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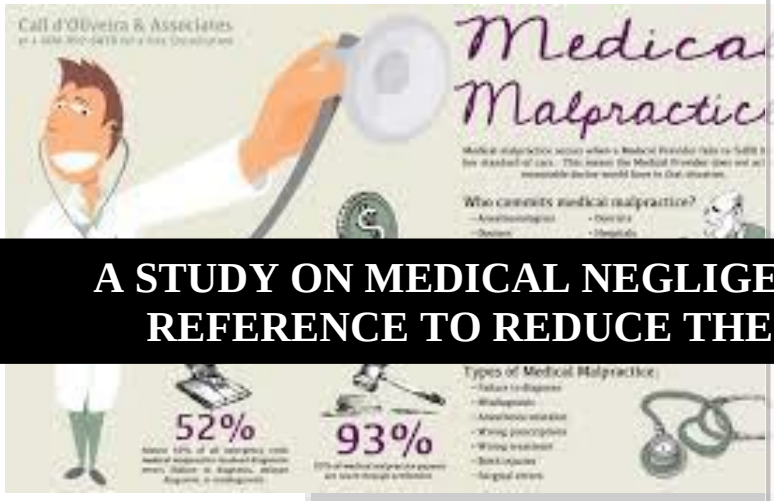

A STUDY ON MEDICAL NEGLIGENCE WITH SPECIAL REFERENCE TO REDUCE THE SURGICAL ERRORS

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A STUDY ON MEDICAL NEGLIGENCE WITH SPECIAL REFERENCE TO REDUCE THE SURGICAL ERRORS

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ABSTRACT

Medical negligence has become one of the serious issues in India. It is true that the medical profession, one of the noblest professions, is not immune to negligence which at times results in death of patient or complete/partial impairment of limbs, or culminates into another misery. There are instances wherein most incompetent or ill or under-educated doctors, on their volition, have made prey the innocent patients. The magnitude of negligence or deliberate conduct of the medical professionals has many times led to litigation.

Making errors is part of normal human behaviour. However, when errors have significant consequences or occur in high risk industries they become of paramount importance. There has been little research on why and how errors occur in the healthcare industry. Errors occur throughout healthcare, but in particular, surgery as a high-risk specialty. Surgery is a specialty with a milieu of possible mishaps waiting to happen. So to understand and prevent errors in surgery we must explore this intricate multi-cogwheel process. Practicing surgery in the new millennium will embrace new innovations, medications, technologies, equipment, operations, all of which aim to improve the treatment and care of patients.

The aim research is to put forward the types of surgical error with the comparison of laws with USA. The cause for the occurrence of the surgical errors with the structure of legal framework.

Keywords: Drugs, equipment, imperfection of surgeons, medical negligence, surgery

INTRODUCTION

More than 200 million surgeries are performed worldwide each year and recent reports reveal that adverse event rates for surgical conditions remain unacceptably high, despite multiple nationwide and global patient safety initiatives over the past decade. Adverse events resulting from surgical interventions are actually more frequently related to errors occurring before or after the procedure than by technical surgical mistakes during the operation. These include (i) breakdown in communication within and amongst the surgical team, care providers, patients, and their families; (ii) delay in diagnosis or failure to diagnose; and (iii) delay in treatment or failure to treat. On a daily basis, surgeons must adjudicate challenges that reach far beyond pure technical aspects - the decision of initiating appropriate and timely surgical care weighed against the risk of providing delayed or negligent care by rather choosing observation and/or non-operative treatment. These specific characteristics should trigger surgical subspecialties to add their specific patient safety processes and guidelines to the existing global ones.

SCOPE AND OBJECTIVE OF THE STUDY

- To find out the types of surgical errors
- To study reasons for occurrence of the surgical errors
- To know current issues regarding the surgical errors.
- To study comparison of compensation made by developing countries to developed countries.
- To study the legal framework.

REVIEW OF LITERATURE

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RESEARCH METHODOLGY

The researcher has done an empirical study on the concept of study on medical negligence with special reference to surgical errors. The primary information is collected through the field study from1671 randomly selected respondents which include general public of different age

groups with a well framed structured questionnaire. The questions put forward in the survey to the respondents that is specifically to the medical practitioners. The collected responses are portrayed in the cross-tab tables and the chi square test tables. The calculations done by the researcher is based on the response received is the person used in the chi square. The secondary sources used by the researcher for the study is referring to books, articles, journals, newspaper. The study also found that 948were males,711 were females and 12 were transgenders. The research is done by collecting both primary and secondary sources by the researcher.

DISCUSSION

The current issues in patient safety in surgery including: a) general guidelines i.e.; the World Health Organization (WHO) preoperative checklist, communication gaps between the surgeons and staff and/or patient, b) organization processes to prevent errors and miscommunication, culture of safety and conflict resolutions. Despite changes in the health care system with new regulatory mandates and reimbursement issues, one constant concern is to ensure exceptional patient safety and care. Patient care must be delivered safely by utilizing safety guidelines based on scientific evidence. Constant revision of processes and guidelines are in order to optimize patient experience and safety. To do so, patient safety systems should focus on building a culture of safety that encourages communication, trust, and honesty.

In this process it is pivotal to recognize that humans make errors. Failures occur by choosing the inappropriate method of care or by poor execution of an appropriate method of care. Fortunately, errors can be minimized with proper training, effective communication, and a system of checks and balances. Continual education regarding patient safety not only helps health care professionals by inhibiting errors, but also extends to patient well-being. Concise communication with patients instills trust and strengthens patient-provider relationships. Establishing a medical system of checks and balances ensures that errors are more likely to be caught before they happen and that blame does not rest upon an individual. Errors are inevitable, but having a system in place to prevent them from occurring, and remedying them when they do occur, improves overall patient safety in health care.

Novel methods of developing these skill sets are necessary because it is becoming increasingly clear that minimally invasive surgery requires a completely different skill set from the one used in traditional, open surgery. Here spatial relationships and associated psychomotor skills are necessary to manipulate surgical instruments on a two-dimensional video screen in an actual three-dimensional operative field. Developing ambidextrous skills in the small intra-abdominal space, handicapped by instruments that have limited degree of freedom, while compensating for difficult camera angles and the fulcrum effect often seems to be an overwhelming task for novices in the field of laparoscopic surgery. Unfortunately, even with the restrictions on work hours, we are now teaching residents at least two ways of performing each procedure, essentially doubling the skills that have to be learned over a five-year residency.

Over the last few decades laparoscopic procedures have evolved from diagnostic laparoscopy to advanced, more complex procedures. It is now routine for minimally invasive techniques to be used for bariatric, colonic, and advanced foregut procedures. These more advanced procedures require highly developed psychomotor skills. The surgeon's anatomic awareness must be developed in concert with the ability to safely achieve exposure and identify and control important structures. To assist with the abdominal surgeons, minimally invasive surgery primarily involves laparoscopic techniques. The concept of minimally invasive surgery also applies to thoracic, gynecologic, head and neck surgery, orthopedics, or any other field where the size of the incisions and the degree of injury to the patient can be minimized with advanced techniques and equipment.

Critical components of many advanced operations, specialized equipment is available and commonly used. These instruments require a great deal of expertise in order to be used effectively and safely. Anecdotal reports have described significant complications related to the incorrect use of such equipment. These developments have not gone unnoticed. The Food and Drug Administration (FDA) has now inserted itself into the training debate by requiring the development of a simulator-based training program (and that physicians demonstrate competence on the device) before approving a novel vascular stenting device. This ruling, in April of

2004, represents the first mandate by the FDA to require simulation training without fully established or accepted data proving the validity of this approach. Similar requirements at the federal level for other advanced devices and skills sets are likely to follow. Payer-mandated and hospital-based credentialing for procedures and equipment is undoubtedly not far behind.

Surgeons who teach and train advanced procedures must now help develop methods of training and evaluation that truly establish procedural based competency. The tools are being developed and it is up to physician-educators to maximize their potential and set the standards for excellence. In a healthcare environment focused on evidence-based medicine and outcomes data, surgeons should set the standards rather than have them imposed by outside interests. The bar has already been set; the Accreditation Council for Graduate Medical Education (ACGME) now requires that program directors provide a statement attesting to the competency of every graduating Chief Surgical resident. Many tools are now available to help with this task. The technology exists to continue to improve the realism and scope of training devices. Standardizing training routines and the effectively integrating systems for evaluation and credentialing is becoming a realistic goal. Below we will review currently available training and evaluation devices for laparoscopic surgery and discuss current future implications for training curricula for surgical residents.

Seven months after a 33-year-old woman died due to a cotton mop being left behind in her abdomen in a surgery conducted by a doctor at Lunawada in Mahisagar police arrested the doctor after reports from the Forensic Science Laboratory (FSL) confirmed negligence on her part. Dr Shaila Bhuriya, a surgeon who runs Arohi Maternity Clinic in Lunawada taluka of Mahisagar, was arrested by a team of Mahisagar Police on Saturday evening (17 August) under IPC section 304 (Culpable homicide not amounting to murder).The incident had occurred on 9 January when Geeta Khant (33), a native of Malekpur Padadi village in Lunawada Taluka of Mahisagar, underwent a Caesarean operation at Arohi Maternity Clinic. However, her health deteriorated hours after the operation, after which she was referred to SSG Hospital in Vadodara.

In the wake of a senior doctor at AIIMS allegedly performing the wrong procedure on a patient, the premier institute said on Friday a written apology was sent to her and

her husband was contacted with an offer for additional treatment. On February 7, the assistant professor in the surgery department allegedly performed a procedure required for dialysis treatment on the 30-year-old woman, a resident of Saharsa in Bihar, who had complained of abdominal pain. He then tampered with documents to cover up the shocking medical negligence. The AIIMS director has asked the Medical Superintendent to issue instructions that surgical safety checklist be strictly implemented in all operation theatres of the institute. AIIMS has also decided to set up a Patient Safety Cell to implement patient safety programmes and initiatives, provide technical support to departments and centres, compile data on medical errors and adverse events, and then perform a root cause analysis to improve the quality of care being provided. In a statement, the premier institute said that instead of the scheduled operation, "another minor surgery" was performed on the woman. After the negligence was realised, she was informed and a corrective procedure was carried out." The incident was reported to the Medical Superintendent and a preliminary enquiry confirmed the occurrence. A written apology was sent to the patient, her husband was personally contacted by the Head of the Surgical Unit and offered any additional treatment.

Yet another shocking case of medical negligence came to fore in Gurugram where the doctors risked the life of a patient in an attempt to hide their folly. The doctors punctured the left kidney of a patient, who was diagnosed with stones in her right kidney. Having realized their mistake, the surgeon then operated her right kidney to remove the kidney stone. Due to the callousness of the hospital and the patient started bleeding profusely but the hospital administration continued to hide the entire issue until the case went out of their hands. Realizing the gravity of the situation, the family members of patient shifted to another hospital Medanta, the family was shocked to know about Pushpanjali hospital's blunder and their attempts to cover-up. The patient, Sheela Devi - who is a resident of Rohtak - and her husband registered a complaint with the police and the Health Minister of Haryana about the gross medical negligence and sought justice. Sheela Devi's husband Ajay Kumar, who is an advocate by profession, informed that his wife was admitted to Pushpanjali Hospital (Gurugram) on May 27, 2019, after she was diagnosed with a stone in her right kidney. On May 28, Dr. SP Yadav said that they'll perform an endoscopy to remove

the stone. Ajay Kumar has alleged that her wife was operated by Dr. SP Yadav's wife and not him. "The lady doctor was completely unaware about the medical condition of the patient and she punctured the left kidney instead of right. While her husband was continually busy on mobile phone and didn't even care to have a look at the patient. Having realised her folly, their doctors then punctured the right kidney of my wife and quickly performed the surgery and removed the stone. According to medical practitioners, both the kidneys couldn't be operated at the same time because it is risk-prone but the doctors here played with the life of my wife to cover up their blunder." Moreover, when my wife came out of the operation theatre, she was bleeding profusely to which Dr. SP Yadav said it happened by mistake and he assured they'll take care of it. Later, they took the patient again to the operation theatre and a stent was inserted in her kidney but that worsened things. Her stomach started swelling and when her condition got out of their control, they referred us to Medanta Hospital" "The doctors at Medanta Medicity revealed us about the negligence performed during the surgery in the first place. The surgeons here informed that both the kidneys should not be touched upon at the same time during a surgery hence the doctors at Pushpanjali risked the life of the patient," he complained further. The victim has now submitted a complaint to the Commissioner of Police, Health Minister (Haryana), Chief Minister, and Medical Council of India and requested to investigate the entire matter. The victim has also registered a complaint with Chief Minister Grievances Redress and Monitoring Cell in Haryana. The concerned office has assured that they have taken cognizance of the matter and are looking into it.

Eleven people, who underwent cataract surgeries on August 8 in an eye camp at Indore eye hospital, have lost vision due to infection. The patients' kin raised the issue on Saturday Minister of health department Tulsi Silawat ordered a high-level inquiry in the matter. A district health official said that the eye hospital is run by a trust and the camp was organised after getting a permission from the health department. A patient Manohar Harore said, "I was admitted in the hospital on August 7 for the surgery of an eye. After surgery conducted on August 8, I felt irritation in the eye. Other patients also complained the same. The doctors of the hospital started treatment and said sight will be normalised in a week

but nothing happened. Now, they are saying they can't take guarantee as an infection developed in my eye." A resident of Indore Shakuntala Kumar said, "My father and mother both lost vision in one of their eyes. They live alone. My mother is already having problem in one eye and now she lost vision of the second eye too. Now, how will they manage." Rami Bai, a resident of Dhar said, "I am asking doctors will I get my vision back. The hospital staff is just saying that their work is to give treatment. Result is not in their hands." After infection in the eyes, the operation theatre (OT) has been sealed, said hospital administration. Managing director of the hospital Sudhir Mahashinde said the OT was sealed to know the reason behind infection. "It is wrong to say that surgery botched up because overall 14 people went through the surgeries but three are completely fine. Even out of eleven, four are responding to the post-surgery treatment. Earlier, the same hospital had been banned for eye camp after failure of 18 eye surgeries in December 2010.Mahashinde said, "In the inquiry, the team didn't find slackness and lifted the ban in June 2011.Indore, chief medical health officer Dr Praveen Jadiya said, "A team of expert has been sent to the hospital to inquire about the matter." In 2015, as many as 52 persons lost their sight due to negligence of doctors and staff in an eye camp held at district government hospital Barwani. BJP leader demanded FIR against the hospital. BJP leader Dr Hitesh Vajpayee said, "The government should act tough against it. The FIR should be lodged against hospital staff for criminal negligence. The affected patients should be shifted to AIIMS, Delhi."

A doctor in Kerala's Malappuram district performed a hernia surgery on a 7-year-old boy instead of removing a growth in his nasal passage after an apparent a mix-up of the names of two patients.

The boy, Mohammed Danish, was operated for hernia on Tuesday at a medical college in Manjeri town, 175 km north of Kochi, sources said.

The incident came to light when Danish's parents, who are from Karuvarakundu town in the district, saw their son operated in the stomach, instead of removing his nasal polyps. Hospital sources told PTI that there was another patient, named Dhanush, who was supposed to undergo surgery for hernia, and the mistake occurred due to the similarity in their names.

State Health Minister K K Shylaja ordered a probe and suspended the doctor, A Suresh

Kumar. "Patients must not suffer due to the negligence of the hospital staff," the minister said, adding that the boy would be given free treatment.

The state human rights commission has registered a case in connection with the incident." There is serious negligence on behalf of the staff including the doctor," rights panel member K Mohan Kumar said in his interim order. Kumar asked the medical college superintendent to submit a report with the statements of all the staff present inside the operation theatre.

In Calcutta Medical Research Institute vs Bimalesh Chatterjee it was held that the onus of proving negligence and the resultant deficiency in service was clearly on the complainant. In *Kanhaiya Kumar Singh vs Park Medicare & Research Centre*[1], it was held that negligence has to be established and cannot be presumed. Even after adopting all medical procedures as prescribed, a qualified doctor may commit an error. The National Consumer Disputes Redressal Commission and the Supreme Court have held, in several decisions, that a doctor is not liable for negligence or medical deficiency if some wrong is caused in her/ his treatment or in her/ his diagnosis if she/ he has acted in accordance with the practice accepted as proper by a reasonable body of medical professionals skilled in that particular art, though the result may be wrong. In various kinds of medical and surgical treatment, the likelihood of an accident leading to death cannot be ruled out. It is implied that a patient willingly takes such a risk as part of the doctor-patient relationship and the attendant mutual trust

Recent Supreme Court rulings

Before the case of *Jacob Mathew vs State of Punjab*[2], the Supreme Court of India delivered two different opinions on doctors' liability. In *Mohanan vs Prabha G Nair and another*[3] it ruled that a doctor's negligence could be ascertained only by scanning the material and expert evidence that might be presented during a trial. In Suresh Gupta's case in August 2004 the standard of negligence that had to be proved to fix a doctor's or surgeon's criminal liability was set at "gross negligence" or "recklessness."

In Suresh Gupta's case the Supreme Court distinguished between an error of

[1] Kanhaiya Kumar Singh vs Park Medicare & Research Centre III CPJ 9 (NC) 1999

[2] Jacob Mathew vs. State of Punjab, (2005) SCC 1

[3] Mohanan vs Prabha G Nair and another (2004) CPJ 21 (SC)

judgement and culpable negligence. It held that criminal prosecution of doctors without adequate medical opinion pointing to their guilt would do great disservice to the community. A doctor cannot be tried for culpable or criminal negligence in all cases of medical mishaps or misfortunes.

A doctor may be liable in a civil case for negligence but mere carelessness or want of due attention and skill cannot be described as so reckless or grossly negligent as to make her/ him criminally liable. The courts held that this distinction was necessary so that the hazards of medical professionals being exposed to civil liability may not unreasonably extend to criminal liability and expose them to the risk of imprisonment for alleged criminal negligence.

Hence the complaint against the doctor must show negligence or rashness of such a degree as to indicate a mental state that can be described as totally apathetic towards the patient. Such gross negligence alone is punishable.

On September 9, 2004, Justices Arijit Pasayat and CK Thakker referred the question of medical negligence to a larger Bench of the Supreme Court. They observed that words such as "gross", "reckless", "competence", and "indifference" did not occur anywhere in the definition of "negligence" under Section 304A of the Indian Penal Code and hence they could not agree with the judgement delivered in the case of Dr Suresh Gupta.

The issue was decided in the Supreme Court in the case of Jacob Mathew vs State of Punjab. The court directed the central government to frame guidelines to save doctors from unnecessary harassment and undue pressure in performing their duties. It ruled that until the government framed such guidelines, the following guidelines would prevail:

A private complaint of rashness or negligence against a doctor may not be entertained without prima facie evidence in the form of a credible opinion of another competent doctor supporting the charge. In addition, the investigating officer should give an independent opinion, preferably of a government doctor. Finally, a doctor may be arrested only if the investigating officer believes that she/ he would not be available for prosecution unless arrested.

The contribution of law

Section 304A of the Indian Penal Code of 1860 states that whoever causes the death of a person by a rash or negligent act not amounting to culpable homicide shall be punished with imprisonment for a term of two years, or with a fine, or with both.

In the Santra case, the Supreme Court has pointed out that liability in civil law is based upon the amount of damages incurred; in criminal law, the amount and degree of negligence is a factor in determining liability. However, certain elements must be established to determine criminal liability in any particular case, the motive of the offence, the magnitude of the offence, and the character of the offender.

In *Poonam Verma vs Ashwin Patel*[4], the Supreme Court distinguished between negligence, rashness, and recklessness A negligent person is one who inadvertently commits an act of omission and violates a positive duty. A person who is rash knows the consequences but foolishly thinks that they will not occur as a result of her/ his act. A reckless person knows the consequences but does not care whether or not they result from her/ his act. Any conduct falling short of recklessness and deliberate wrongdoing should not be the subject of criminal liability.

Thus, a doctor cannot be held criminally responsible for a patient's death unless it is shown that she/ he was negligent or incompetent, with such disregard for the life and safety of his patient that it amounted to a crime against the State.

Sections 80 and 88 of the Indian Penal Code contain defences for doctors accused of criminal liability. Under Section 80 (accident in doing a lawful act) nothing is an offence that is done by accident or misfortune and without any criminal intention or knowledge in the doing of a lawful act in a lawful manner by lawful means and with proper care and caution. According to Section 88, a person cannot be accused of an offence if she/ he performs an act in good faith for the other's benefit, does not intend to cause harm even if there is a risk, and the patient has explicitly or implicitly given consent.

[4] Poonam Verma vs Ashwin Patel (1996) 4 SCC 332

TABLE AND ANALYSIS

Table-1

Frequency table

Gender

1.Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.0	948	56.7	56.7	56.7
	2.0	711	42.5	42.5	99.3
	3.0	12	.7	.7	100.0
	Total	1671	100.0	100.0	

Inference: From the responses collected from the general public 948were male,711were female and 12 were transgender. Among the questions put forward to the general public males were the high response.

Table-2

Age

2.Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.0	307	18.4	18.4	18.4
	2.0	911	54.5	54.5	72.9
	3.0	375	22.4	22.4	95.3
	4.0	78	4.7	4.7	100.0
	Total	1671	100.0	100.0	

Inference: From the responses collected from the general public highest number of respondents were in the age group of people 40-60 were more aware than age group of below 18 and in between 18-40.

Question: crosstab analysis between gender of the public and their awareness about medical negligence

Table-3

Ho: There is no significant relationship between gender and awareness about the medical negligence.

Ha: There is a significant relationship between gender and awareness about medical negligence.

Crosstab

Count

		12 Medical negligence are increasing day by day.					Total
		1	2	3	4	5	
2. Gender	1.0	271	198	230	192	57	948
	2.0	198	123	210	124	56	711

	3.0	1	3	4	2	2	12
Total		470	324	444	318	115	1671

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	14.572[a]	8	.068
Likelihood Ratio	14.729	8	.065
N of Valid Cases	1671		

a. 5 cells (33.3%) have expected count less than 5. The minimum expected count is .83.

Inference

Crosstab

From the questionnaire framed and put forward to the general public it was found that of around 470 people strongly agree,324 somewhat Agree,444people Neutral,318 people disagree and 115strongly Disagree.

Chi-square

The value of chi square is .065which is more than 0.05so the null hypothesis is accepted. That is there is no significant association between gender and awareness about the medical negligence.

Question: The crosstab analysis between age and the awareness about the medical negligence

Table-4

Ho: There is no significant association between gender and the awareness about the medical negligence.

Ha: There is a significant association between age and awareness about the medical negligence

Crosstab

Count

		12 Medical negligence are increasing day by day .					Total
		1	2	3	4	5	
3. Age	1.0	100	52	94	48	13	307
	2.0	262	178	250	161	60	911
	3.0	84	75	87	94	35	375
	4.0	24	19	13	15	7	78
Total		470	324	444	318	115	1671

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	32.455[a]	12	.001
Likelihood Ratio	32.679	12	.001
N of Valid Cases	1671		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.37.

Inference

Crosstab

From the questionnaire framed and put forward to the general public 470 people are strongly agree on the other hand 444 people are neutral 324people are slightly agree and 115people disagree as far as age is concerned.

Chi square

The chi square value is 0.65 which is more than 0.05 and hence the null hypothesis is accepted that is there is no significant association between age of the people and awareness about the medical negligence

Table -5

Question: The crosstab analysis between age and the consumer protection act for medical negligence

Crosstab

Count

		14 Are you aware of Consumer Protection Act (CPA) relating to Medical Negligence					Total
		1.0	2.0	3.0	4.0	5.0	
3. Age	1.0	89	30	91	83	14	307
	2.0	274	106	294	187	50	911
	3.0	93	62	102	78	40	375
	4.0	30	10	11	17	10	78
Total		486	208	498	365	114	1671

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	43.105[a]	12	.000
Likelihood Ratio	42.415	12	.000
Linear-by-Linear Association	.243	1	.622
N of Valid Cases	1671		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.32.

Inference

Crosstab

From the questionnaire framed and put forward to the general public 498 people were neutral and 486 people

Were strongly aware 208 people somewhat aware 365 people were unaware and 498people were aware about it as far as age is concerned.

Chi square

The value of chi square is .662which is more than p value and hence the null hypothesis is accepted that is there is no significant association between age air people and their awareness on the consumer protection right on the medical negligence.

Table-6

Question: cross tab analysis between gender of the public and their awareness about the consumer protection act on medical negligence

Ho: There is a significant association between gender and the awareness about the consumer protection act on medical negligence

Ha: There is a significant association between gender and the awareness about the consumer protection act on medical negligence.

Crosstab

Count

		14 Are you aware of Consumer Protection Act (CPA) relating to Medical Negligence					Total
		1.0	2.0	3.0	4.0	5.0	
2. Gender	1.0	282	107	278	220	61	948
	2.0	202	100	215	143	51	711
	3.0	2	1	5	2	2	12
Total		486	208	498	365	114	1671

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	8.229[a]	8	.411
Likelihood Ratio	7.808	8	.452
Linear-by-Linear Association	.002	1	.965
N of Valid Cases	1671		

a. 5 cells (33.3%) have expected count less than 5. The minimum expected count is .82.

Inference

Cross tab

From the questionnaire framed and put forth to the general public 486 people were highly aware where else 208 were somewhat aware 498were Neutral 365were aware and 114were unaware as far as gender is taken as criteria

Chi square

The value from the chi square is.965 which is more than p value hence null hypothesis is accepted that is there is no significant association between gender and awareness about the consumer protection act of medical negligence.

SUGGESTIONS AND RECOMMENDATIONS

Communicate, communicate, communicate

Get it in writing.

Stay up-to-date on current standards.

Always obtain informed consent.

Be sure to follow-up.

Manage your patient's expectations.

Put yourself in your patient's shoes.

Keep an open mind.

CONCLUSION

On the scrutiny of leading medical negligence cases of India, certain principles should be taken into consideration while pronouncing the judgment in medical negligence cases. Negligence should be guided upon the principle of reasonableness of common man prudence and negligence must be established in order to give the compensation in certain cases. Medical profession requires certain degree of skill and knowledge, so the standard of care in cases of medical professional is generally high and should also be taken into account while giving the judgment. A medical professional can be only held liable, when the standard of care is reasonably is less than the reasonable care that should be taken from a competent practitioner in that field. When a choice has to be made between certain circumstance when there is higher risk involved and greater success is involved and lesser risk with higher chances of failure, the facts and circumstances of the individual case should be taken into the consideration. No negligence will apply on medical professional, when he performs his duty with the utmost care that should be taken, and he had taken all the precaution. Medical professional should not be harassed

unreasonably and unwanted apprehension and fear should not be created on the medical fraternity that they can give their best in certain cases where it is required, they should be given some liberty in certain peculiar situation where they need to make their judgment without any apprehension freely. So that it can be beneficial for the society. The paper has p value less than 0.05 hence the null hypothesis is accepted that is there is no significant association between public and the awareness on the medical negligence.

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