

## Awareness of medico-legal issues among newly joined post graduate residents

Shivakumar DK<sup>1</sup>, Yasho Chaturvedi<sup>2\*</sup>, KV Radhakrishna<sup>3</sup>, Ravi Rautji<sup>4</sup>

<sup>1,2</sup>Post Graduate Resident, <sup>3</sup>Associate Professor, <sup>4</sup>Professor and HOD, <sup>1-4</sup>Dept. of Forensic Medicine & Toxicology, Armed Forces Medical College, Pune, Maharashtra, India

### Abstract

Medico legal issues are the matters faced by the medical professional in their day to day practice involving legal aid. It involves issues related to medicolegal cases, consent, negligence and issuance of certificates. Many medical professionals are apprehensive about dealing with these issues due to fear of legal enquiry by law enforcing agencies at any time. Hence, it is considered as one of the road block in the medical profession. All medical professionals must be aware and clear about medicolegal perspectives pertaining to their field, throughout their carrier from the day one of their profession. Once the doctors become specialists their medicolegal responsibility also increases by many fold. The study of awareness about the medico legal issues was carried out among newly joined 84 post-graduate residents (both clinical and non-clinical) to assess their knowledge at entry level. Among of these 29 were pre and para clinical residents and 55 were clinical residents. Only 46.43% residents knew that MLC can be initiated at any time, 69.04% knew that victims of rape can be examined by any registered medical practitioner, and 98.81% residents were clear about consent as per Sec. 90 IPC. Hence, it is required to freshen up the basic medicolegal knowledge of the doctors at entry level. Even though it has been mentioned in MCI post graduation medical education regulation that there shall be training in applied aspects of the subject and there shall be training in allied subjects related to the disciplines concerned, the specific mention about training in medicolegal cases and medical jurisprudence is also essential.

**Keywords:** Awareness, Medico legal issues, Medico legal cases, Consent, PG residents, Basic medical science.

### Introduction

Medico legal issues are the legal matters faced by the medical professionals in the administration of their medical obligations. These issues include handling of medico legal cases, issuance of certificates, taking informed consent about the procedure and committing negligent acts apart from ethics and etiquettes. So it is clear that a doctor needs to not only treat his patient to the best of his knowledge and ability but also abide by the laws of the land while discharging his duties as he has both ethical and legal obligations.<sup>1</sup> The legal duties and medical duties to be carried out together apart from moral and emotional factors while imparting a complete care to a patient which is best mentioned in *Charak Samhita*, the ancient Indian Ayurvedic Literature- "The physician should regard all his patients as if they were his own children and vigilantly guard them from all harm, considering this to be his highest religion." It is important that every doctor understands the legal obligations and fulfils them to the best of his abilities.<sup>2</sup> Hence, time to time updating and refreshing of medicolegal knowledge is required to meet our obligations towards self and society whatever may be the specialty. This study is meant to assess the medicolegal knowledge of those who have newly joined for postgraduate courses, who will take more responsibility ahead in their future. Education in respect to medicolegal issues is thus necessary before taking new leap.

### Material and Methods

This study was conducted to assess the medicolegal awareness among 84 newly joined Postgraduate residents of Armed Forces Medical College, Pune, of which 29 were pre & para clinical residents and 55 were clinical residents. Most of the residents have served in the armed forces for a minimum duration of four years after their graduation before joining for post graduation. The awareness was assessed in the form of ten multiple choice questions questionnaire and they were asked to choose one best suitable answer out of four choices given to them based on their current knowledge about medicolegal issues.

### Results and Discussion

The answers given by the participants to each question were as follows;

1. For the question 'minimum age for valid consent for surgical procedures', 75% have marked correct answer as 18 years and above, and 25% have marked wrong answer among both pre, para-clinical and clinical residents. According to Sec. 87 IPC a person more than 18 years of age can give valid consent to suffer any harm, which may result from an act not intended or not known to cause death or grievous hurt.<sup>3</sup>
2. For the question 'Consent is not valid if taken when patient' 98.81% have marked correct answer as all of the above and 1.19% have marked incorrect answer. According to Sec. 90 IPC, Consent given under fear,

\*Corresponding Author: Yasho Chaturvedi, Dept. of Forensic Medicine & Toxicology, Armed Forces Medical College, Pune, Maharashtra, India  
Email: [yashvicky2001@gmail.com](mailto:yashvicky2001@gmail.com)  
<http://doi.org/10.18231/j.ijfcm.2019.038>

- fraud or misrepresentation of facts or by person who is ignorant of the implications of his consent, or who is less than twelve years of age, is invalid.<sup>4</sup>
3. For the question "In operating procedures necessity of the type of consent" 84.52% have marked correct answer and 15.48 % have marked wrong answer among pre and para-clinical residents, and clinical residents. The consent should be free, voluntary, clear, intelligent, informed, written, direct and personal. Consent should be taken in written format, well informed, without any unambiguous words, under no any undue force on person, of his own accord and directly conveyed to person.<sup>5</sup>
  4. For the question 'poisoning cases requiring police intimation', 76.19% have marked correct answer i.e., all cases in government hospitals and suspected foul play cases in private hospitals and rest have given wrong answer. All private medical practitioners must inform every suspected or alleged homicidal poisoning case to the police (Section 39 Cr PC). Failing to do so render the doctor guilty and punishable (Section 176 IPC). A government medical officer must inform all cases of poisoning to the police at the earliest.<sup>6</sup>
  5. For the question "In a case of alcohol intoxication samples to be collected" 67.86% have marked answer as all of the above i.e Blood sample and two urine samples 30 min apart are sent for chemical analysis for alcohol concentration. The medical examination like other examinations, the consent should be obtained from the person before proceeding for examination or if the person had been arrested for a criminal offence and is under the custody of police, then as per CrPC Sec. 53(1), the medical practitioner can proceed with the examination of accused without his consent.<sup>7</sup>
  6. For the question "Medico-legal case has to be initiated in a case of RTA" 46.43% have marked the right answer as at any time during or after treatment which is a correct answer. 53.57% have marked the wrong answer. A Medicolegal case has not been explicitly defined anywhere in law. It depends more or less upon the judgment of the doctors. In doubtful cases, it is better to inform the police than not informing. There is no stipulated time period beyond which a MLC cannot be registered.<sup>8</sup>
  7. For the question 'how to deal with brought dead/found dead cases', 93.54% have marked correct answer that is to inform police and 6.46% have marked wrong answer among pre and para-clinical residents, and 73.59% have marked correct answer and 26.41% have marked wrong answer among clinical residents. The brought dead/found dead cases to be treated as medicolegal cases and the doctor may certify death in doubtful cases but must not give a cause of death and he should inform the police. Failure to do so may result in the doctor being prosecuted under Section 39 CrPC.<sup>9</sup>
  8. For the question 'cases in which death certificate can be issued', 51.45 % have marked correct answer and 48.55% have marked wrong answer. Among them, 77.41% of pre and para-clinical staff marked correctly & 32.07% of clinical residents have marked correctly. According to the recommendation of Brodrick committee a doctor should not be allowed to issue a death certificate unless he has attended the deceased at least once during seven days preceding death. He cannot charge any fee for issuing a death certificate. He cannot delay or refuse to issue a certificate. He may subsequently sue the legal heirs for his pending dues. He must refuse to give a certificate on the following grounds. (A) If he is not sure about the cause of death. (B) Any suspicion of foul play. (C) Death by violent and unnatural cause, drugs, poisoning etc. If he is not sure regarding the cause of death and suspects some foul play he should not issue the certificate, instead he should inform the police. Issuing a false certificate under Section 197 IPC is punishable under Section 193 IPC with imprisonment that may extend to 7 years and also fine.<sup>9</sup>
  9. For the question 'maintenance of medico-legal records', 83.3 % have marked correct answer and 7% have marked wrong answer. Routine case medical records should be preserved up to 6 years after completion of treatment and up to 3 years after death of the patient and where there is a chance of litigation arising from medical negligence, record should be preserved for at least 25 years specially in case of minors. Medicolegally important record should be preserved up to 10 years, after which they can be destroyed after making index and summary of the case.<sup>10</sup>
  10. For the question "Examination of rape victim is to be carried out by" 69.05% have marked the correct answer and 30.95% have marked wrong answers. Sec. 164A CrPC lays down that where a case of rape or attempt to commit the same is under investigation the medical examination of the victim needs preferably be conducted in a hospital run by government or by local authority; however, in the event of non-availability of such doctor, by any other registered medical practitioner at the earliest.<sup>11</sup>

Post assessment of all residents, the theory classes and demonstrations were conducted on medicolegal issues commonly faced by all and discussion of the questions which were used to assess them was done. There was a significant improvement in the knowledge and awareness of the residents about medicolegal issues post session.

### Conclusion

The knowledge and awareness about medicolegal issues is mandatory now a days to feel comfortable in our occupation. Every medical practitioner may be busy in their own specialty, giving least to importance to update themselves about medicolegal issues in their branch. So a refresher course at least once in a year with respect to medicolegal issues and medical jurisprudence is considered necessary to avoid any litigations that might arise out of their daily clinical practice. Even though the MCI Post

graduation medical regulation 2000 (Amended upto may 2018) para 13.5 mentions about basic medical science course to residents, the specific duration and syllabus has not been mentioned and many colleges are not complying the same. The specific mention about sessions on handling of medicolegal cases and medical jurisprudence in the training programme of residents is much essential to become confident in handling such cases. Same may be made mandatory across all colleges to create awareness among all medical practitioners.

### Acknowledgement

We are thankful to all the participants.

### Conflict of Interest

None.

### Source of Funding

None.

### Ethical Clearance

Taken from ethical clearance Committee

### References

1. Meera T. Medicolegal cases: What every doctor should know. *J Med Soc* 2016;30:133-4.
2. Mehta PM (Editor): The Charaka Samhita. Expounded by the worshipful Atreya Punarvasu. Compiled by the great sage Agnivesa and redacted by Caraka and Drdhabala. Six volumes. Shree Gulabkunverba Ayurvedic Society, Jamnagar. 1949.
3. Biswas G. Review of forensic medicine and toxicology. 3<sup>rd</sup> ed. New Delhi: The health sciences publisher; 2015. Chapter 4, Identification: p. 77.
4. Kannan K. Modi a textbook of medical jurisprudence and toxicology. 25<sup>th</sup> ed. Gurgaon: LexisNexis; 2016. Chapter 4, Legal and ethical aspects of medical practice: p. 64.
5. Aggrawal A. Textbook for forensic medicine and toxicology. 1<sup>st</sup> ed. New Delhi: Avanchal publication; 2016. Chapter 2. Medical law and ethics: p.47.
6. Rao NG. Textbook of forensic medicine and toxicology. 2nd ed. New Delhi: Jaypee brothers medical publishers (p) ltd; 2010. Chapter 31. General principles: p. 440.
7. Bardale R. Principles of forensic medicine and toxicology. 1<sup>st</sup> ed. New Delhi: Jaypee brothers medical publishers (p) ltd; 2011. Chapter 43. Inebriant poison: p. 516,518,519
8. Raj VM, DS Vasudev, S Gagan. Guidelines for handling medico legal cases. *International journal of health information and medical research*, Jan 2014; 1(1); 2-6.
9. Dikshit PC. Textbook of forensic medicine and toxicology. 1<sup>st</sup> ed. New Delhi: Peepee publishers and distributors(p) ltd; 2007. Chapter 2. Legal procedure: p. 12.
10. Reddy KSN, Murthy OP. Essentials of forensic medicine and toxicology. 33<sup>rd</sup> ed. New Delhi: Jaypee brothers medical publishers (p) ltd; 2014. Chapter 3, Medical law and ethics; p.49, 52.
11. Vij K. Textbook of forensic medicine and toxicology. 6<sup>th</sup> ed. New Delhi: Elsevier publishers; 2014. Chapter 20, Medicolegal examination of the living. p.299

**How to cite this article:** Shivakumar DK, Chaturvedi Y, Radhakrishna KV, Rautji R. Awareness of medico-legal issues among newly joined post graduate residents. *Indian J Forensic Community Med* 2019;6(3):170-2.