

Awareness of Consumer Protection Act among Doctors in Udaipur City, India

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Abstract:

Objective: To compare the awareness of provisions of consumer protection act among dental and medical professionals in Udaipur city, Rajasthan, India.

Materials and Methods: In a cross sectional study, a total of 448 professionals (253 males, 195 females) belonging to dental (222) and medical (226) categories were surveyed using a self administered structured questionnaire. The questionnaire comprised of 22 questions about the awareness of consumer protection act (CPA) and whether these professionals were following the recommendations of CPA. The student's t-test, ANOVA test, and Scheffe's test were used as tests of significance.

Results: The awareness scores were significantly higher for medical professionals compared with those of dental professionals. Similarly, postgraduates showed more awareness in both the professions and it was found that private practitioners significantly have more awareness than the academic sector.

Conclusion: Though medical professionals have more awareness of CPA compared to dental professionals, considering the present scenario, better knowledge of CPA is necessary for both professionals in order to be on the safer side.

Key Words: Awareness; Consumer Satisfaction; Dentists; Physicians

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INTRODUCTION

The relationship between doctor and patient is based on trust and confidence. Lucky doctors of the past were treated like God and people revered and respected them. Today, we witness a fast pace of commercialization and globalization on all spheres of life and the medical profession is no exception to these phenomena [1].

The practice of medicine in India has undergone considerable change during the last five decades effecting delivery of health in both positive and negative directions [2]. As a result, it was increasingly felt that medical

treatment should also be made answerable; therefore, doctors were covered by various laws [1].

In India, the Consumer Protection Act (CPA) 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. Consumers can file their complaints, which will be entertained by the quasi-judicial bodies referred to as consumer forums. These consumer forums have been empowered to award compensation to aggrieved consumers for the hardships they have endured [3]. Finally, it was on

13th November 1995 that the honorable supreme court of India delivered judgment on application of consumer protection act, 1986 to the medical/dental profession, hospitals, dispensaries, nursing homes and other related services [2]. This act empowers the patient to file lawsuits (in case of perceived negligence) in consumer courts [3].

The law is not made to punish all health professionals that cause injury to patients; it is concerned only with negligent acts. Medical negligence arises from an act or omission by a medical/dental practitioner, which no reasonably-competent and careful practitioner would have committed. What is expected of a medical/dental practitioner is a 'reasonably skillful behavior adopting the 'ordinary skills' and practices of the profession with 'ordinary care' [4].

Doctors should be clear while taking the cases, they must decide whether to undertake the case they must decide what treatment to give, and they must take care in the administration of that treatment. A breach of any of these duties gives the patient a right to act for negligence [5].

As mentioned earlier, the medical profession has come under pressure due to globalization and liberalization; therefore, now is the time to think well and to set our priorities right, both individually and collectively [6].

Doctors practicing ethically and honestly

should not have any reason for fear. Law whether civil, criminal or consumer law, can only set the outer limits of acceptable conduct i.e. minimum standards of professional care and skill, leaving the question of ideal to the profession itself [1]. Thus, this study was performed to assess the awareness of CPA among dental and medical practitioners.

MATERIALS AND METHODS

Study Setting

A cross-sectional survey was conducted in the dental and medical educational institutes (Pacific Dental College and Hospital, Darshan Dental College and Hospital, R.N.T Medical College and Hospital and Geetanjali Medical College and Hospital) along with the local medical/dental practitioners in Udaipur city in Rajasthan, India from July to August 2009.

Study Population

A total of 464 dental and medical professionals were surveyed, of whom only 458 agreed to participate. A further 10 were excluded due to incomplete filling of proformas. So, the total sample comprised of 448 professionals, including 222 dental and 226 medical professionals.

They were further assorted according to their gender (253 male and 195 female), level of education (295 undergraduates, 153 postgraduates). Then all of them were grouped ac-

Table 1. Distribution of study subjects by gender, profession, level of education and type of practice.

Characteristics		Number	Percentage (%)
Gender	Male	253	56.5
	Female	195	43.5
Profession	Dental professionals (BDS, MDS)	295	49.6
	Medical professionals (MBBS, MD/MS)	153	50.4
Level of Education	Undergraduate	295	65.8
	Postgraduate	153	34.2
Type of Practice	Academic	209	46.7
	Private	123	27.5
	Combined	116	25.8

according to their type of practice (209 academic, 116 private and 123 a combination of academic and private).

Inclusion Criteria

Those who had completed their undergraduate course including interns and those who were doing and/or completed their post graduation were included in the study.

Exclusion Criteria

Those who were not willing to participate and the clinics that were closed on the day of visit. Ethical clearance and official permission- Before starting, ethical approval was obtained from the ethical committee and official permission was taken from the principals of all colleges.

Informed Consent

A written informed consent was obtained from all those who were willing to participate in the survey.

Pre-testing of Questionnaire

Prior to the data collection the questions were pre-tested among a group of 20 professionals in order to ensure the level of validity and degree of repeatability (Cronbach's $\alpha=0.76$).

Questionnaire Design

A self-administered, structured questionnaire

[7] written in English validated through a pre-tested survey including 22 items was used to evaluate the awareness and practices regarding CPA among all the participants.

The questions were based on socio-demographic variables, awareness of provisions of CPA as applied to medical and dental profession, aims and objectives of CPA, location of consumer forum, conditions a consumer comes under CPA, time period for the patient to sue the concerned doctor, in case of frivolous complaint, time of appeal against orders of the district forum.

Methodology

The medical and dental professionals were visited by a single examiner and all the available and willing participants were given the questionnaire on the day of visit. The list of private practitioners was obtained from the Indian dental association and Indian medical association of Udaipur branch. The participants were asked to respond to each item according to the response format provided in the questionnaire. The participants received a full explanation of how to fill in the questionnaire. It was later checked by the examiner in case any of the questions were left un-answered.

Data analysis- For the purpose of analysis each correct answer was given score 'one' and wrong and don't know answers were given score 'zero'. The data was analyzed using

Table 2. Awareness about CPA according to gender, profession, level of education and type of practice.

Characteristics		Number	Mean	SD	P-Value
Gender	Male	253	15.43	3.00	0.001*
	Female	195	14.69	3.52	
Profession	Dental professionals (BDS, MDS)	222	13.69	3.65	0.00*
	Medical professionals (MBBS, MD/MS)	226	16.50	2.02	
Level of Education	Under-graduate	295	14.12	3.01	0.00*
	Post-graduate	153	17.03	2.83	
Type of Practice	Academic	209	14.01	3.54	0.00**
	Private	123	16.24	1.87	
	Combined	116	15.89	3.25	

* represents Student's t-test,** represents ANOVA test

SPSS version 13 software (SPSS Inc., USA). The individual scores were summed up to yield a total score. Descriptive statistics were obtained and frequency distribution, means, standard deviation were calculated for awareness among practices regarding CPA. The student's t-test, ANOVA and Scheffe's test were used as tests of significance for statistical evaluation of means.

RESULTS

The distribution of the study subjects according to their gender, profession, level of education and type of practice is demonstrated in Table 1. In the present study, men had a slightly higher awareness of CPA compared to women among all the professionals ($P < 0.001$), as shown in Table 2. However, regarding profession a statistically significant difference was observed among dental and medical professionals ($P < 0.001$), as shown in Table 2. The mean scores of awareness about CPA were higher among medical professionals compared to dental professionals.

Regarding educational status, it was found that postgraduates had significantly higher awareness than undergraduates did in both professions ($P < 0.001$), as illustrated in Table 2.

As shown in Table 2, it was observed that mean scores were lower in academic professionals compared to private and combined professionals (academic + private), but there was no statistical significant difference between private and combined practitioners ($P > 0.05$), as shown in Table 3.

DISCUSSION

After the consumer protection act 1986 came into effect, a number of patients have filed

cases against dental and medical professionals and have proved that they were negligent in service delivery.

This study is the first to present information about CPA among medical and dental professionals in India. In the past, both professionals were unaware of CPA as it came to act in 1986. Therefore, there were no previous data to compare with the findings of this study. The increasing number of practicing medical and dental professionals resulted in an increase in the number of treatment providers. Due to the lack of updating knowledge by the professionals (dental/medical), there is an increased risk of malpractice, especially from complex case situations. In addition, the expanding patient population is becoming more knowledgeable and aware of their rights, consequently taking action by contacting the consumer forum to lodge their complaints [8].

The findings of the present study clearly show the difference in the awareness level between two professionals regarding the consumer protection act. As stated in the results, awareness of CPA was higher among medical professionals compared to dental professionals. This difference could be due to the fact that medical professionals deal more with medical negligence cases. However, different clinical dental services are also involved in the claims. The largest proportion of claims involved oral surgery and fixed prosthodontics [9].

With the increasing knowledge, it was found that post graduates were significantly more aware compared to undergraduates of both professions. This might be due to the reason that with increase in knowledge, awareness also increases. In the present study, the level of awareness about CPA was higher among

Table 3. Comparing awareness about CPA, using Scheffe's test.

APC	APC	Mean Difference	P-Value
Academic	Private	-2.23*	0.000*
Academic	Combined	-1.88*	0.000*
Private	Combined	0.36**	0.674**

*Significant, **Not significant at $P < 0.001$

males compared with females in both professions. It may be attributed to the fact that comparatively males devote more time to routine practice. Awareness according to the type of practice, such as private practitioners, showed the highest scores with a statistically significant difference compared with academic and combined practitioners. That may be related to the higher socio-economic level of the patients seeking treatment from the private sector [8].

Now if any patient suffers from the same symptoms as a result of treatment received from any of the mentioned professionals, a claim for compensation could be carried out. Therefore, both professions must be aware of the CPA act.

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.

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