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Original Research Article

Knowledge, Attitude and Practice of Medical Ethics and Medico-Legal Issues by Clinicians: A Cross-Sectional Study at a Tertiary Healthcare Centre In Maharashtra.

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Key words

Medico legal cases,
Casualty Medical
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Postgraduate residents.

Abstract

Background: Medicine is a noble profession, but there is also growing anxiety both within the profession and in the community regarding increasing trends of complaints and lawsuit against clinicians. The trainee period is an important time for fostering ethical reasoning in clinicians. Health care providers are at high risk for litigations. Being aware about medico-legal aspects, performing the duties ethically can be a safe side for oneself against risks of litigations. **Material and Methods:** Institutional Cross-sectional study was conducted, using questionnaire based study among the practicing, CMOs, PG residents and interns in a tertiary care centre in Nashik. **Results:** Total 120 participants were included in our study. We found that 108 (90%) intern, 7 (5.83) and 5(4.17%) post graduate students had no proper knowledge in handling medico legal cases independently. (45%) participants were of opinion that the present current overall knowledge of medico legal cases is appropriate not sufficient for them to tackle medico legal cases. **Conclusion:** Large numbers of medical professionals were detected to have gap between their knowledge and practice. Many of them were of the opinion that Medico Legal aspects to be incorporate and make compulsory at every level with advanced skill based practical knowledge.

1. Introduction

A medical practitioner's primary responsibility is to save a patients' life. At the same time, bound by ethical and legal obligations, he needs to abide by the laws of the land while discharging his duties. Health care decisions should be based on clinical, technical and ethical grounds.

It is essential for the attending doctors to maintain a proper medical record of the patient, especially in 'medico-legal' cases in accordance with the law of land.^{1,2}

Forensic practitioners have the necessary expertise in the area of documentation,

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description, analysis of the degree of causation, the timing of assault, identifying the causative agent/instrument and the manner of infliction. But it is difficult to have a forensic doctor present at every hour in a hospital or clinic to address the medico-legal cases. This responsibility of recognizing such medico-legal issues then lies with the attending physicians. Patient information confidentiality should be strictly adhered to while conducting history and examination.

With an increase in the awareness about medical negligence in India, hospital³ managements are now frequently facing complaints against the facilities, standards of professional competence, and the appropriateness of their therapeutic and diagnostic methods. Since the Consumer Protection Act, 1986 has come into force; some patients have filed legal cases against doctors and have established that the doctors were negligent in their medical service.⁴ Since an expert opinion is required from doctors in medico-legal issues in the court, it is important for them to have sufficient knowledge.⁵ It is necessary that doctors be aware of the legal aspects to their profession and takes the needful measures to protect themselves and their patients from legal traps. Knowledge, medical ethics and attitude and medico legal issues are as fundamental to the practice of medicine as clinical skills.⁶ The increasing trends of medico-legal issues encountered at trauma centres or casualty emphasizes the need to have physicians who are equipped to deal with such situations. It's well known that in an era of escalating crime, litigation and gap in doctor- patient relationship, ignorance of law would lead to pitfalls in practice.^{7,8}

This study was filled the gaps in the available literature on the prevalence of knowledge, attitude and practice among clinicians (medical officers, PG residents and interns) involving medico-legal issues.

2. Methodology:

This study was be a cross -sectional, institutional, questionnaire-based study among the practicing medical officers, PG residents and interns in a tertiary care centre in our institute -Nasik District of Maharashtra- India. The duration of this study was 6 months from May 2021 to Nov 2021. The sample size of the participants was including all the target population actively engaged in the hospital during this period. A complete enumeration method was used to select the sample population by using the

records from the attendance register kept in the casualty and the respective clinical departments. An informed consent was taken from the participants in the beginning of the study before the distribution of the questionnaire. The questionnaire was distributed via Google forms to the participants. A structured, close-ended, rating scale (linker model), pre-designed, pre-validated and standardized questionnaire was used to collect the data from the sample population.

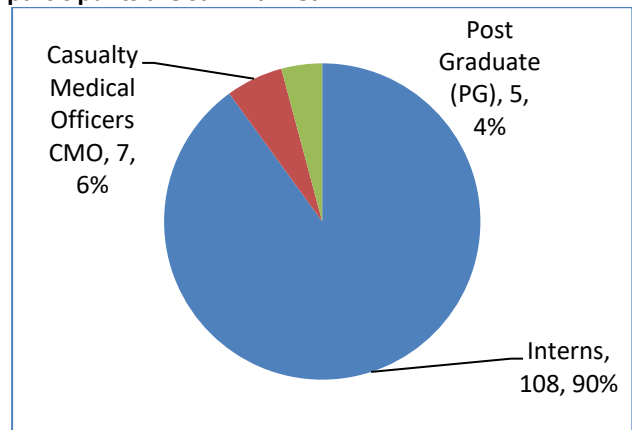
Inclusion Criteria

1. All the participants who were either casualty medical officers, post graduate residents and interns was included in the study
2. Exclusion Criteria
3. All those who would not like to be a part of this study
4. Any participants who have been on a long term leave during the study was not included.

3. Results

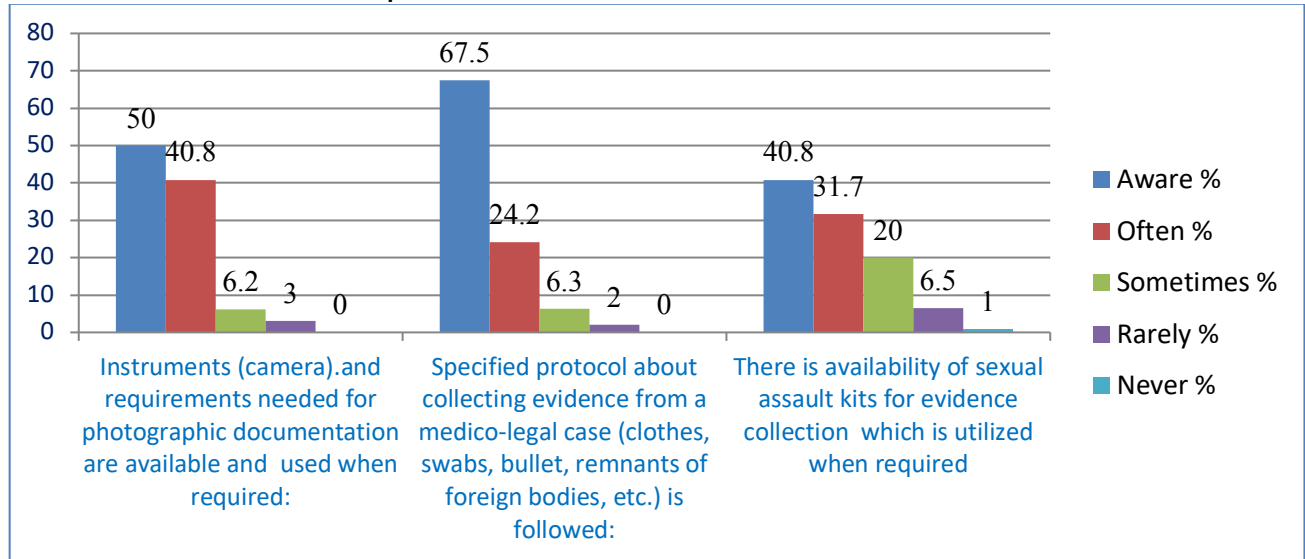
120 medical professionals completed Google questionnaire which resulted in a response rate of 100%. Among the respondents, majority are females= 65 (54.17). The majority of participants are interns $n=108$ (90 %) (**Graph 1**). The majority of 50 % Medical Professionals always want to Instruments (camera) and requirements needed for photographic documentation are available and used when required.

Graph 1: The socio demographic characteristics of the participants are summarized.

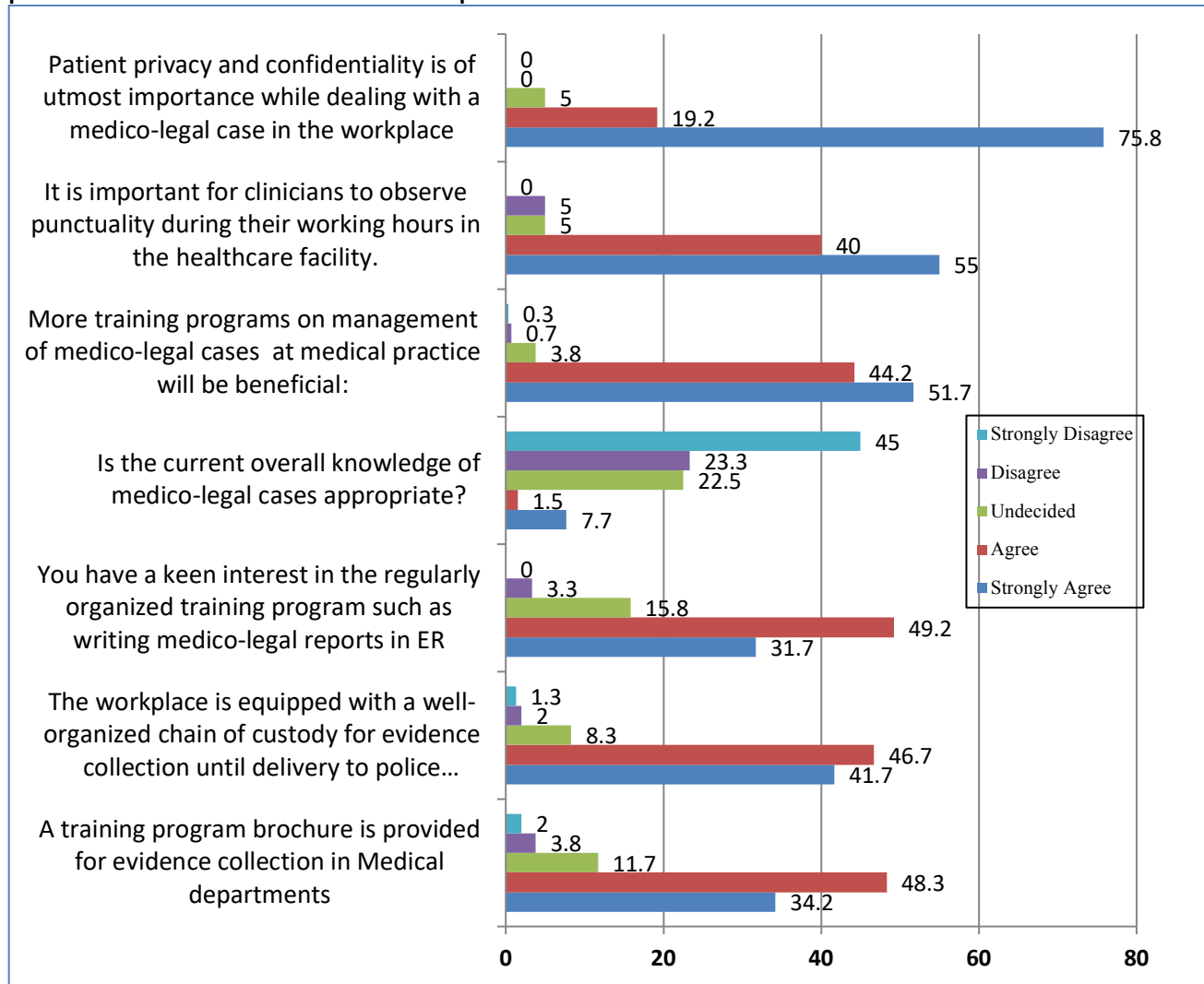


Out of 120, 75.5% always and 24.2% required Specified protocol about collecting evidence from a medico-legal case (clothes, swabs, bullet, remnants of foreign bodies, etc.) is followed. Among the total 40.8% always with there is availability of sexual assault kits for evidence collection which is utilized when required (**Graph-2**).

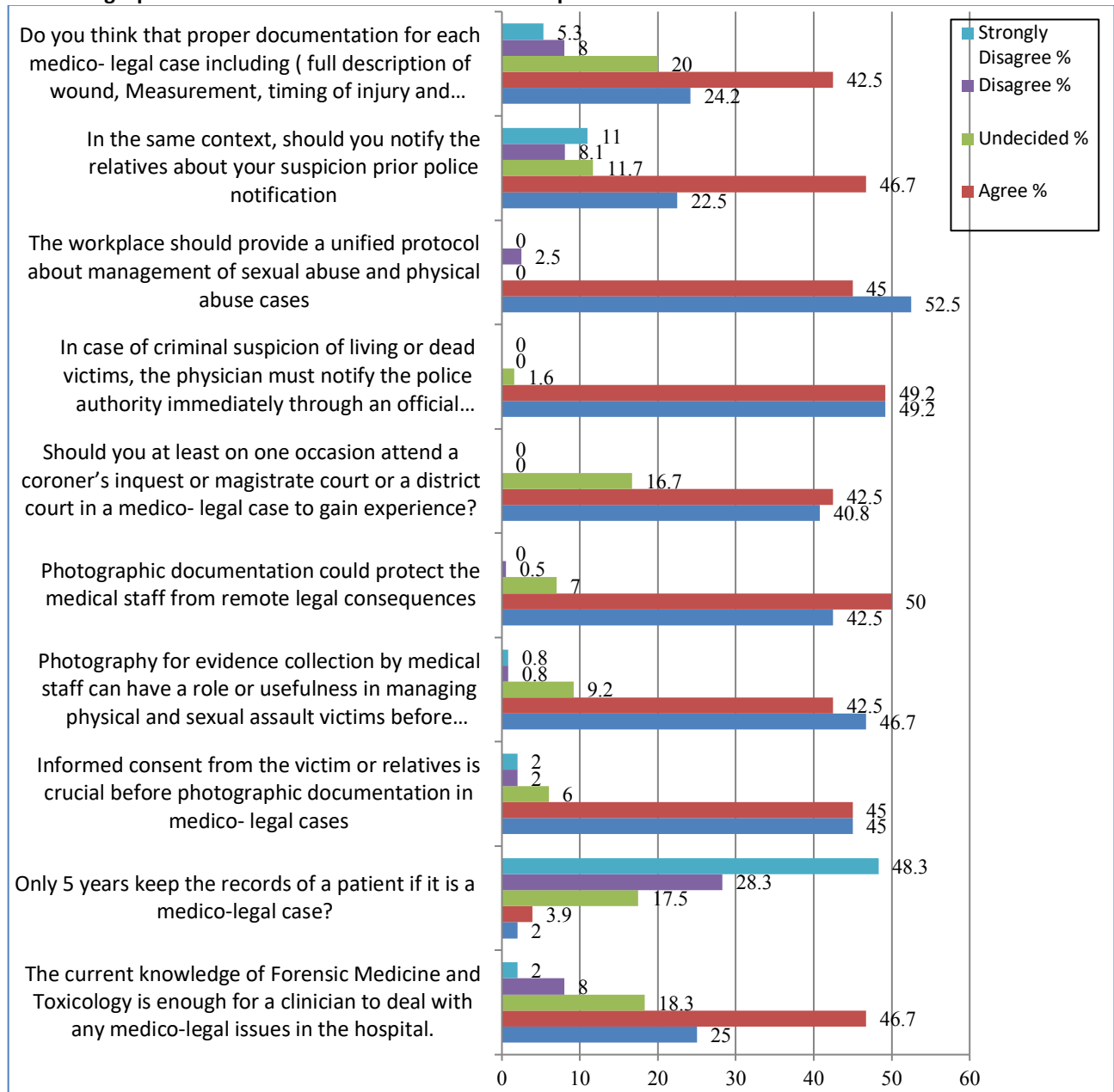
Graph 2: Attitude of Casualty medical officer, Post Graduate students and Interns on Medico-legal problems encountered in their current workplace



Graph 3: Attitude and Knowledge of Casualty medical officer, Post Graduate students and Interns on Medico-legal problems encountered in their current workplace.



Graph 4: Knowledge of medico- legal problems of Casualty medical officer, Post Graduate students and Interns on Medico-legal problems encountered in their current workplace.



Out of 48.3 % agree and 34.2 strongly agree to “A training program brochure is provided for evidence collection in Medical departments”. Among participants 41.7 % agree and 47.7% strongly agree that “The workplace is equipped with a well-organized chain of custody for evidence collection until delivery to police authority.” among 49.2 % agree that “You have a keen interest in the regularly organized training program such as writing medico-legal reports in ER”. Majority of participants 45% disagree that “Is the current overall knowledge of medico legal cases appropriate?”In the present study

51.7% participants strongly agree that “More training programs on management of medico-legal cases at medical practice will be beneficial.” Among all doctors 55% strongly agree that “It is important for clinicians to observe punctuality during their working hours in the healthcare facility.” 75.8% participants are strongly agreed that “Patient privacy and confidentiality is of utmost importance while dealing with a medico-legal case in the workplace” (Graph-3).

All of this medical staff 46.7% were agrees that “the current knowledge of Forensic Medicine and Toxicology is enough for a clinician to deal with

any medico-legal issues in the hospital.” Out of which 48.3% medical doctors strongly disagree for Only 5 years keep the records of a patient if it is a medico-legal case, 45% participants strongly agree and agree that “Informed consent from the victim or relatives is crucial before photographic documentation in medico - legal cases.” 46.7% strongly agree that “Photography for evidence collection by medical staff can have a role or usefulness in managing physical and sexual assault victims.” 42.5 % strongly agree and 50% agree that “Photographic documentation could protect the medical staff from remote legal consequences.”

Majority of the participants are 42.5% agree and 40.8% strongly agree that “Should you at least on one occasion attend a coroner’s inquest or magistrate court or a district court in a medico- legal case to gain experience”. All of this 49.2% strongly agree and agree that “In case of criminal suspicion of living or dead victims, the physician must notify the police authority immediately through an official procedure”. Out of 120 participants 52.5% strongly agree that “The workplace should provide a unified protocol about management of sexual abuse and physical abuse cases.” In the same context, should you notify the relatives about your suspicion prior police notification? 46.7 participants were agreeing for this statement. 42.5 agree that “do you think that proper documentation for each medico- legal case including (full description of wound, Measurement, timing of injury and photography” (Graph No.4).

4. Discussion

In accordance with the law of the land, by law enforcement agencies is essential to establish and fix responsibility for MLCs of an injury/illness, eliciting history and examining the patient where the attending doctor thinks that some investigation in the case is required.¹ Due to questions by police personnel, harassment by the lawyers, attending the court, and unwarranted laws and regulations, many doctors are apprehensive in handling such MLC because of fear.⁹The immediate issue is concern to all medical fraternity is that there are more cases against doctors with an increase in awareness among public on subject of ethical conduct of medical practitioners with the increase in use of internet and social media. Hence all medical practitioners must be aware of their clinical practice & legal and ethical implications. Therefore, we have carried out a study to determine the Practice of Medical Ethics and Medico-legal

issues, Attitude and Knowledge by clinicians: A cross-sectional study at a tertiary healthcare centre. In our study of 108 (90%) interns, 7 (5.83%) CMO and 5 (4.17%) PG students we noticed that PG students were more aware about MLCs than that of interns due to possibility of more exposure MLCs during the tenure of post-graduation. This is consistent with the study done by Dash S.K. in 2010.¹⁰

Majority of interns (48.3 %) agree and 34.2% strongly agree to the fact that in medical department’s workplace, a brochure of training is provide for evidence collection and along with 49.2% health professional agree that writing medico-legal reports in emergency room (ER). But 49.2% of health professional participants strongly agree that in case of criminal suspicion of living or dead victims, the physician must notify the police authority immediately through an official procedure: or Informed consent from the victim or relatives is crucial before photographic documentation in medico legal cases. Some emergency physicians have found to be compatible with collecting physical evidences from a suspected criminal act, whereas others of a view that this practice as incompatible with the best interests of their patients.¹¹

While dealing with a medico-legal case in the workplace, patient privacy and confidentiality is of utmost importance. Between the doctor and his patient, a confidentiality term contract is implied.¹² In the course of his professional work the doctor is obliged to keep secret, everything he comes to know concerning the patient. There are situations where doctors of a treating team must know all details about the patient even if it is about HIV or Hepatitis.¹³ For legal consequences of the medical staff from remote photographic documentation could protect. A Physicians or a treating clinician should act respectfully with patient consent in condition where collecting evidence, including photographing and recording, is part of treatment of victims.¹⁴ Few studies on health care workers thought that managing of forensic cases was problematic due to the aggressiveness of the patients’ relatives. All intern students received training in ER during their internship as per their curriculum. However, their practical approach of forensic cases was inadequate as only 14.5% of them had been previously involved in photographic documentation.¹⁵

All the health professionals’ (67.7%) strongly agree that specified protocol about collecting

evidence from a medico-legal case (clothes, swabs, bullet, remnants of foreign bodies, etc.) is followed. Regarding knowledge of Clinical Forensic Medicine, as very few were familiar collection of evidences in sexual assault cases. It was also observed that very few interns and postgraduates were aware of the details about injury certificate. Medical council of India (MCI) has recommended that it is desirable and compulsory for MBBS graduates and post graduates to know about reporting of injury, collection of biological material and all aspects of medico-legal cases.^{1,16}

Most of the Interns and PG students were well aware about written informed and valid consent but less was aware about medico legal record keeping in hospital. Most of them were of opinion that there is no specified time limit after which the Medico Legal reports can be destroyed; hence, they have to be preserved. In view of the multitude of cases against the doctors under the Consumer Protection Act, it is advisable to preserve all the inpatient records for a period of at least 5 years and outpatient department records for 3 years.¹ This was known to fewer participants. These finding are similar to study conducted by Rai JJ, et al among interns and postgraduates about medical law and negligence in Vadodara in 2016.¹⁷ Written records, which include medical history, chart notes, radiographs, and photographs, must be meticulous, and it is necessary for the documents to be signed and dated with time. It can be done by introducing dedicated Clinical Forensic Medicine Unit.^{18,19} Legally, physician written records carry more weight than patient's recollections.²⁰ In our study, 48.3% strongly disagree and 28.3% disagree only 5 years keep the records of a patient, if it is a medico-legal case because record keeping and maintenance that records of medico-legal cases must be maintained till the judgment of the case.

5. Conclusion

Knowledge, Attitude and Practice of Medical Ethics and Medico-legal Issues by clinicians' study was prepared for future practice and good knowledge and positive attitude to the medico legal problems. Large number of interns was detected gap between their knowledge and practice. Interns were unaware about medical legal issue such as incomplete reporting, they did not know exactly how to deal with relatives, lack of knowledge how to handle document medico legal cases and did not distinguish the necessity of taking

informed consent from patients or their families. Therefore, we recommended that unavoidable rotator posting in Forensic Medicine Department should be introduced in their training period to increase the awareness and knowledge about Medico Legal issues. Should try to organise seminars, case discussions, MLCs Simulation programme and CMEs for interns and post graduates to increase awareness and to update them about Medico Legal issues in medical practice.

Ethical Clearance: IEC approval is taken from the Institutional Ethical committee.

Contributor ship of Author: All authors equally contributed.

Conflict of interest: None to declare.

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