this situation. There was statistically significant difference seen among professionals with different degree (p value=0.05) and service (p value=0.00) they provided. Most of the respondents i.e. 52.8% were unaware of the fact that doctors or hospitals paid by an insurance firm for treatment of client were Liable under COPRA. When asked at which level should a compensation claim of Rs 4 lakhs be made, majority of them i.e. 44.9% of them told it is at state level. Only 25.4% of them told that it is at district level. Only 29% of the respondent were aware of the fact that the centre and 39.6% told that it's depends on the severity of the clinical mishap at which the patient approaches to file a complaint is determined by the compensation the consumer quotes.

When asked, about the time period within which a patient can sue the concerned doctor with evidence 40.9% of the respondent told it is within 6 months after treatment, only 26.3% felt that its 2 years after treatment and remaining 32.7% were unaware of it. There was statistically significant difference

seen among professionals with different degree. Majority of the respondent i.e. 68.8% told that they always make a note, if patient or attendant are erring on an account (history not reliable, refusing investigations, refusing admissions).

87.4% told that they will explain the diagnosis, prognosis and treatment plan to their patient. Only 55.3% told that they will always take a written consent from the patient once they explain the treatment procedure. There was statistically significant difference seen among professionals with different degree and different services at which they provided. 92.3% were aware the fact that for a patient 10 years of age, consent for examination is taken from parent/guardian and 71.5% of the respondent were aware that informed consent refer to one specific procedure at a time.

When asked is prior consent necessary for giving emergency/ first-aid treatment only 66.8% told no while 28.8% told yes to it. There was statistically significant difference seen among professionals with different degree. When we enquired whether a person who receives medical treatment in Government or Charitable hospital, which provides treatment to one and all free of cost, is a consumer under the act 47.3% of the respondent told yes while 25.9% told no to this question and 25.7% of the respondent told they were unaware of it. We observed a statistically significant difference among the health professionals with different degree.

When asked, if the State Medical Council removed the name of the doctor from register who has been sentenced by any court for any non-bailable offence or found to be guilty of infamous conduct in any professional respect. Can State Medical Council re-enter the name of the doctor in the register, 31.6% of them told yes, 34.3% of them told no and 34.1% of them told they were not aware of it. When asked if the complaint instituted, is found to be frivolous or vexatious, should the complainant is liable to pay to the opposite party such cost majority of them i.e. 62.2% of them told they were unaware of it and only 37.8% told yes to the above question. Only 47.1% of the respondents knew that, a consumer/Doctor can appeal against the order of District forum within 30day and 34% (n=124) of the respondent told it is 90 days.

Discussion

After the implementation of consumer protection act 1986, there were several complaints lodged against dental and medical professionals, convicting them as cases of negligence in service delivery. Earlier, healthcare professionals were unaware about the CPA, 1986 [8]. There are very few previous data to compare with the findings of this study.

Level of education and the awareness scores

The increasing number of practicing medical and dental professionals resulted in an increase in the number of treatment providers. It is important to update the knowledge of health

professionals, because without proper information about CPA, malpractice increases the chances of complex cases, raising medico-legal issues. There are some researchers showed a statistically significant association between the level of education and the awareness scores. Same pattern of response is observed in our study [8, 11]. This could be due to an increase in knowledge, which led to an increase in awareness. In this study, different aspects of basic awareness regarding rules and regulations were satisfactory. Although there were different studies with dissimilar findings. This could be attributed to a variation in the sample size, pattern of the questionnaire used and the most important factor, study settings [12]. There are an increasing number of patients who are knowledgeable and well aware about their rights and with the help of consumer forum taking suitable legal actions against doctors. Majority of the professionals in our present study was aware of CPA which is a promising aspect for future.

Knowledge scores among medical and dental professionals

From the results it was evident that there was no statistically significant difference in the awareness of CPA among medical and dental professionals. These findings were contradictory to some other studies in India, where authors found medical professionals were comparatively more knowledgeable than dental professionals [8, 13]. This could be due to the fact that both the professionals had almost same exposure of variety of cases dealt with medical/dental negligence [14]. However, different clinical dental services are also involved in the claims. In this research, majority of study population claimed to involve oral surgery and fixed prosthodontics.

Comparison of awareness among private and academic/combined practitioners

An interesting finding is that, among the private practitioners, there was more awareness compared with academic and combined practitioners. These findings were in accordance with the outcomes of Singh *et al.* [8]. That may be related to the higher socio-economic level of the patients seeking treatment from the private sector.

Conclusion

Public awareness of medical and dental negligence in India is growing. Hospital managements are increasingly facing complaints regarding facilities, standards of professional competence and appropriateness of therapeutic and diagnostic methods. Therefore, both the professions need to update their understanding on consumer protection act and its amendments to be on a legally safer side.

Limitations & future scope of the study

This study is limited with a small number of population, broad spectrum study with a relatively larger population, involving all institutions in the state is strongly recommended.

Abbreviations

Consumer protection act (CPA).

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Competing interests

Authors declare that they don't have any competing interest.

Authors' contribution

Dr. Vivek Sathyanarayan and Dr. Shwetha Ramachandrappa designed the research, constructed the questionnaire, participated in the distribution and collection of the questionnaire, data interpretation and writing the manuscript. Final manuscript is accepted by all authors for publication.

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