

PERCEPTION AMONG EMERGENCY PHYSICIANS OF INDIA REGARDING LEGAL ISSUES GOVERNING EMERGENCY MEDICAL PRACTICE

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ABSTRACT

Background: Although it is a realised need, most hospitals in India tend to avoid dealing with medico legal formalities during emergencies. In a busy Emergency Room physicians tend to overlook legal formalities mostly as an oversight owing maybe to lack of training and lesser supervision. **Aim:** To find out the perception among Emergency Physicians of India regarding legal issues concerning Emergency Medical Practice. **Materials and Method:** A pre-structured, pre-tested questionnaire was devised and sent by e mail to member physicians of the Society of Emergency Medicine in India chosen by simple random sampling requesting them to fill up the forms and send it back by e mail. Sample size was calculated to be 84. **Statistical Analysis:** The study showed overall mean perception of 69% with a confidence interval of (70.5 to 67.3). The individual perception scores of questions have been given in the statistical analysis portion of the dissertation. The majority of study population were in their third decade. **Result:** The study came up with an interesting fact that majority of the younger age group of emergency physicians had more perception than their elder counter parts. This proves that the older emergency physicians need some form of legal training in order to improve their perception regarding the legal scenario in India. **Conclusion:** The study paves a path for further studies to occur.

KEYWORDS

Emergency physician of India; Dealing of legal issues in emergency department.

INTRODUCTION

Emergency Medicine is an upcoming speciality in India. It was only in 2009 that it was recognised as a separate speciality. This is perhaps the reason that the Government of India is still not being able to provide/ arrange for quality emergency medical care fully in the country. There is a dire need for structured courses in Emergency Medicine in this country. As of now as a stepping stone, the Medical Council of India has started an MD course in Emergency Medicine but those are taught by consultants from other specialities. Existing structured courses in India like Master in Emergency Medicine (Perhaps the only structured emergency medicine course in India) are still battling for their existence.

It may be inferred from the above that the area of work of an emergency physician in India is still perceived to be that of a post – master who directs the patients to their so called appropriate specialities. There is practically no concept of emergency medicine health care amongst our peers from other specialities. Further it has been inculcated into the minds of existing emergency physicians that they do not even belong to any speciality like emergency medicine. They are used to work under Anaesthesia or Surgery or Medicine etc.

The time has come to lift the morals and prestige of the pioneers of this subject who do not value themselves. They should have a minimum perception of what emergency medicine is. This perception

needs to be evaluated among different strata of emergency medicine physicians and placed in front of them so they can see the actual picture and improve them accordingly. This also means that there is a further scope of study especially among other strata of emergency medicine. This study is an endeavour to measure the perception of physicians of India who belong to a class presumed to have some knowledge of emergency medicine.

This randomised email based cross – sectional study is a representation of the legal perception of emergency medicine physicians in India.

The perception of medico legal issues amongst Emergency Medicine Physicians of India has often been questioned. Since the speciality itself is struggling for recognition in India at present, it is quite obvious that the physicians are fearful of being entangled in legal hassles often. Even the Courts or Parliament the term ‘Medical Emergency’ has not been properly defined.

The existing emergency medicine practice is only limited to urban areas. This has made emergency medical care out of reach of rural India. Though the ‘Right To Life’ is guaranteed by the Constitution of India in reality this specialized care is yet to reach out to the common man and till then these legal hurdles has to be faced by the emergency physicians of India.

There are many laws, rules and regulations in India regarding the emergency medical care but we are really sorry to state that most of our existing physicians do not have an answer to that.

Hence perception studies like this should be encouraged. This study paves the way for further studies to take place. Emergency Medicine should be recognised as a separate entity and take its rightful place in the various specialities of Medicine.

MATERIAL AND METHODS

This study was conducted between January 2012 and

Dec 2013.

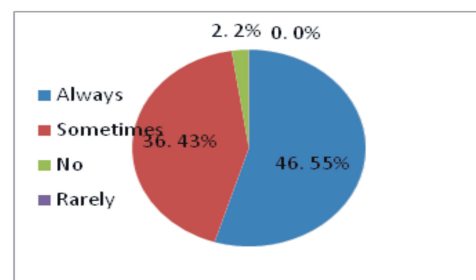
The Universe consisted of members of the Society of Emergency Medicine in India. Simple linear random sampling technique was applied to obtain the sample for the study from amongst them. So Included criteria was physician should have worked in an Emergency/Casualty Department of any hospital in India. And they should have remained in the same work place during the study period. But those working in any other place/department in addition to their duties in the Emergency/ Casualty Department were excluded. The sample size for this study was taken to be 84.

A pre-structured, pre-tested questionnaire was devised and sent by e mail to the physicians concerned requesting them to fill up the forms and send it back by e mail. The data so obtained was scrutinised, tabulated, analysed and is being presented to concerned.

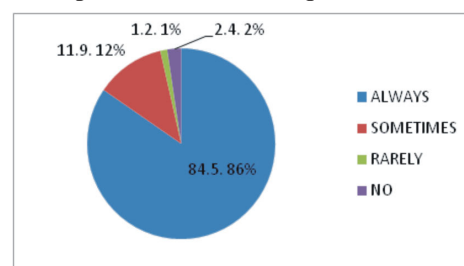
RESULTS

As this is questionnaire based study, several questions were formed & data interpretation was done

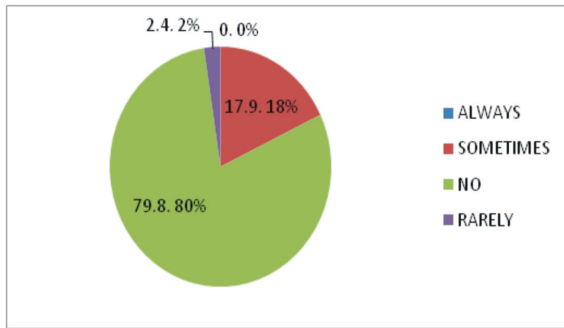
Q 1: Showed Patient welfare is always the primary responsibility of the Emergency physician



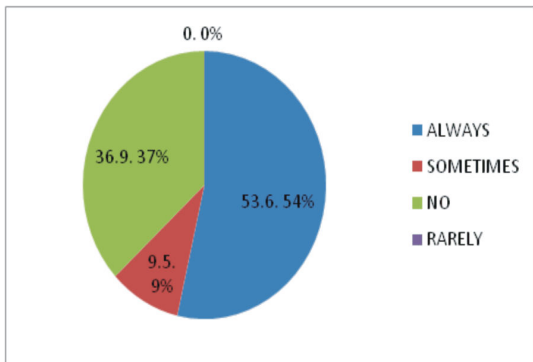
Q 2: Showed every procedure done in Emergency Department does not require consent.



Q 3: Reveals it is not wise to wait for consents in regards to life saving procedures in Emergency Department



Q 4: Represents the Indian mindset of correct communication

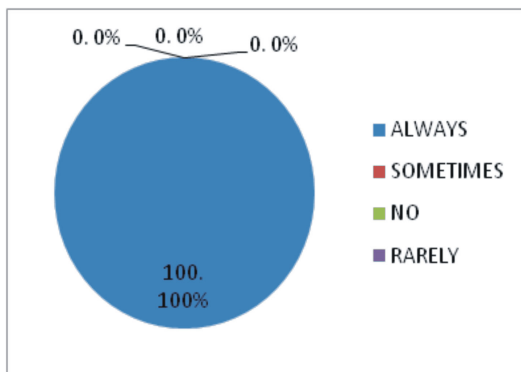


accordingly.

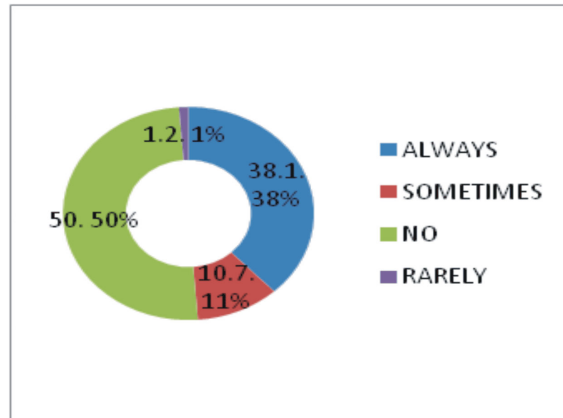
The above pie-chart reveals that only 46% of the population believe that patient welfare is the primary professional duty and a majority believe that it is only sometimes that patient welfare is the primary responsibility of the physician.

Though it is a common practice to take informed

Q 5: Shows that diagnosis such as HIV positivity should be truthfully communicated to the patients



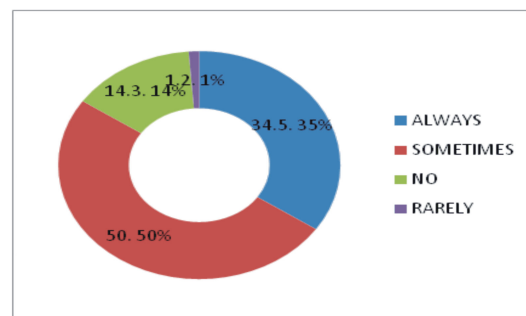
Q 6: Euthanasia is not supported in India till date



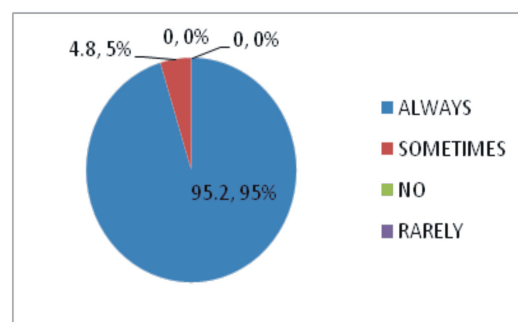
consent even before the start of treatment in emergency department as the above reveals it should not be so. Certain procedures and treatment definitely require consent which becomes evident during the course of care but emergency resuscitation does not require consents for life saving procedures.[19]

The above reveals correctly that 79.8% one should not wait for consents in case of a life saving procedure.

Q 7: In case of resuscitation no informed consent is required to perform a life saving procedure



Q 8: It is always mandatory to take Ethical committee approval to perform a Clinical Research in an institution



Q9: If the hospital does not treat a patient in emergency then it constitutes a violation to the “Right to Life” which is guaranteed under article 21 of the Constitution of India.[2]

	Yes	No	Undecided	Total
You violate the patient’s ‘Right to Life	50	32	2	84
You exercise your own right to choose a patient.	32	50	2	84
You do not commit anything	39	41	4	84
You are ethically wrong but legally correct	14	66	4	84

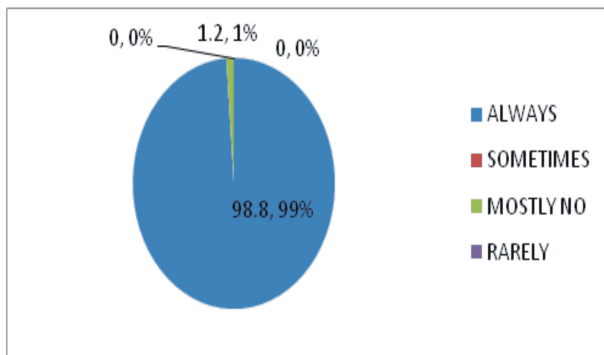
In India it would be taken otherwise by the patient’s relatives/well – wishers or the patients themselves if correctly communicated about certain clinical condition. Hence the above diagram rightly reflects the Indian scenario.[19]

As represented correctly all the doctors correctly believe that the clinical condition should be correctly and truthfully communicated to the patient .

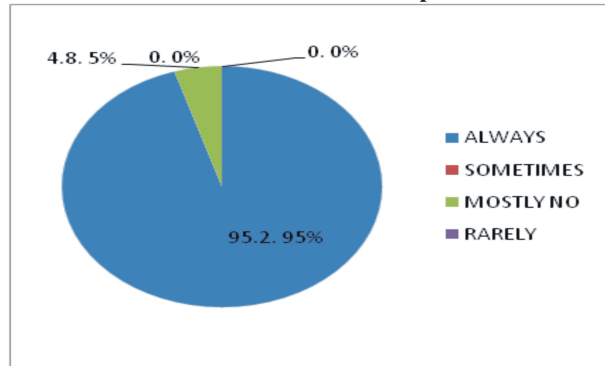
The above represents that 50.5% actually knows the above statement.

The above depicts the fear of doctors and

Q 10: It is mandatory to file MLC reports to the police station under whose jurisdiction the hospital belongs to in all medico legal cases



Q 11: Shows that the treating doctor should always declare the death of his own patient



misunderstanding of the law in order to avoid legal hassles. If the Court finds that life saving care was not done as the doctor was unable to secure consent from the party the Emergency physician would be held legally responsible.[22]

In the above 95% actually supports the statement.

In India the practice of emergency medicine is centralised. It is in the bigger hospitals mostly located in metropolises that it is followed somewhat. Although it is a realised need, most of the hospitals tend to avoid dealing with medico legal formalities during emergencies. (Supreme Court of India; Parmanand Katara vs. Union of India AIR1989 SC2039)

Q 12: The chart below represents that doctors as well as patients should be aware of their respective rights

	Yes	No	Undecided	Total
Let him go without further explanations	31	51	2	84
Ensure there are no miscommunications or misunderstandings at the root of the refusal	83	1	0	84
Try to develop an alternative to the original plan, which does not significantly alter the risk to the patient	78	5	1	84
Communication and negotiation between the patient and provider fail and the patient possesses decisional capacity, the patient may choose to refuse care or end the encounter "against medical advice" after proper documentation.	83	0	1	84