

■ ORIGINAL ARTICLE

Knowledge, Attitude and Practice of COVID-19 Management and Awareness Regarding Doctor's Privilege, Patient's Right and Prevailing Law's during Pandemic

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ABSTRACT

Introduction: The accelerated spread of the COVID-19 Disease has become a major cause of concern for the medical profession. The objective of this study is to assess the knowledge, attitude and practice of COVID-19 management and awareness regarding doctor's privilege, patient's right, and prevailing laws.

Materials and Methods: A total of 250 respondents from the healthcare Institute completed a questionnaire-based survey. The questionnaire was prepared from the current guidance for medical professionals published by the US Centre for Disease Control and Prevention (CDC) and MOHFW Govt. of India. Suitable sampling method was used for data collection and the distribution. Descriptive statistics were carried out for all groups based on the percentage of correct responses. Individual pairwise comparisons were done using the Median test.

Results: In Present study 94.60% of the participants had knowledge regarding COVID-19 infection but less than 90% of the total participants could correctly defined "close contact."

The responses related to doctor's privilege, patient's right, prevailing laws during pandemic were 83.33%. Out of that, 90.55% of correct responses were from senior faculties. However, awareness regarding recent ordinance and changes in exiting Epidemic Diseases Acts were very low (74.92%) in Junior Faculty. There were 100% correct responses regarding awareness about Transmission and conduction of Medico-Legal Autopsy on COVID-19 Positive Dead Bodies. However, the Knowledge of survival of SARS-CO-2 on Dead body were very low (84.46%). Conclusion: There is a need for regular training program on Corona Management and Awareness Regarding Doctor's Privilege, Patient's Right, Prevailing Laws.

Keywords: COVID-19 India; COVID-19 PCMC; COVID; WHO; CDC; Medical Professionals.

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INTRODUCTION

India prepares for the COVID-19 pandemic; healthcare professional on the frontlines is specifically vulnerable to this disease. The virus that causes COVID-19 was initially called as 2019-nCoV and was later named as syndrome coronavirus 2 (SARS-CoV-2) by the International Committee on Taxonomy of Viruses (ICTV).¹ It is a new type of viral strain discovered in 2019 which was previously not found in humans.

Earlier, thesevere acuter respiratory syndrome-coronavirus (SARS-CoV) and the Middle East respiratory syndrome-coronavirus (MERS-CoV) have been known to have influence on humans. Outbreaks of respiratory disease or diseases relating to breathing caused by these viruses appear to have originated in animals before affecting into other hosts like humans. MERS-CoV was found to be passed on from Arabian camel to humans, however SARS-CoV was transmitted from Civet cats to humans. SARS-CoV-2 appear to have begun from bats and first cases were reported from Wuhan, Hubei Province in China, suggesting an animal-to-persons spread from a live animal market. The corona virus then spread outside Hubei and afterwards, to the rest of the world via human transmission. Several countries have now reported the spread of an infectious disease within a group of people who have had no known contact with a person infected with or exposed to the disease. The World Health Organization (WHO) declared coronavirus disease as a pandemic on March 11, 2020.⁸

With this mode of transmission, healthcare workers are among the highest risk of being infected. The highly contagious SARS-CoV-2 virus is an added risk for the healthcare professional apart from the overload of extended work hours, physical and psychological stress, burnout, and tiredness.² The aim and objective of this study is to assess the awareness of COVID-19 disease and awareness regarding Doctor's Privilege, Patient's Right, Prevailing epidemic Acts and changes made during pandemic among the medical professionals in the Indian healthcare scenario.

Materials and Methods: This research was conducted at a tertiary-care hospital and medical teaching institute in Pimpri-Chinchwad area of Pune. The survey was prepared in the form

of an online form and was sent to 544 potential participants who contained Intern, Post-graduate students, Junior and Senior medical staff in medical institutions in the Pimpri-Chinchwad Metropolitan Region in the state of Maharashtra, India. The period of the survey was August 2020 to December 2020, and a total of 250 participants completed the survey with a response rate of 45.95%.

The self-administered questionnaire consisting of Two Sets of Questions, and 10 questions based on knowledge and awareness related to COVID-19 disease and remaining 06 questions were related to Doctor's Privilege, Patient's Right, Prevailing epidemic Acts and changes made in existing acts in the healthcare setting were adapted from the current interim guidance and information for healthcare workers published by the CDC, updated on March 7, 2020 and thereafter.⁹ The questionnaire also included questions related to Corona infection, its signs and symptoms and doctors' rights, patient privilege and changes made Epidemic disease act.⁵ Informed Consent was obtained from all participants in this study. Convenient sampling method was used for data collection, and the distribution of responses was presented as frequency and percentages. Sub-groups were classified based on gender, age (18-30 years, 31-45 years, and >45 years) and profession (undergraduate, Postgraduate students and faculty from medical). Sub-groups were also classified based on the age, gender and experience of respondent. Data were arranged in excel, and descriptive statistics were performed using SPSS 23. Individual pairwise comparisons were done using the Mediantest for percent correct response.

RESULTS

A total of 250 healthcare professionals from one of the Medical College participated into the survey. Most of the participants were from the age group of 18-30 years (n = 180). Approximately 48% (n = 120) of the responders were females and 52% of the responders were male. Among the various sub-groups, 60% (n = 150) of the Interns, 16% (n = 40) of the postgraduate students and remaining 24% were (n = 60) the professor, associate professor and Assistant professor who completed the survey.

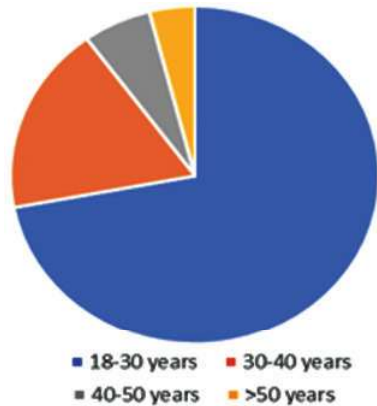
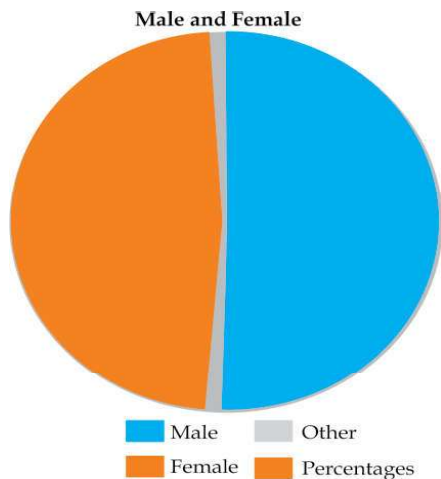
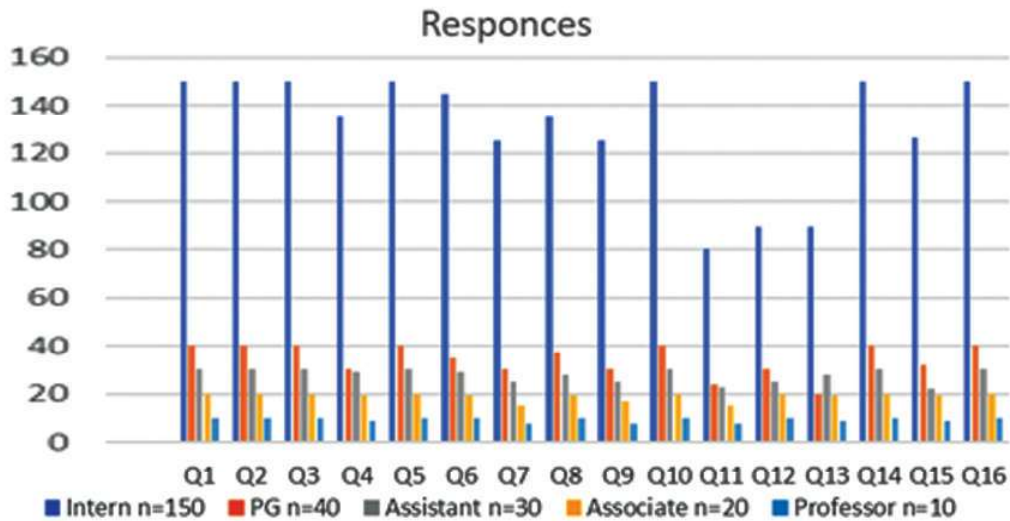


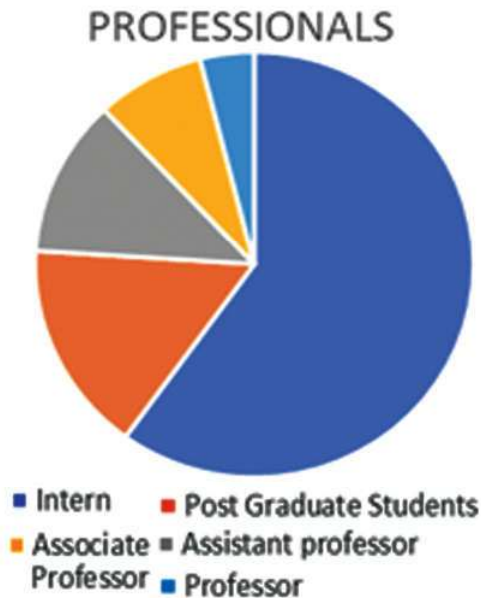
Fig. Age and Subgroups of Ages.

Almost all the responders (100%) were aware that the virus causing COVID-19 was initially

called as 2019-nCoV and was later termed as syndrome corona virus 2 (SARS-CoV-2) and the all respondent knows the main symptoms of the Corona virus. The main mode of transmission of the virus is via respiratory droplets which were answered correctly by 100% of the responders. Only 89.4% (n=222) of the total participants were known the correct definition of "close contact". The maximum number of accurate responses were from the senior medical faculties such as professor, associate professor and Assistant professor and the lowest number was from the Intern subgroup. The majority (100%) of the participants were able to precisely answer the questions related to COVID-19 exposure and appearance of symptoms.



Approximately 95% of the responders aware about the medical questions related to the Covid-19 and Corona virus but, the majority of medical respondent especially junior faculty (Intern and Post-graduate students) took part in the study were less aware about the recent changes of medico-legal or legal provisions related to the Epidemic act or covid-19 or Corona virus.



DISCUSSION

Since its initial outbreak in China in December 2019, the COVID-19 disease has had a cascading effect worldwide. According to the ICMR update on March 23, 2020, there were more than 400 individuals with confirmed positive cases in India and till date it increased to more than 10 million.² The tracing the infected person and isolation of a suspected case is the most prime step in curbing the spread of COVID-19. However, in our research, almost all the participants were aware of defining a "close contact." According to the US CDC, a "close contact" is defined as: "being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period or having direct contact with infectious secretions of a COVID19 case. Similarly, various other key definitions have been given in Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Corona virus Disease (COVID-19) published by the CDC.⁴ Awareness was low among all subgroups with the lowest being the Interns and junior residents.

The overall percentage of correct answers for our study participants was 94.60% with the

maximum percentage of accurate responses from professors and associate professors (90.55%) and lowest from the Interns, post graduate junior students (74.92%). A cross-sectional study regarding knowledge and attitudes towards Middle East respiratory syndrome-coronavirus (MERS-CoV) was conducted on healthcare workers in primary healthcare centres and hospitals at Najran in Saudi Arabia which showed a majority of the healthcare workers were aware of MERS-CoV and had sufficient knowledge regarding the same. Physicians and nurses had significantly better knowledge compared with other healthcare workers.¹³

The results of a similar survey carried out in healthcare workers in the Kingdom of Saudi Arabia suggested poor knowledge about emerging infectious diseases among study participants, and self-reported infection control practices were found to be sub-optimal. In South Korea, a survey study of healthcare workers suggested a poor level of knowledge of the modes of transmission of MERS corona virus.⁷

To the best of our knowledge, this is the first type study that access the awareness of COVID-19 infection and Doctor's Privilege, Patient's Right, Prevailing epidemic Acts and changes made in existing acts among Indian healthcare professionals. During this critical period, the health ministry of government of India has proposed to provisionally use services of medical undergraduates of senior grades to treat COVID-19 patients.¹⁰ This decision could help fulfill the insufficiency of healthcare professionals and potentially dispense treatment to many people.

One of the shortfalls of this study is that most of the participants are from urban location in the Pimpri-Chinchwad Municipal Corporation Metropolitan Region which do not truly constitute the medical professionals of the entire region or state and country.

CONCLUSIONS

Interns and medical professionals from the medical college exhibits sufficient awareness of COVID-19 in the healthcare setting with an

overall percentage of 94.60% correct answers. A higher percentage of accurate responses were from senior faculty (Professors and Associate Professors) and the lowest was from junior faculty (Intern and assistant professor). This study shows that there is a strong need to implement periodic educational interventions and training programs on infection control practices for COVID-19 and new updates in the legal provision of epidemic act across all healthcare professionals. Conducting periodic webinars for educational intervention for all medical professionals including interns, junior faculty and senior faculty could be a useful and safe tool to generate more awareness.

Disclaimer

This article was last updated on 20 Dec 2020, and it may not be updated regularly. COVID-19 is a rapidly evolving, and accelerating situation and we recommend medical students and professionals to review the latest updated official information and guidelines from local, state and central governments health organizations.

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