Awareness About Medico Legal Aspects And Consumer Protection Act Among Dentists

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ABSTRACT

Background: The practice of medicine in India has undergone considerable change affecting delivery of health in both positive and negative directions. As a result, there was a growing feeling that medical treatment should be made accountable and this led to doctors and dentists becoming subject to the process of law. Patients have become more aware of their right to compensation and as a consequence doctors and dentists should be knowledgeable about the laws that govern them.

Aims and objectives: To assess the awareness about Medico legal aspects and Consumer Protection Act [CPA] among Dental professionals.

Materials and methods: A self-structured validated questionnaire comprising of 20 questions related to medico legal aspects and CPA was designed. A total of 450 dental professionals were surveyed from 4 prime dental institutions in Chennai, India. Of the 450 professionals that were surveyed 150 were MDS faculty, 150 were BDS faculty and 150 were PG students. The data was subjected to SPSS, version 16 and statistically analysed using Chi square test and Fisher’s exact test. A p value less than 0.05 was considered to be statistically significant.

Results: BDS faculty, MDS faculty and PG students were found to possess similar level of understanding and there was no significant difference between the groups. Knowledge was found to be equal between male and female dentists. The young practitioners were found to be more informed about CPA than the senior practitioners.

Conclusions: It was found that most of the participants were aware of relevant Medico legal aspects, but were less aware of CPA. This study emphasises the need for education relevant to Medico legal aspects and CPA for dental professionals.

KEYWORDS: consumer protection act, medico legal, awareness, dentist, questionnaire.
INTRODUCTION
The medical profession is one of the most sacred and noble professions in the world. However, commercialisation and corporatisation has not left the medical profession untouched. As a result, the former relationship that was based on respect, trust and confidence between the doctor (dentist) and patient has deteriorated. There was an increasing societal feeling inc that the medical/dental profession should be made more accountable.

In India, the Consumer protection act [CPA] was enacted in 1986, to protect the interest of consumers. It was only on the 13th November 1995, that the medical/dental profession was brought within the ambit of CPA by the supreme court of India during the landmark case of Indian Medical Association vs VP Shantha. While it would be difficult to define what amounts to medical negligence, The Supreme Court in A.S.Mittal vs State of U.P held that “a mistake by a medical practitioner which no reasonably competent and careful practitioner would have committed is a negligent one”. This again raises the question of who would decide if the proper standards have been met. Here, the court’s follow “THE BOLAM RULE”, which opined that a doctor is not guilty of negligence if he has acted in accordance with the practice accepted as proper by a responsible body of medical men.

A significant number of dentists are being summoned to court for grievance redressal by patients. Against this background it is essential that dentists should have an adequate knowledge of the law and for the implications on their profession. This study was performed to assess the level of knowledge and understanding relevant to CPA and Medico legal aspects that can affect Dentists.

MATERIALS AND METHODS
The aim of this study was to assess awareness of Medico legal aspects and of the Consumer Protection Act among Dental Professionals in Chennai, Tamil Nadu.

A cross-sectional questionnaire survey was carried out in 4 prime Dental Institutions providing post graduate [PG] courses in Chennai. A self-structured questionnaire comprising 20 questions was devised. The first fifteen questions were based on CPA - the location of the consumer forum, the provisions of CPA, the time period and method of filing a complaint, knowledge about compensation and appeal. Questions regarding record keeping, consent forms and medico legal aspects comprised the last five questions of the questionnaire. The questionnaire was validated following a Pilot study.

A total of 450 dental professionals were surveyed; 150 were MDS faculty, 150 were BDS faculty and 150 were PG students. The sample comprised 219 male and 231 female dentists. The sample was further refined based on experience of providing dentistry in private practice; 197 of the participants reported no experience of private practice, 241 of the participants reported less than 20 years of experience of private practice and only 12 of the participants reported more than 20 years of experience of private practice.

The participants were informed about the nature of the study and were asked to respond to the set of 20 questions. Some who were unwilling to participate were excluded from the study.

Each correct answer was given a score of “1” and a score of “0” was given for a wrong answer. The data was subjected to SPSS, version 16 and statistically analysed using Chi square test and Fisher’s exact
test. \( P \) value ≤ 0.05 was considered to be statistically significant.

**RESULTS**

The description of the participants in this study according to their gender, designation and experience is depicted in table 1. A sample of 150 respondents was selected from each of the MDS, BDS and PG student groups. From the male participants 31% were from the BDS group, 39% from the MDS group and 30% from the PG group. The corresponding figures for the female participants was 36%, 28% and 36% respectively. From the sample of 450 participants 197 (43.8%) had no experience of private practice, 241 (53.6%) had less than 20 years of experience in private practice and only 12 (2.6%) had more than 20 years of experience in private practice. A comparison between those who had no experience of private practice and those with less than 20 years of experience in private practice was deemed worthy of consideration.

<table>
<thead>
<tr>
<th>Category</th>
<th>BDS</th>
<th>MDS</th>
<th>PG</th>
<th>Total</th>
<th>% of BDS</th>
<th>% of MDS</th>
<th>% of PG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>68</td>
<td>85</td>
<td>66</td>
<td>219</td>
<td>31</td>
<td>39</td>
<td>30</td>
</tr>
<tr>
<td>Female</td>
<td>82</td>
<td>65</td>
<td>84</td>
<td>231</td>
<td>28</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>No practice</td>
<td>38</td>
<td>33</td>
<td>126</td>
<td>197</td>
<td>25</td>
<td>22</td>
<td>84</td>
</tr>
<tr>
<td>&lt;20 Years</td>
<td>111</td>
<td>106</td>
<td>24</td>
<td>241</td>
<td>74</td>
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<td>16</td>
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<td>11</td>
<td>0</td>
<td>12</td>
<td>0.6</td>
<td>7.3</td>
<td>0.0</td>
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</tbody>
</table>

BDS – Bachelor of Dental Surgery  
MDS – Master of Dental Surgery  
PG – Post Graduate students

There was little difference in knowledge identified between the BDS, MDS and PG groups of students. 50.7% of the MDS group knew “how a complaint should be filed under CPA” \( (P<0.001) \) 47.1% were aware that “verdict is given within 90 days under CPA” \( (P<0.001) \) and 46.5% had knowledge about “professional indemnity insurance” \( (P<0.001) \). However, in the matter of “consent” \( (P<0.001) \) 46.0% of students from the BDS group showed awareness compared to 28.1% from the MDS group of students \( (P<0.001) \). (Fig. 2)

There was an almost equal spread of knowledge between male and female dentists. However the female group exhibited a marginally better understanding regarding medico legal aspects especially when it came to matters of consent \( (P<0.001) \). (Fig. 3)

The practitioners with experience of private practice were found to have a better understanding regarding medico legal aspects; for example record maintenance \( (59.3%) \), correct procedure to acquire consent and knowledge when consent is not a priority \( (58.9%) \). However, little difference in knowledge was demonstrated between practitioners and non-practitioners where CPA was the issue (Table 4). Accordingly, the practitioner’s sample size was further classified as <10yrs, 10–20 yrs and >20 yrs experience of private practice. 91.1% of the senior practitioners knew about medical record maintenance and 75% were knowledgeable about consent forms (Fig. 5). In the matter of CPA, the 10–20 yrs experienced practitioners were knowledgeable, 31% knew that a complaint should be filed within 2 yrs, 31% were aware that the accused need not be present during the trial and 57.5% were knowledgeable about the defences available to a doctor. Those practitioners having <10yrs of experience showed an average understanding in the matter of
Both CPA and Medico legal aspects involved in practice. Only 30.9% (P<0.005) of the participants knew the location of the consumer forum. 42.7% (P<0.001) of the participants were unaware about “professional indemnity insurance”.

**Fig. 2:** Percentage of right answers among BDS, MDS and Postgraduate student.

**Fig. 3:** Genderwise comparisons of right responses among subjects.
Table 4 - classification of correct answers on the basis of experience

<table>
<thead>
<tr>
<th>Question</th>
<th>No practice</th>
<th>&lt;20 years</th>
<th>&gt;20 years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
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<td>40</td>
<td>2</td>
<td>89</td>
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<tr>
<td>Q2</td>
<td>63</td>
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<td>Q3</td>
<td>93</td>
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<td>Q4</td>
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<tr>
<td>Q6</td>
<td>74</td>
<td>86</td>
<td>3</td>
<td>163</td>
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<td>Q7</td>
<td>37</td>
<td>52</td>
<td>3</td>
<td>92</td>
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<tr>
<td>Q8</td>
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<td>Q9</td>
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<td>Q11</td>
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<td>Q12</td>
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<td>Q18</td>
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<td>Q19</td>
<td>89</td>
<td>138</td>
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<td>234</td>
</tr>
<tr>
<td>Q20</td>
<td>73</td>
<td>176</td>
<td>9</td>
<td>258</td>
</tr>
</tbody>
</table>

Fig. 5: Comparison on percentage of right responses according to subject’s years of practice


**DISCUSSION**

Disputes were tried and settled through “Panchayath” systems headed by persons of higher status and character, before the formation of courts in India. The advent of “Lok Adalat” (people’s court) followed this deep rooted system where a mediator was appointed whose principle task was to bring the parties together and facilitate an agreed solution. This system allows direct interaction with the judge and has no strict procedural laws. Alternate Dispute Redressal [ADR] provides parties with the opportunity to reduce hostility, regain a sense of control, gain acceptance of the outcome, resolve conflict in a peaceful manner, and achieve a greater sense of justice in individual cases. ADR has proved very efficient and most suited to the Indian financial and cultural interests. Before the advent of CPA, considered to be an expedient way to deliver justice, cases against dentists were tried before the Civil Courts under the Indian Contract Act. This proved both a lengthy and expensive process.

Dental negligence falls under section 2 (0) of CPA because the Indian Dentist Act did not make provisions to:

- Entertain any complaint from the patient
- Take action against dentist in case of negligence
- Award compensation

CPA has provisions that protect the dentist from unwarranted mental turmoil and defamation of character. These provisions were set out by the Supreme Court as part of the landmark Jacob Matthew vs. State of Punjab judgment. When a complaint has been filed against a dentist, the dentist is given a copy of the complaint with instruction to respond with a version of their recollection of events leading up to the complaint within a time frame of 45 days. It would appear that the Court places greater value on the written report of the dentist more than that of he patient’s recollection of events. The Supreme Court in Suresh Gupta vs. Government of National Capital Territory of Delhi, stated that a dentist who has acted in accordance with a practice deemed proper by a reasonable body of practitioners cannot be considered negligent merely because there is an opinion that takes a contrary view. It follows that dentists must stay abreast of current knowledge of the laws that govern the profession of dentistry particularly against the background of an increasingly litigious society. Dentists should also be aware of Professional Indemnity Insurance that provides both financial and legal protection when liability is proven as a result of errors and omissions committed whilst rendering professional services. The policy covers only civil liability claims and expenses incurred in defence of the case, subject to the sum assured in the policy. Any amount over and above this amount would be borne by the dentist. The policy also provides retrospective cover in some circumstances where claims reported on renewal but pertaining to an earlier period also become payable.

This study was conducted to assess awareness of CPA and medico legal aspects of dental practice among professionals at Dental Institutions in Chennai, India. More than half of the study population had no knowledge regarding the location of the consumer forum in Chennai. 71.6% of the study participants were under the impression that there was no time limit for a complaint to be filed by a patient, while only 23.3% of the study participants were aware that a complaint...
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has to be filed within 2 yrs from the cause of action. 

The main advantage of CPA over the Civil Courts in India is expediency in resolution. Just 42.0% of the participating dentists were aware of the fact that a verdict is usually given within 90 days of the first hearing and only 26.2% were aware of the fact that an appeal is considered within 30 days from the date of court order. Caveats include a consideration for cases submitted outwith the 30 day time frame for appeal still to be subject to consideration. 

72.9% of the participants thought that no appeal was to be possible beyond the three levels of the consumer forum, the three levels being: 

- **District Forum** – where cases up to Rs.20/- Lakhs are tried
- **State Commission** – where cases above Rs.20/- Lakhs but less than Rs.1/- Crore are tried. Appeal cases, decided by the District forum are also tried.
- **National Commission** – where cases above Rs.1/- Crore are tried and redressel from the State commission lie here.

The appeal after the Consumer Forum’s decision lies directly with The Supreme Court of India and only 11.3% were knowledgeable about this fact.

Of the 450 participants, only 211 (46.9%) knew that a Charitable Hospital that provides free treatment to all patients does not fall within the ambit of CPA. This is less when compared to the study by Anil et al in Bilaspur, which showed 70% awareness among medical practitioners. 

Our study revealed that knowledge regarding the aims and objectives of CPA and its application in regard to our field of practice is limited, similar to studies conducted by Anil et al and Jasuma et al.

The study indicated little difference in knowledge relating to this study between MDS participants, BDS participants and PG participants. This is contrary to the study conducted in Ghaziabad by Sumanth Prasad et al, in which the MDS faculty was found more knowledgeable as compared to BDS participants and PG participants.

There was an equal distribution of awareness seen among male and female dentists in our study, which is not in agreement with the study conducted by Singh et al in Udaipur city, which showed higher awareness among male dentists.

Our study showed that senior dentists had a better level of understanding regarding medico-legal aspects, which is in accordance with the findings of the study conducted in Vadodra by Jasuma et al.

Our study revealed that the young practitioners are knowledgeable about CPA in comparison with senior practitioners. This is not in accord with the study conducted by Anil et al in Bilaspur. This may be attributed to the lack of streamlined continuing dental education.

The observations of the present study are at variance with the findings reported by Gurminder et al in his systematic review of five Indian cross-sectional studies. Their review did not include a comparison between senior and junior practitioners.
The overall assessment of correct responses reveals that the knowledge about CPA is below average and awareness is average when it comes to medico legal aspects in regular practice.

**CONCLUSION**
Against a climate of increases societal litigation, the dentist is no longer considered to be the expert. Dental treatment is never straightforward and things can go wrong, but contemporaneous knowledge of the laws governing the dental profession are paramount. This study emphasises the need for dental professionals to be “up to speed” in this discipline.

**REFERENCES**


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