



## ASSESSING THE KNOWLEDGE AND AWARENESS OF MEDICAL NEGLIGENCE AND MEDICAL ETHICS

<sup>1</sup>Akshita Agarwal

<sup>1</sup>Research Scholar, Department of Law, JECRC University, Jaipur, Rajasthan

<sup>2</sup>Dr. Namita Jain

<sup>2</sup>Associate Professor and Head of the Department, Faculty of Law, JECRC University, Jaipur, Rajasthan

177

### ABSTRACT

There has been a recent uptick in both patient complaints and legal action against doctors. Therefore, acquaintance with Medico Legal problems is as important to training in clinical skills for a successful medical profession. The aim of this study was to determine how much medical legislation is understood by medical interns and residents. Many people in the sample group have a shocking lack of knowledge when it comes to issues of medical ethics and the possibility of medical error. Sixty-two percent of interns are not experts in the field. Only around five percent of medical students and residents have very exceptional knowledge, while almost half know just enough to get by. Taking urgent action to address physicians' apparent lack of concern for their own and their patients' safety is warranted by the findings of this research.

**Keywords:** Medical Ethics, Intern, Doctor, Patient, Legal

**DOI Number:** 10.48047/NQ.2022.20.20.NQ109020

**NeuroQuantology2022;20(20): 177-182**

### I. INTRODUCTION

An expert medical witness should know a lot about a lot of different things, including everything a doctor would learn in medical school and everything linked to it. At the training stage, it is crucial to prevent immoral thinking. All newly minted MDs and DOs should be able to demonstrate their legal knowledge in practise.

There seems to be an increase in complaints against physicians, and the general public is starting to take note of expanding medicolegal issues throughout the world. Because of this, it is more crucial than ever that the medical community uphold the greatest standards of ethics and honesty. This dedication to professionalism stems from the practitioners' comprehensive grasp of

medical ethics and their constant application of these principles in their everyday practise. Expert Opinions from the Medical Field Legal hurdles must be overcome if the doctor-patient relationship is to be protected and medical care is to remain free of commercialization. The general lack of understanding of legal medicine and the legal ramifications of providing medical care is a serious issue that has to be addressed right now.

It's often believed that physicians have more religious convictions than other occupations. The only person who rivals a doctor's value is God. Because of his position, he considers himself an angel. He represents God to the hurting person. Its primary goal is to improve people's health and well-being. It's not a numbers



game, but rather an ethically-guided liberal profession centred on helping others.

The doctor-patient relationship is built on trust and confidence, yet these ideas seem archaic and meaningless nowadays. Because of their good fortune, doctors of old came to be worshipped as deities. The widespread presence of commercialization in every aspect of contemporary life is having a profound effect on the medical industry and the services offered by hospitals and private clinics. As a result of these occurrences, politicians and the public are questioning the legitimacy of the treatment patients are supposedly getting.

Medical negligence, which is "the act or omission by a practitioner such that the treatment provided is below the accepted level and causes injury to the patient," has been on the rise since this time, and the doctor-patient relationship has worsened as a result. In the United States, preventable medical mistakes cause around 195,000 deaths each year. As a result of rising public awareness that medical treatment should be responsible, various restrictions were developed to safeguard physicians.

The present Indian culture has shifted its focus to safeguard the rights of patients. The Consumer Protection Act (CPA) was enacted in 1986 by the government of India to further protect the rights of Indian consumers. Patients who have been harmed as a result of subpar medical care now have a legal right to seek compensation.

The legislation's focus is on negligent healthcare providers, not all healthcare

providers who injure their patients. There should be no grey areas for doctors when taking on new patients; first they must decide whether to take them on, then they must choose what therapy to administer, and finally, they must administer the therapy with extreme caution. If any of these is overlooked, the patient may file a negligence lawsuit.

## II. COMMON REASONS FOR ALLEGATIONS OF MEDICAL NEGLIGENCE

### Surgical Mishap

Anesthesia prevents patients from being able to identify themselves, hence a typical form of surgical mistake is picking the incorrect patient because of a naming mix-up. Accidentally amputating the incorrect limb, amputating the wrong finger, or removing the wrong organ during a surgical procedure. Having anything alien, whether a swab, instrument, or whatever else, left inside of one's body. The senior technician or sister of the theatre may count instruments and swabs as a matter of routine, but whomever does will be held responsible for any discrepancies.

### Casualty and Accident Department

Because of the high volume of activity and the accompanying urgency and haste, this area of the hospital is particularly prone to errors. Several errors are made in the casualty section, including incorrectly diagnosing fractures and failing to provide adequate treatment for head traumas.

### Anesthesia

Most disasters that take place while someone is under anaesthesia are brought on by the anaesthesia itself, or by a malfunctioning piece of equipment.



### **Failure to Attend Patient**

Patients and their guardians often have to settle for subpar care because doctors don't always respond to their requests for help. Forties Escort Hospital v. Amarjeet Singh is a case where the plaintiff, Singh, is claiming that the defendants did not provide him with sufficient medical attention. One of the complaints involves severe stomach pain. The doctor suggested doing a CT scan. A Gastroenterologist was suggested for further evaluation after the doctor read the report. Physician Arun Chopra, a cardiologist, instead saw the patient. Since the medical centre did not provide adequate treatment and consequently harmed the patient. It was the hospital that the complainant sued for damages. The appeal could not be processed quickly because of a backlog of pending cases.

### **Failure of Communication**

After an emergency scenario in which one doctor treats a patient before handing care to another, allegations of recklessness often surface. This may have happened because the second doctor wasn't informed of the serious situation that had been detected by the first, which might have been avoided with good follow-up care but instead led to a lasting impairment or even death. This means that when one doctor treats a patient of another, they need to make sure that their treatment is coordinated with the other doctor's.

### **Drugs and Therapeutic Substance**

Lots of people have allergies or sensitivities to various pharmaceuticals. Concerns that a doctor might not pay

close enough attention to or address adequately. Negligence may have been committed if such a drug were administered, given the high risk of serious injury or death.

### **III. LAWS UNDER WHICH VICTIM OF MEDICAL NEGLIGENCE CAN SEEK REDRESSAL**

#### **ConsumerProtectionAct,2019**

The President has signed into law the Consumer Protection Act of 2019, which will replace the Consumer Protection Act of 1986. This legislation is meant to provide low-income consumers access to quality legal representation.

For those who have been victimised by unfair trade practises, the Consumer Protection Act provides legal recourse.

#### **IndianPenalCodeAct,1860**

Punishment for causing another person's death through wanton or negligent action is outlined in this section of the Indian Penal Code Act of 1860. Medical professionals have already been prosecuted under this law.

### **IV. METHODS AND MATERIAL**

About 500 Delhi-based medical professionals (students and residents) took part in the survey. Random selection was used to create the samples. These people were given a 10-question self-structured questionnaire to fill out. The information included in their response was recorded. Results from the provided questionnaire were carefully analysed and researched. The survey asked many questions about the respondents' knowledge of relevant policies and procedures, legislation, causes of carelessness, and ethical concerns.



**V. RESULTS AND DISCUSSION**

Totalling 269, there were 154 male and 115 female interns and 231 permanent residents (134 males and 97females). Exams measuring participants' familiarity with the Red Cross logo and the concept of medical negligence yielded better scores in this research. They are the least informed on topics like euthanasia, vicarious liability, and the legal age of consent. Residents in the medical field have a more nuanced grasp of the nuances of issues like medical malpractice, vicarious liability, and the proper use of the Red Cross symbol. As a result of their training, interns learn to think critically about controversial topics grip on the subject, while 47% have a moderate understanding and 48% have a

like euthanasia and informed consent. A point value was assigned to each participant's answer. Everyone got a point for every correct answer and nothing for every wrong one. Those responses rated an 8 or above were deemed expert level. Scores of 4 and lower were judged insufficient in terms of knowledge, while those between 5 and 7 were rated above average. The majority of interns (63%), however, have just a moderate awareness of medical negligence and ethics, while 39% have only a basic comprehension. When it comes to understanding medical negligence and ethics, however, just 5% of locals are judged to have a firm poor one.

**Table 1: Questions related to Knowledge and Awareness of medical negligence**

QUESTIONS	OPTIONS	INTERN	RESIDENT	P VALUE
1. To identify a situation involving medical negligence.	Correct	231 (51.6%)	217 (48.4%)	0.005
	Incorrect	38	15	
2. Vicarious liability	Correct	40 (43.5%)	52 (56.5%)	0.030
	Incorrect	229	180	
3. Consent in a case of obstetrics.	Correct	178 (54.4%)	149 (45.6%)	0.696
	Incorrect	91	82	
4. Minimum age for consent.	Correct	52 (57.8%)	38 (42.2%)	0.391
	Incorrect	217	194	
5. Ethical issue in artificial insemination.	Correct	86 (53.1%)	76 (46.9%)	0.851
	Incorrect	183	156	
6. Knowledge about euthanasia.	Correct	29 (64.4%)	16 (35.6%)	0.129
	Incorrect	240	216	
7. Ethical issue about delivery.	Correct	67 (51.1%)	64 (48.9%)	0.496
	Incorrect	202	168	
8. Negligence in a situation of emergency.	Correct	159 (52.5%)	144 (47.5%)	0.499
	Incorrect	110	88	
9. Knowledge about Red Cross emblem.	Correct	165 (49.7%)	167 (50.3%)	0.012
	Incorrect	183	156	
10. Awareness about product liability.	Correct	73 (52.9%)	65 (47.1%)	0.826
	Incorrect	196	167	



**Table 2: Knowledge and Awareness about Medical Negligence and Medical Ethics While**

Knowledge and awareness	Interns	Residents
Good Knowledge	0%	5.0%
Average knowledge	38.0%	47.0%
Poor knowledge	62.0%	48.0%

Participants in this study lack basic knowledge of the medico-legal system, relevant laws, medical malpractice, and professional ethics. Regrettably, many people involved are blind to the fact that their behaviour may cause legal or physical consequences. Physicians-in-training should be given more opportunities to study medico-legal issues and discuss the potential legal ramifications of patient cases. When it comes to protecting themselves and their patients, doctors need to be well-versed in legal and ethical issues.

**VI. CONCLUSION**

Sincerity was used in this study to assess medical trainees' familiarity with legal, ethical, and documentation issues. Participants had a firm grasp of medical ethics and informed consent but only a basic comprehension of record keeping and medical malpractice. One month of obligatory rotation in the Forensic Medicine Department is suggested to better familiarise them with Medico Legal problems. In addition, hospitals and clinics should provide seminars, case discussions, and CME activities for their interns and residents to learn about and discuss medicolegal issues in clinical practise (CME).

**REFERENCES: -**

1. Alex M. Veghese , Vina Ravi Vaswani, B. Kishor Kumar And Venkatkrishna Shenoy. Awareness and Attitude of

Medical Negligence and Medical Ethics among Interns and Resident Doctors. *Int. J. Curr. Microbiol. App. Sci.* 2016. 5 (11): 532-535

2. Siddaaramanna, T. C., Dileep Kumar R., Yogesh C, Study of Awareness of Medico legal Aspects Among Medical Professional. *Indian Journal of Forensic Medicine & Toxicology.* Jan-Jun 2016, 10(1); 18-20

3. Baheti M. J. , Thakur S. , Khokhani R. , Mahagaonkar P. , Toshniwal N. G. , Gangadhar S. A., Medico Legal Awareness : Where are we?- A Survey among Health Professionals in Maharashtra and Haryana. *Int. J Public Health Research.* 2015 ;5(1): 525-530.

4. Chavda K. L. , Jadav J. C, Padmaraj R. Y. , Shah K. A. Silajiyi D. A. Joshiyara R. V. A Study on Awreness and Consciousness Towards The Different MedicoLegal Terms Among the Doctors of Different Areas of Gujarat. *Int J Res Med.* 2014; 3(4);43-45.

5. Haripriya A, Haripriya V. Knowledge about medical law and negligence among doctors: A cross sectional study. *Int J Scientific and res publications,* 2014, 4(5),01-03.

6. Rai J. J. , Rajesh V. Acharya, Dave D. Knowlege and awreness among interns and residents about medical law and negligence in a medical college in Vadodara- A Questionnaire Study. *IOSR J Dental and Med. Sci.*



- 2013; 3(4):32-38.
7. Selvaraj, K., Sivaprakasam, B., Nelson, B.T.S.B., Kumar, G.H.M. 2013. Perception of interns and postgraduates towards Medical Ethics Education. *Int. J. Curr. Microbiol. App. Sci.*, 2(9): 198-203.
  8. Jasuma J. Rai, Rajesh V. Acharya, Deepak Dave. Knowledge and Awareness among interns and residents about medical law and negligence in a medical college in Vadodara – A Questionnaire Study. *Journal of Dental and Medical Sciences* 2013; 3(4): 32-38.
  9. Michael preston shoot ,Judy McKimm, Wing May Kong, Sue Smith. Readiness for legally literate medical practice? Student perceptions of their undergraduate medico-legal education. *J Med Ethics* 2011; 37: 616-622.
  10. Makhani, C.S., Petkar, M.R., Chavan, K.D., Rao, T.V. 2011. Awareness of Medical Ethics and Medico-Legal Issues amongst Medical Professionals. *Indian J. Forensic Med. Pathol.*, 4(4).
  11. Dash S.K. [Medical Ethics, Duties & Medical Negligence Awareness among the Practitioners in a Teaching Medical College, Hospital-A Survey, *J Indian Acad Forensic Med*, 32(2), 2010,153-156.
  12. Yousuf R M, Fauzi A R M, How S H, Rasool A G, Rehana K Awareness, knowledge and attitude towards informed consent among doctors in two different cultures in Asia: a cross-sectional comparative study in Malaysia and Kashmir, India, *Singapore Med J* 2007; 48 (6): 559-

565.

