

Knowledge and awareness of Consumer Protection Act among private dentists in Tricity, Punjab

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ABSTRACT

Background: Consumer Protection Act (CPA) aims to protect the interests of the patients in case of any unethical treatment rendered by a medical or a dental health professional. The present study was conducted to assess knowledge and awareness of CPA among dental professionals in a Tricity in India. **Materials and Methods:** A cross-sectional study was conducted among 265 private dental practitioners in Tricity. A close-ended self-structured questionnaire was administered which contained 15 questions on knowledge and awareness regarding CPA. Categorization of knowledge scores was done at three levels—low, medium and high. Statistical analysis was done using ANOVA and Student *t*-test. **Results:** 54.7% (145) of subjects were having low knowledge scores, 23.3% (62) had a medium score and 21.8% (58) had a high score. Mean knowledge score according to educational level was statistically significant ($P < 0.05$), whereas there was no significant difference in case of gender and type of practice ($P > 0.05$). **Conclusion:** The results of the present study showed that majority of the subjects were aware of the existence of CPA but knowledge regarding basic rules and regulations was lacking in few studies. Therefore, dental professionals need to keep them updated of various rules and latest amendments to save themselves from any litigation.

Keywords: Awareness, consent, Consumer Protection Act, dental profession, knowledge

Introduction

The medical profession is a vocation in which the knowledge and skills are used for the service of the people. Our society has placed doctor next to god.^[1] The doctor–patient relationship relies on the mutual trust and conviction.^[2] The sole objective of a doctor is to improve the quality of life of the people and mitigation of sickness and suffering. The medical profession is a service-oriented liberal profession having a self-regulating code of ethics.^[3]

A dental health professional has a dual responsibility toward individual patient and as well as the society.^[3] This special status that society confers on the dental health care professionals requires them to behave in an ethical manner. This responsibility should be at the core of the dental professional's ethical behavior.^[4] However, with an increase in commercialization in all spheres of life, this profession has come under public scrutiny.

Earlier the role and the service provided by the medical and dental professional were considered noble and charitable. But today with the increase in medical negligence and malpractices this profession is looked upon with doubt and contempt.^[5] Monetary gains have led to the deterioration in the standard of patient care and moreover patients are becoming more aware of their rights.^[6]

A comprehensive piece of legislation called “Consumer Protection Act (CPA)” was implemented in 1986 in India for the better protection of the interests of the consumers. It aims to provide a forum to safeguard the rights of the customers and establishes guidelines for the speedy redress of their grievances against unethical medical practices.^[7] All the services rendered by any medical or dental health care professional are covered under CPA except when the service is provided free of cost, especially in charitable or governmental dispensaries and hospitals and primary health centers.^[8] The courts have great responsibility to punish the guilty doctors and at the same time to protect the honest doctors from undue harassment at the hands of patients. Therefore, it becomes imperative for all health care professionals (including dentists) to be aware of such laws that

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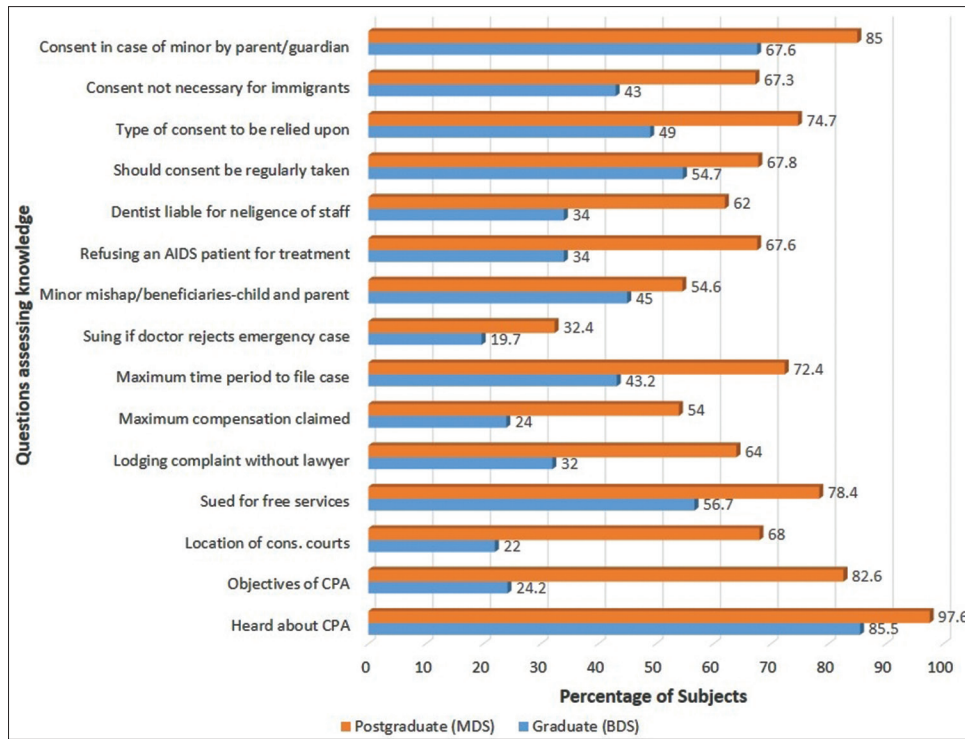


Figure 1: Participants' response of various questions regarding CPA

will be valuable for patients, health care professionals and the community as a whole. Moreover, studies on knowledge and awareness among dental health professionals about laws related to the CPA have rarely been reported in literature, hence the present study was undertaken to

- Report on knowledge and awareness level regarding CPA among dental health professionals in Tricity (Chandigarh, Panchkula and Mohali) and
- Suggest possible measures to increase knowledge among dental professionals if required.

Materials and Methods

Ethical clearance and informed consent

The present study was conducted after obtaining ethical clearance from the Institutional Review Board of the college. Written informed consent was obtained from the participants before data collection and prior permission was obtained from the concerned college authority.

Study population and study sample

The present descriptive cross-sectional study was carried out among dental health professionals who are engaged in private practice in the Tricity (Chandigarh, Panchkula and Mohali). List of practicing dentists was obtained from local Indian Dental Association bodies. A pilot study was done on 25 subjects to check the feasibility of the study. The required sample size was determined based on the results of the pilot study. After doing all the calculations, a sample size of 255 was obtained. By adding 10% of the non-responders, a total sample of 280 was obtained.

Simple random sampling was done in order of select the study participants from the Tricity.

Research instrument

The instrument for the study was a self-made questionnaire written in English language which was made specifically for the study. The questionnaire was handed over to each of the study participants. The questionnaire was pre-tested for validity and reliability and modified accordingly. The reliability of the questionnaire was good (0.85). The questionnaire was divided into two sections—Section A was “General section” containing socio-demographic details of the participants. Section B comprised of 15 close-ended questions based on the awareness, applicability, objectives etc., of CPA [Figure 1]. Questionnaire was handed over to all the respondents by the investigator and later on collected from them. Incomplete questionnaires were not included in the study. Total knowledge/awareness score was calculated on the basis of each participant's response. Each positive response was scored as “1” and negative as “0.” The total score was a simple sum of responses ranging from 1 to 15, the answers of which were graded on a 15 point Likert Scale. Categorization of scores was done at three levels—low (0–5), medium (6–10) and high (11–15).

Statistical analysis

The present study conducted descriptive statistical analysis. Number and percentages were used to compute results on categorical measurements. Results were statistically analyzed using SPSS package version 15.0 (SPSS, Chicago, IL, USA). Analysis of Variance (ANOVA) was employed to find the significance of study parameters between three or more groups

of participants and Student's *t*-test was used to find significance between two groups. The significance was set at <0.05.

Results

Excluding the non-responders and incomplete questionnaires, the final sample size consisted of 265 private dental practitioners with a response rate of 94.6%.

Socio-demographic characteristics

The details of the participants regarding gender, level of education and type of practice are mentioned in Table 1. A number of male subjects (175, 66%) were comparatively more as compared to the female subjects (90, 34%). Also, majority of the subjects were graduates (153, 57.7%) and were doing combined practice (173, 65.2%) as compared to postgraduates and only private practitioners, respectively.

Response to questions

Subjects' response to various questions regarding CPA is depicted in Figure 1. More number of postgraduate subjects (68%) were aware regarding location of consumer courts in their area as compared to graduate subjects (22%). Only one-fourth (24%) of graduate subjects gave correct answer regarding maximum compensation that can be claimed by a patient as compared to postgraduate subjects (54%). Interestingly more than 50% of subjects agreed to the fact that consent should be regularly taken in practice. Approximately three-fourths (74.7%) of postgraduate subjects responded correctly regarding the type of consent to be relied upon.

Knowledge/awareness level

Among the study participants, 54.7% (145) were having low knowledge scores, 23.3% (62) had a medium score and 21.8% (58) had a high score [Table 2]. When education level of the study participants was compared with knowledge regarding CPA, it was seen that 60.1% of the graduates Bachelors of Dental Surgery were having low knowledge scores and only 15.6% had high scores. Astonishingly, only one-third (30.3%) of the postgraduates Masters of Dental Surgery were having a high

knowledge scores [Figure 2]. Mean knowledge scores according to different socio-demographic profiles are summarized in Table 3. Mean knowledge score according to educational level was statistically significant ($P < 0.05$) whereas there was no significant difference in case of gender and type of practice ($P > 0.05$).

Discussion

Nowadays, patients have become more aware of their rights supplemented by modern legislation that has made the society increasingly compensation-oriented. CPA has been formulated to be customerfriendly, as there is no court fee payment, the person can plead their own case, and the decision is taken within 3–6 months.^[9] The present study was conducted on knowledge and awareness regarding CPA among private

Table 1: Socio-demographic characteristics of study subjects

Characteristics	Number	Percentage
Gender		
Male	175	66
Female	90	34
Education level		
Graduate	153	57.7
Postgraduate	112	42.2
Type of practice		
Private	92	34.7
Combined (private+academic)	173	65.2

Table 2: Knowledge levels regarding CPA among study participants

Knowledge level	Number of participants	Percentage of participants
Low	145	54.7
Medium	62	23.3
High	58	21.8
Total	265	100

CPA: Consumer protection act

Table 3: Mean oral health literacy of study participants according to different socio-demographic variables

Socio-demographic variable	Knowledge score		P
	Mean	Standard deviation	
Gender			
Male	4.94	2.54	$F=1.742$
Female	5.42	2.29	$P=0.073$
Total	5.14	2.59	
Education level			
Graduate	4.67	2.43	$F=1.554$
Postgraduate	5.78	3.46	$P=0.026$
Total	5.37	2.76	
Type of practice			
Private	3.23	2.62	$F=1.832$
Combined	6.54	3.86	$P=0.061$
Total	5.54	2.22	

$P < 0.05$ (Statistically significant). Tests used=Student *t*-test, ANOVA.

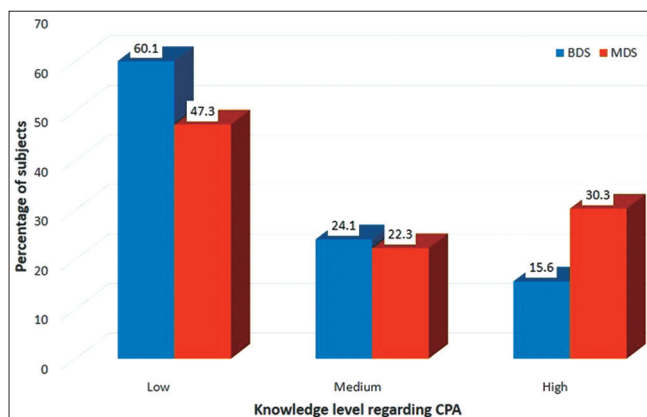


Figure 2: Knowledge level regarding CPA among graduates and postgraduates

dental practitioners in a Tricity in India. The study utilized a closed-ended questionnaire in order to accumulate important information regarding CPA from the subjects which is evident from the results. Such types of questionnaires reduce recall bias and such questions are easy to analyze and may achieve quicker response from the subjects. Moreover, the authors have tried to gather vital information regarding CPA from the subjects. For this reason, the questionnaire used in the present study was framed after consulting specialists and other studies done on the subject.

Comparatively more number of subjects were engaged in private practice as compared to subjects doing combined practice (academic and private) in the present study. This finding is in contrast to some other study conducted in another city of India.^[10] Moreover, number of female private practitioners were almost half as compared to number of male private practitioners in the present study. The collective reasons behind this could be family or domestic commitments (caring for children), increasing competition in private practice and more inclination toward academic or teaching jobs.^[11]

More than 50% of the subjects in the present study had low knowledge scores regarding CPA and in this more than 60% were graduates and 47% were postgraduates. This might be due to deficiency in the Indian educational system which doesn't have much information on CPA in theory and its applicability in detail in the dental curriculum either in the under or post-graduate, both in formal and informal ways.^[12] The only information which a dental practitioner gathers regarding CPA is through newspapers and mass media.

There has been increase in the number of compensation cases that are being brought against doctors in recent years.^[13,14] In the present study, very few subjects had knowledge regarding maximum compensation that can be claimed by the patient which is in accordance to some other study findings.^[15] This indicates the lack of complete understanding about CPA among dental professionals.

In the present study, postgraduate dental practitioners had a higher knowledge as compared to graduate dental practitioners regarding CPA ($P = 0.026$). This is in accordance with couple of studies conducted in Ghaziabad and Udaipur, India in which postgraduate dental professionals were more knowledgeable as compared to graduates.^[10,15] This might be due to the reason that with increase in knowledge, awareness also increases. Moreover, knowledge level was more in females as compared to males in the present study, which is in contrast to some other study reports.^[16] This could be due to the fact that males comparatively devote more time toward their clinical practice than females.

It is a general, legal and ethical principle that one must get valid consent before starting any treatment. It was reported in the present study that almost half of subjects agreed to the fact that consent should be regularly taken in private practice and informed consent is the most reliable type of consent. This may

be due to the higher chance of the patients seeking treatment from the dental professionals tends to claim compensation in case of mishap or negligence. This is in contrast to some other study finding in which lesser number of subjects were taking informed consent.^[17]

However, there are certain limitations worth mentioning. First of all, our study is a cross-sectional study with relatively small sample size and hence it is difficult to generalize the findings for the entire country. Since it was a questionnaire study, knowledge and awareness regarding CPA among respondents may or may not be predicted, reflecting the inherent limitations of such studies. Further studies are warranted to investigate the knowledge, attitude and awareness pertaining to the CPA by some better tools. It is also emphasized that studies comparing the knowledge of dental with medical professionals should also be conducted.

Conclusion and Recommendations

The results of the present study that majority of the subjects were aware of the existence of CPA. However, basic awareness regarding rules and regulations about CPA was found to be low among both the graduate and postgraduate subjects. Therefore, dental professionals need to update their knowledge and understanding on CPA and its amendments to be on a legally safer side. Following recommendations are put forth-

- Compulsory continued medical education (CME) programs on CPA should be arranged frequently
- Awareness should be spread about professional indemnity claim
- Dental professionals should internalize quality-assured health standards in their routine professional duties, to ensure protection of customer rights.

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