

ORIGINAL RESEARCH

Medicolegal Awareness among the Periodontists of Jaipur City - A Cross-sectional Study

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ABSTRACT

Aim: The aim of the study was to assess the medicolegal awareness among the periodontists of Jaipur city.

Introduction: Dental ethics has developed into a well-based discipline which acts as a “bridge” between theoretical bioethics and the chairside. The goal is to improve the quality of patient care by identifying, analyzing, and attempting to resolve the ethical problems that arise in the practice. The survey was conducted to assess the understanding of ethical sensitivity of practitioners in Jaipur city.

Materials and Methods: A total of 75 practicing periodontists were randomly selected in Jaipur city from different localities. This was a self-designed close-ended questionnaire developed in English language. The questionnaire consisted of 15 questions pertaining to basic knowledge of dental law, record keeping, ethics, informed consent, and dental negligence.

Results: The results obtained from the questionnaire were statistically analyzed, and ethical sensitivity of the practitioners was recorded.

Conclusion: The results of the study highlighted the knowledge of practitioners toward medicolegal aspects of practice. The need of the hour is proper knowledge and awareness about legal implications in practice and ramifications attached to them.

Keywords: Consumer Protection Act, Medicolegal, Periodontists.

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INTRODUCTION

Medicine is the noblest profession to practice in the world. However, there are things that affect the

nobility of this practice, such as the changing patient-doctor rapport and the commercialization of modern medicine.^[1] Dentist is the professional who provides healthcare to individuals as physicians do. Increase in the number of patients who challenge the dentist's authority over the management of disease and consent issues has been observed in the past few years. Today, a number of dentists are seen being taken to court by patients. Hence, it is of utmost importance that dentists are knowledgeable of the law for the implications on their profession.^[2] Therefore, for practicing as an oral health-care service provider, one should be aware about the standards in maintaining records of every step in treating the patient. Any failure in exercising such practices lead to litigation for malpractice. Things of utmost importance in handling the patient right from consultation to treatment are consent, a detailed case history recording, well-understood drug prescription policy, and knowledge of emergency situation handling.^[3]

Medical ethics is a well-based discipline acting like a “bridge” between bioethics and the bedside. This aims as “improving the quality of patient care by recognizing, interpreting, and trying to solve the ethical problems that occur in practice.” Legal and ethical considerations are innate and indissoluble aspects of good medical practice all across. The disciplines of law and ethics in medical practice coincide in several areas, but still each has its independent parameters and definite focus. Only technical aspects are being played particular attention in medical education, and patronizing treatment has been carried out in clinical practice. Clinical medicine is believed to be moving toward a patient-oriented contract and a patient's right to autonomy as expressed by the term “informed decision.” The importance of culture as a part of medical education has been raised and physicians' ethical views have become debatable by individuals. Need for skills and knowledge about ethics, which is as fundamental to the practice of medicine, is the need of the hour. This will improve safe health-care delivery in an unbiased standardized way.^[4]

Aim

The aim of the study was to assess the medicolegal awareness among the periodontists of Jaipur city.

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MATERIALS AND METHODS

Inclusion criteria - 75 practicing periodontists were randomly selected in Jaipur city from different localities using lottery method.

This is a self-designed, close-ended questionnaire developed in English language. The questionnaire consisted of 15 questions pertaining to basic knowledge of medical law, record keeping, ethics, informed consent (IC), and dental negligence. The study was approved by the Ethical Committee of Maharaj Vinayak Global University, Jaipur. Written consent was obtained after providing the information sheet to the participants. The study population included practicing periodontists of Jaipur city. Personal details of the subjects were not disclosed, and their confidentiality was maintained. The questionnaire of 15 questions was categorized as:

- Medicolegal knowledge - question 1–5
- Preventive protocols – question 6–10
- Specialty-based protocols – question 11–15.

Questionnaire

1. Do you take written IC from the patient prior to treating patients? - yes - no
2. Are you recording a complete detailed case history for each patient? - yes - no
3. Do you preserve clinical records for 3 years from the date of commencement of treatment? - yes - no
4. Are you insured under Professional indemnity policy? - yes - no
5. Are you aware of CPA 1986? - yes - no
6. Do you use Universal barrier as per CDC Guidelines (2016) - yes - no
7. Is state pollution control board handling your bio-medical waste disposal - yes - no
8. Are you following radiation protection rules (2004)? - yes - no
9. Do you follow National Infection Control Guidelines 2016? - yes - no
10. Is the dentist responsible for the act of negligence by assistant? - yes - no
11. Do you prescribe drugs under generic name? - yes - no
12. Do you take physicians' written consent for medically compromised patients prior dental treatment? - yes - no
13. Is your clinic/dental office equipped with Medical Emergency drugs/equipment as given by (ADA)? - yes - no
14. Do you quote/mention the fee prior to treatment to the patient? - yes - no
15. Are you providing receipt to patient post-treatment? - yes - no

Statistical Analysis

The answered questionnaires were systemically arranged and entered into datasheet. The master chart is prepared using Microsoft Excel 2007 and analyzed using statistical analysis software SPSS V 21, IL, CHICAGO. One-way ANOVA and *post-hoc* Tukey tests were used in data analysis.

DISCUSSION

All the practicing periodontists took part in the study; therefore, the results can be considered to be represented of the knowledge and awareness in Jaipur at the time of the study.

The mean scores for Q1–5 was $2.6 \pm \text{SD}$, Q 6–10 was $1.3 \pm \text{SD}$ and Q11–15 was $3.1 \pm \text{SD}$.

When the mean scores of Q1–5 were compared to Q6–10, it was statistically significant ($P < 0.005$), and when mean scores of Q11–15 were compared with Q6–10, it was statistically significant ($P < 0.005$).

The mean scores were highest in Q11–15 with a total mean score of $3.1 \pm \text{SD}$. The knowledge and awareness of specialty-based protocols were high with most of the practitioners following a medico-dental interface in managing patients with sound knowledge of drugs and emergency medications.^[5]

For Q1–5, the total mean score was $2.6 \pm \text{SD}$. Most of the practitioners did not have professional indemnity policy. Similarly, in matters of record-keeping, most of the practitioners were not aware of time framework, method, and need for preserving treatment records post-treatment. Their knowledge toward CPA was inadequate, with most of them only aware of the act, but not the details regarding it. Most of the practitioners were obtaining an IC before treatment.^[6]

For Q6–10, the total mean score was $1.3 \pm \text{SD}$ and had the least mean score recordings with most of the practitioners following minimum sterilization, waste disposal, radiation protection, infection control methods with no consistent uniformity.

One of the observations of the study was none of the practitioners were following the stipulated guidelines from the various regulatory bodies, which is essentially required during clinical practice.^[7]

Another observation in the study was when urban and rural practices were assessed, statistical significance was observed in urban practice, this may be attributed to better opportunities on updating knowledge, patient demands, and increasing awareness in patients.^[8-11]

The results of the study emphasize the need to standardize practice management protocols as per suggested guidelines. Furthermore, practitioners should focus on updating their knowledge levels toward various aspects

in consumer protection, record keeping, IC and medical ethics, and laws in dentistry.

CONCLUSION

- The findings of the study give an important insight in the prevailing awareness, knowledge, and practice protocols of periodontists in the city of Jaipur. The results of the study stressed the need for sensitizing practitioners on medicolegal aspects and other ethics and laws related to healthcare. Statutory bodies of the country should be maintaining standard norms in taking written IC, record-keeping, sterilization protocols, and professional indemnity policy in clinical dental practice. Governing bodies should promote medical and dental updates to spread awareness among practitioners. The limitation of our study was the small sample size. Hence, for a better assessment, broader sample selection can be done.

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