CHAPTER-III

RESEARCH METHODOLOGY

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Just as the topic of doctoral research work was conceived and formulated, its importance was further enhanced by the fact that the Bill of Amendment of the Consumer Protection Act, 1986 has passed in the Indian Parliament and the act is now replaced by the Consumer Protection Act, 2019. Initially, there were some loose ends with regard to inclusion of medical sector in the scope of 'services. Had this happened, the victims of the medical malpractice could have lost an important safeguard for restoration of losses suffered. Fortunately, after some controversy which eventually evolved into concrete results in strengthening the consumers in general with the confirmation by the government in this regard.

It was in the year 1995 that the Supreme Court explicitly expressed in its judgement of Indian Medical Association vs. V P Shantha and ors. that the cases of medical malpractice/negligence be included within the ambit of Consumer Protection Act, 1986. Hence, Consumer Protection Law became a tool for ensuring justice for the victims of medical negligence/malpractice.

The first chapter has explained various concepts involved in the research with respect to Health as a Human Right, Medical Malpractice and the Consumer Protection Law from medico-legal point of view. In the second chapter, an effort has been made to synthesise the related literature around the selected concepts of Medical Malpractice and the Consumer Protection Law. The literature included was from medical, legal and social work perspective with an objective to find of the research gap and conceptualise the approach and method to study the topic.

This chapter attempts to elaborate on the Research Methodology that covers the rationale and significance of the study from Social Work perspective, Research Questions, Objectives, Research Design, Universe, Sampling and the tool for Data Collection. In the end, researcher's experiences during pre- and during the data collection stage is briefly explained.

The study is titles as 'MEDICAL MALPRACTICE AND CONSUMER PROTECTION LAW: A SOCIO-LEGAL CASE STUDY'

Rationale:

Health is a human right as expressed by the 1946 Constitution of World Health Organisation (WHO) and the 1948 Universal Declaration of Human Rights (UNDHR) and various other International and National Bodies. In India too, fundamental right of 'Right to Life' (section 21 of Constitution of India) include right to health. Any act of 'Medical Malpractice' violates

this integral human right. It is a breach of duty by doctor to take reasonable care and skill resulting injury/harm/loss to the patient. The legal framework of India lays down the provisions for restoring justice to the victims of Medical Negligence/Malpractice and protects health as a human right.

One such quasi-judicial framework which provides protection to the healthcare service users is the Consumer Protection Act, 1986 which is now replaced by the Consumer Protection Act, 2019. It is for the protection of interest of consumers and for that, establishing authorities for effective administration and speedy redressal of consumer disputes. When the consumer protection act, 1986 was enforced, medical field was not included in the act. Medical profession was included within the definition of 'Service' only after the case of Indian Medical Association vs. V. P. Shantha and ors. in the year of 1995 i.e. after a decade of enactment of the legislation. Earlier it was difficult to ensure accountability of the medical professionals or to provide compensation for the loss occurred to the aggrieved parties. With this machinery, medical service users can access the justice delivery system as a consumer availing professional services of medical service providers. It is an important instrument in ensuring justice to the vulnerable populations who have been victimised on account of Medical Negligence/Malpractice.

Medical Social Work is one of the important fields of social work and it is very crucial to intervene in the cases of Medical Negligence. The scenario has been studied from the legal and medical point of view; however, no literature has been developed for the social work intervention in the incidence of 'Medical Malpractice'. As sufficient time i.e. almost 25 years has passed from the inclusion of health in the Consumer Protection Law, it is a correct time to take a stock and carve out the role of social work professional to prevent the occurrences of cases of medical malpractice, to restore justice to the parties affected and to protect the rights of concerned stakeholders. It is against this background the study was chosen to be undertaken as a part of doctoral research work.

Significance:

Healthcare error is amongst the 8th leading cause of deaths in the world. As per the study by Supreme Court Advocate Mahendra Kumar Bajpai, who specialises in Medical Law, indicates 110% rise in the number of medical negligence cases in India every year. The study also reveals that 90% of all the cases of medical negligence involve hospitals and 12% of all the cases decided by Consumer Courts are on Medical Negligence. Between 60-66% of the filed cases

are because hospital taking improper consent from relatives before performing certain procedures or switching hospitals or improper documentation throughout the course of diagnosis, treatment and reporting. (Yadav and Rastogi, 2015)

Healthcare delivery affects the interest of larger community. Stakeholders directly affected by Medical Negligence are medical service users and medical service providers. Understanding the incidence of Medical Malpractice/Negligence through social work point of view is very important. Any incidence of malpractice results in the injury, harm, or loss to the patient. Apart from physical injury, it affects the patient emotionally and psychologically followed by the stress to take the further treatment. Moreover, it creates huge impact on the caregivers and dependent family members. Further, the family suffers the monetary loss to treat the damage occurred, for further treatments, cost of legal proceedings etc. Although, when the negligence is proven in the complaint filed, a patient and family members may get the compensation, but it is important to ponder whether monetary compensation is enough to repair permanent or temporary impairment, mental agony, temporary or permanent loss of work/income. Due to medical negligence, patient will be affected physically, socially, economically, and psychologically.

In addition to this, at times, medical practitioners are blamed for the medical negligence even when due care was taken. Caregivers of patient may not be able to see their near and dear ones in pain or sometimes, the unexpected death of patient may lead the family members to allege the doctor for medical negligence. At times, there are possibilities of the family members to take law in their hands without waiting for redressal machinery to provide order.

Since Social Workers locate people's experience of health and illnesses in their social, economic, political, and environmental context, intervention is very important in the cases of medical negligence. Social workers can intervene at Micro, Mezzo and Macro Level to prevent the cases of medical negligence, as well as restoring justice to the victims of medical negligence. Social Worker can act as a link between community, client, medical professionals and resource systems or the redressal machinery. Social work analyses a person in totality and hence can understand the client better. Health is an issue of Human Right and Social Justice which are central to social work values. In the cases of medical malpractice, the social worker has the role of capacity building, advocacy, advisory, consultative services, and networking.

Usual trend as per recent scenario is when there occurs an alleged case of malpractice or negligence, the stakeholders become aware and take legal help. But it is essential to study the

awareness among the community about medical malpractice and the remedies that victims can resort. In order to reduce/prevent the occurrence of such case, this is one area of social work intervention which is less explored. Hence, the ultimate objective of carrying out the study is to prepare a module for social work intervention in the cases of Medical Malpractice/Negligence.

The findings of the Study will be helpful to the Social Workers and Social Work students placed at Medical Settings for the intervention for prevention of malpractice and restoring justice. Further, it can also support the Medical Service Providers as a guideline to practice in a way to prevent the breach of legal duty of care on their part and to avoid the consequences thereafter.

Most importantly, the finding and social work intervention module will be beneficial to the medical service users and the community members since it will largely consist of the key approaches of awareness generation about the medico-legal aspects, resources available and redressal machinery eventually focusing on easing the healing process for the members of the community.

In addition, it will serve as a source of reference to the Healthcare delivery governance system and the legal practitioners in further benefit the related stakeholders.

Research Questions:

Following are the research questions based on which the research will be carried out.

1. What is the Magnitude of incidents of Medical Negligence and Malpractices?
2. What are the types in the cases of Negligence?
3. What are the types and patterns of Malpractice?
4. From the reported cases, what is the rate of conviction?
5. How many cases have been awarded compensation/justice?
6. How many cases were not proven and on what grounds?
7. How much was the pace of justice delivery and timespan between justice sought and decision delivery?

Objectives of the Study:

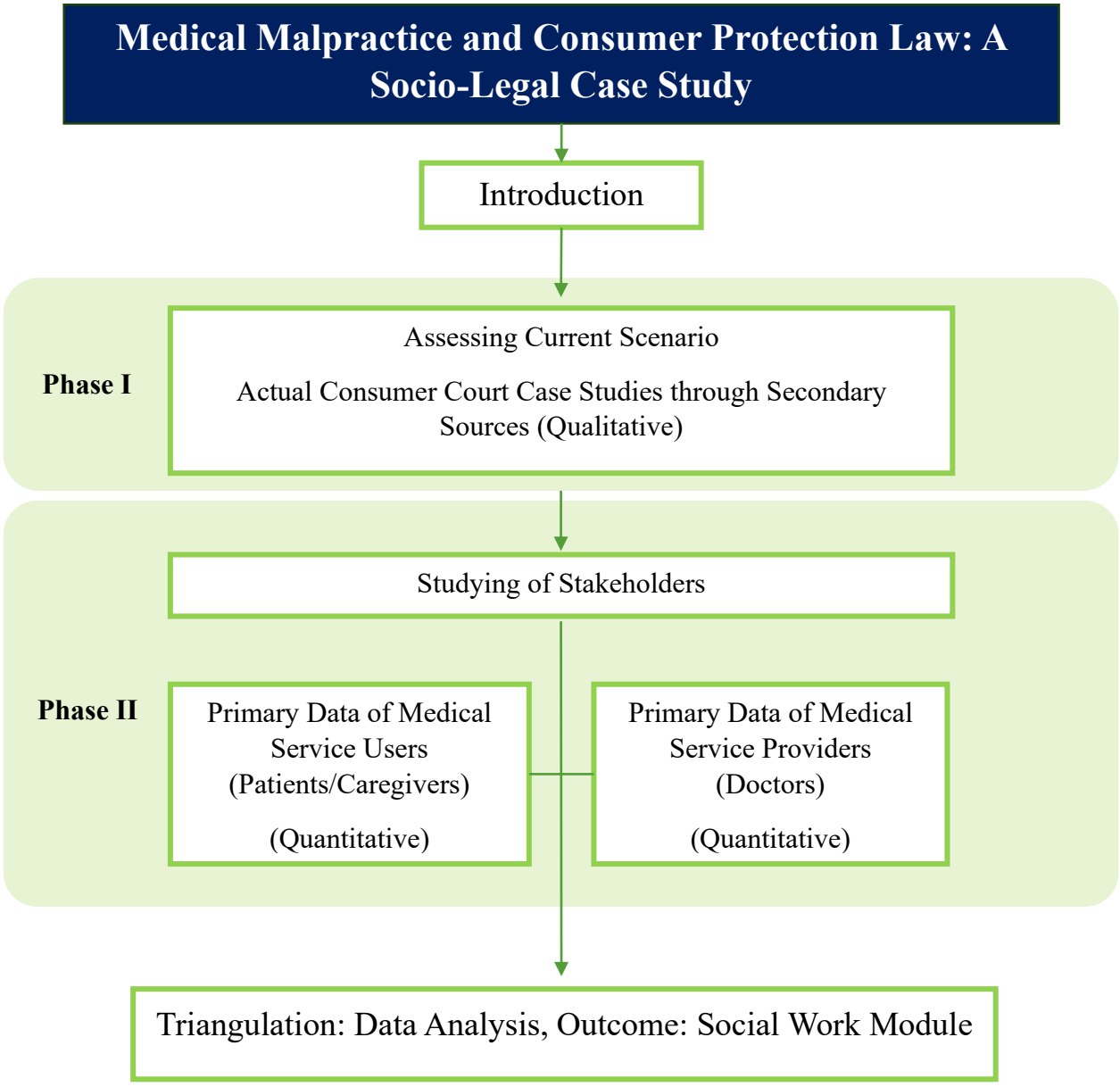
Based on the research questions mentioned above, the objective of the Study is as follows:

1. To study the magnitude of incidents of medical negligence and malpractices.
2. To understand the types and patterns of medical negligence and malpractice.

3. Based on the order provided, to study the rate of conviction/disposal from the reported cases and the cases where compensation/justice was awarded.
4. To study the cases in which negligence was not proven and the grounds/basis of the same.
5. To analyse the pace of justice delivery and time span between justice sought and decision delivery.
6. To study the level of awareness among respondents about medical malpractice/negligence and the Consumer Protection Law.
7. Based on the findings, to prepare a module for social work intervention in the cases of Medical Malpractice/Negligence in mainly creating community/stakeholder's awareness which enable prevention of problem and restoration of justice.

Brief Outline of the Methodology:

In order to fulfil the above-mentioned objectives, the following methodology has been adopted.



Research Design:

The study is **exploratory cum descriptive research** as it describes the level of awareness of the primary stakeholders i.e. medical service users and providers about Medical Malpractice and the Consumer Protection Law. In addition to this, the cases already disposed of from the Consumer Dispute Redressal Forums of Vadodara and Ahmedabad districts are revisited. An elaborative study in order to describe the nature and type of medical malpractice/negligence, basis of justice, pace of justice delivery and system of award/compensation through social work lenses has been carried out.

Mixed approach is adopted involving both the quantitative and qualitative method to study the phenomena. While the demographic details of the respondents, part of the awareness regarding the concepts is analysed quantitatively, an attempt is made to encompass their real-life experiences and actual/probable responses when the incidence of Malpractice occur. Similar structure is followed when the case judgements are studied. The comprehensive presentation of the cases in which the medical malpractice or negligence was proven are showcased qualitatively. In addition, its trends such as medical disciplines in which the cases are registered, average time for disposing the case, compensation awarded, type of negligence are explained quantitatively.

Operational Definitions:

1. **Medical Malpractice:** "Medical Negligence is a breach of the duty owed by a doctor to his patient to exercise reasonable care and skill, which results in some physical, mental or financial disability". (Porkodi and Haque, 2015)
   For the purpose of study, medical malpractice includes medical negligence. The same definitions mentioned above has been incorporated into the study by researcher.

2. **Consumer Protection Law:** Consumer Protection Law refers to the Consumer Protection Act, 1986 replaced by the Consumer Protection Act, 2019 which is a law designed to protect the interest of consumers and for timely and effective administration and settlement of consumers' disputes.

3. **Medical Service Providers:** Medical Service Providers consist of medical practitioners providing their services at Civil Hospital, Ahmedabad and Sir Sayajirao General (SSG) Hospital, Vadodara.

4. **Medical Service Users:** Medical Service Users consist of the patients either visiting Outpatient Department or admitted in ward and their immediate caregivers at Civil Hospital, Ahmedabad and SSG Hospital, Vadodara.

For the purpose of study, the cases which have already been disposed of have been scrutinised as well as the awareness of the respondents has been ascertained. Hence, the study has been bifurcated into Retrospective Study and Prospective Study. The methodology is separate in both the case as follows.

Universe:

Universe of this study is as follows:

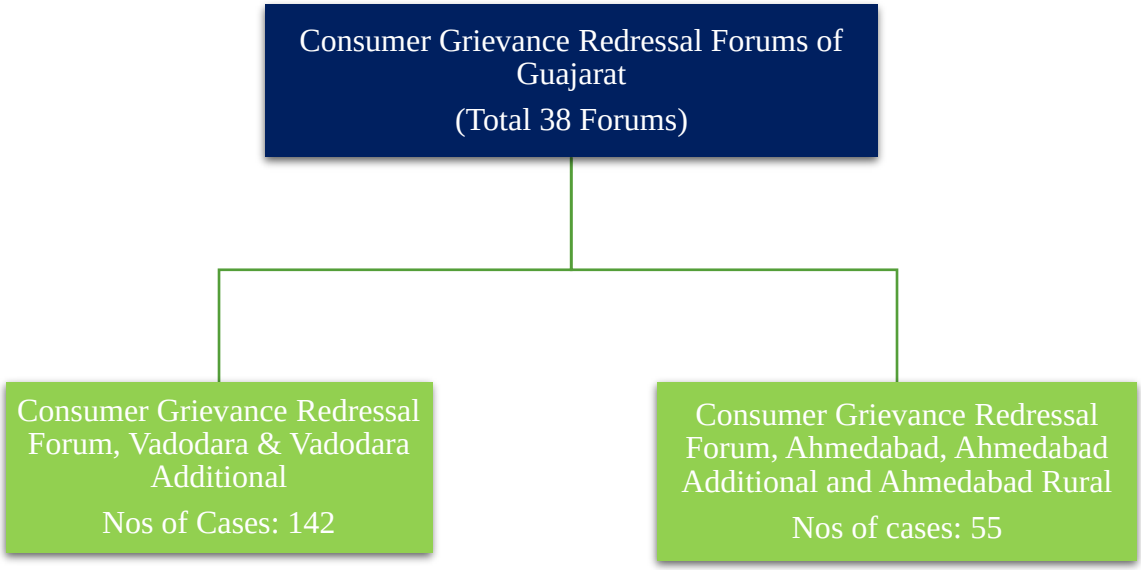
1. **In Retrospective cases:** Universe in Retrospective cases is all the complaint filed in all the 38 consumer dispute redressal forums of all the districts of Gujarat State.
2. **In Prospective cases:** Universe consists of all the medical service users and medical service providers of all the public hospitals of Gujarat state.

Sample and Sampling:

Sample for the study consists of the following:

1. **In Retrospective Cases:** Using cluster sampling, two clusters of central Gujarat state have been selected for studying the complaints of medical negligence/malpractice disposed of from the Consumer Dispute Redressal Forums of Vadodara and Ahmedabad districts. Researcher studied all the cases of medical negligence/malpractice disposed of between 1st April 2015 to 31st March 2023 i.e., past 8 years have been undertaken for the study.

Medical Malpractice/Negligence related.



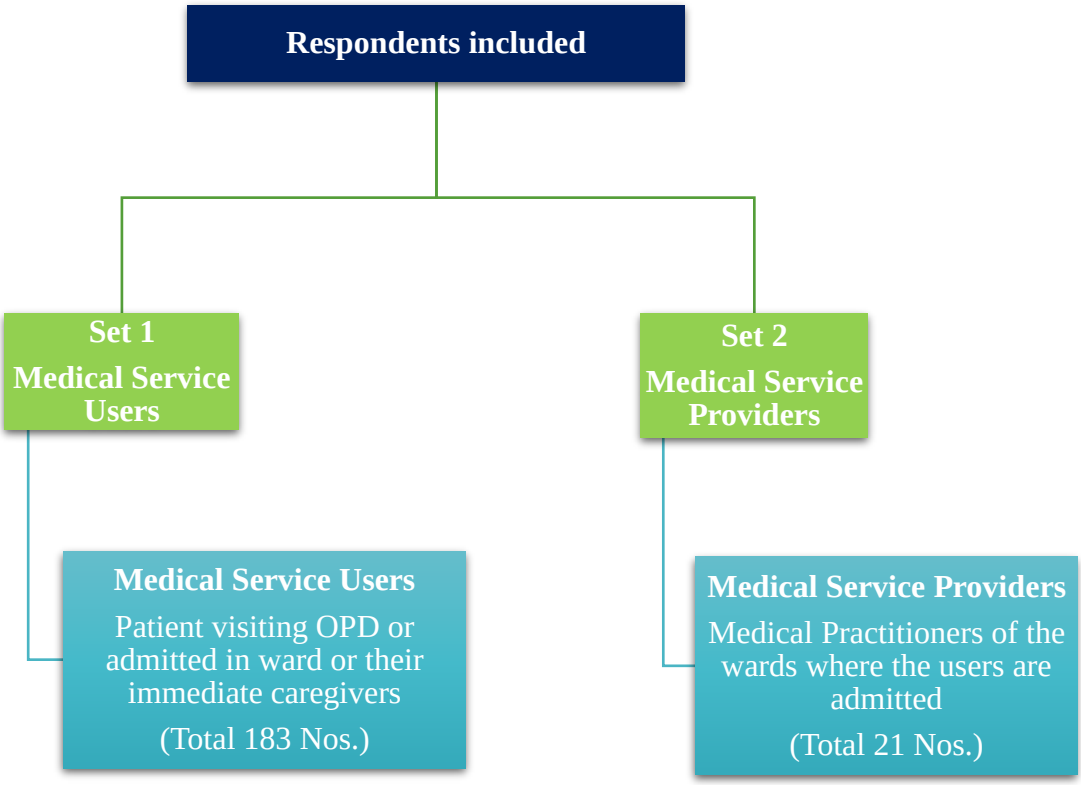
Total 197 Cases

(Cases of Medical Malpractice disposed off between 1st April 2015 to 31st March 2023)

2. **<u>In Prospective Cases</u>:** In prospective cases, cluster sampling technique has been used in which Public Hospitals of Vadodara and Ahmedabad District which belong to Central Gujarat State has been selected. The respondents consist of the medical service users i.e. patients and their caregivers as well as medical service providers i.e. Medical Practitioners of Sir Sayajirao General Hospital of Vadodara and Civil Hospital, Ahmedabad.

   (i) **Medical Service Users**: Data is collected from the patient who has visited the outpatient department or admitted in either of above mention hospitals in any of the wards or their immediate caregivers.

   (ii) **Medical Service Providers:** Medical Practitioners providing duty in the department from which service users received treatments as mentioned above.



<u>Tool for Data Collection:</u>

- **Retrospective Study** is conducted through **Qualitative method** through **Secondary Sources**. **Case Study and Content Analysis method** of the research is used for

studying the records of cases disposed of related to Medical Negligence/Malpractice in Consumer Disputes Redressal Forum of Vadodara and Ahmedabad during time-period mentioned above.

- **Prospective Study** is carried out through **Quantitative method** through **Interview Schedule** from respondents i.e. from **Primary Sources**.
- Thus, mixed method-QQ study methods have been used.

Inclusion and Exclusion Criteria:

For Medical Servicer Users-Inclusion Criteria:

1) Only those respondents whose age was 18 years and above were selected for conducting the interview.

Exclusion Criteria:

1) The patients who due to their illness were in vulnerable position to interview or deceased were excluded.
2) Children and person with mental disability were excluded.

For Medical Service Providers: Inclusion Criteria:

1) The resident doctors, MBBS interns, Consultants at the SSG Hospital, Vadodara and Civil Hospital campus including Government colleges at the Campus, Ahmedabad were included.
2) The doctors must be practicing Allopathy Medicine.

Exclusion Criteria:

1) The doctors from AYUSH Discipline (any other discipline except for Allopathy) were excluded.
2) Paramedical Staff were excluded.

Content Validity:

Feedback and suggestions by experts such as Medical Practitioners practicing in the discipline of Medico-Legal, Psychiatry, General Medicine, Pathology, Otolaryngology (ENT); Legal practitioners and Medical Social Worker on the interview schedule were incorporated to the extent possible utilizing researcher's discretion and contextual alignment.

Pilot Testing:

Pilot testing has been carried out prior to the actual data collection. Feedback and Suggestions has been incorporated to improve the content, transition, and feasibility of data collection from the respondents.

Ethical Consideration:

- Identity of Individuals has been kept confidential in the text of the final report (except party names in judicial cases as are already in public domain in reference section).
- Informed consent has been taken from the respondents prior to beginning the interaction for Data collection.
- Respondents were explained about the broad objective of the study prior to interview and were free to discontinue answering at any point of time.

Plan for Analysis:

The data collected have been tabulated in a frequency distribution table and then presented graphically. Univariate and Bivariate tables have been used to show the relationship between independent and dependent variables. Open ended questions were grouped to draw inferences.

The qualitative summary of the data collected through secondary sources supplement quantitative data. The tool was finalised after pretesting.

Limitations of the Study:

(1) The study being self-funded have been limited to the districts Vadodara and Ahmedabad of Gujarat State.
(2) Presence of service providers while interviewing service users and vice versa increased the chances of coloured response from the respondents. The researcher however tried to ensure privacy.

Chapterisation Plan of Research Report:

The research report has been arranged in various chapters in order to maintain a flow of concepts, understanding methods and the findings to the prospective audience. The chapters are as follows.

- **Chapter I- Introduction**
    - Health as a Human Right
    - Medical Malpractice/Negligence
    - Legal Framework in India
    - The Consumer Protection Law
    - Crucial Issues in Medical Malpractice/Negligence
- **Chapter II- Review of Literature**
    - Literature on Medical Malpractices and legal aspects, majorly focusing on COPRA presented thematically from medical, legal and social work perspective.
- **Chapter III- Research Methodology**
    - Research Questions
    - Objectives of the Study
    - Research Design
    - Universe and Sampling
- **Chapter IV- Data Analysis- Retrospective Study**
- **Chapter V- Data Analysis- Prospective Study**
- **Chapter VI- Finding, Suggestion, Conclusion**
- **Appendices**
    - Interview Schedule for Medical Service Users
    - Interview Schedule for Medical Service Providers
    - The Consumer Protection Act, 2019

Researchers' Experiences:

Conducting research is not only the fulfilment of objectives, but the journey that a researcher experiences. The first exposure of learning for the researcher was when the very topic was conceptualised in discussion with her research Guide Dr. Leena Mehta. She was excited to embark upon a new journey in the very important medico-legal aspect that very few social worker must have attempted. The researcher, as an MSW student was placed for fieldwork in

the Health Setting and hence, was quite familiar with the setting of research. She herself had observed mistreatment to the patient, violating the human dignity and misconduct. This exposure helped her to understand the brief background and then, she started exploring the new path of researching in the health setting on the said topic.

While walking on the path, the Researcher had undergone many unique experiences and learning externally and internally which are briefly mentioned in the following paragraphs.

During Pre-testing:

The Researcher had prepared two Interview Schedule separately for Medical Service Users and Medical Service Providers. The schedule consists of three parts. First part involves about the demographic detail and brief information about the illness due to which the patient has visited/been brought to the hospital. Second part involves the questions related to respondents' awareness about medical malpractice/negligence. The questions were prepared by referring to various research papers and thesis by the medical and legal practitioners; and reading about the concepts involved and accessing media sources. The Awareness about the Consumer Protection Law is included in the third part. This was prepared after referring to thesis related to topic of study; the Consumer Protection Act, 1986 and the Consumer Protection Act, 2019 and most importantly, after reviewing the judgements of the medical malpractice and negligence disposed of from the District Consumer Dispute Redressal Forums.

After preparing the Interview Schedules for Medical Service Users and Medical Service Providers in consultation with Research guide, the next step was to conduct pre-testing. This stage involved meeting the field experts in the discipline of medical, legal, and social work with an intention to incorporate their relevant suggestions and recommendation.

One of the experts who was adept especially in Medico-legal aspects had given suggestions to include awareness on elements of medical negligence, elements of Medical Malpractice, defences of negligence etc. which was incorporated in limited scope ensuring the logical flow of the schedule. She also suggested to take feedback or response from the medical practitioners working at Primary Health Centres, Community Health Centres etc. so that the researcher can obtain the comparative data about rural and urban scenario of awareness. In addition to that, she also suggested to take response from the private practitioners of trust hospital, multispecialty, poly clinic or independent practitioners so that she will get more understanding about the differences in public and private healthcare set up in view of her topic. Since the

incorporation of these suggestions would have widened the scope of research the researcher then primarily decided to consider it as a topic for future research.

A critical comment that was received by an expert was on the question where researcher had asked whether the medical practitioner or service users know of any case of medical negligence or experienced personally. According to him, most of the respondent would answer based on the media reports that have seen or read and asked researcher whether the research is done in Social Work or journalism. The same was discussed with the Research Guide later and decision was taken to keep the question as it is since the study has an objective to prepare the module for community awareness and training for medical practitioners. At that time, it would be very important to understand what the main source of information for the stakeholder on these issues is. The awareness generation can be done later by using the data received on which are the cases they remember the most and from what source and use the same platform for e.g. radio jingles, Television, print media etc.

The medical experts carefully examined the drafts of interview schedules and recommended alterations where the medical terminology was involved or cutting down less relevant question to cut short the length. While the legal practitioners focused on another part of interview schedule regarding the Consumer Protection Law and gave their comment for alteration in legal terminologies. Relevant suggestions were incorporated by the researcher in consultation with her Guide.

During Data Collection:

During Data Collection, the researcher got ample opportunities for new learnings; unlearning and relearning about already adopted notions and prejudices. As mentioned above, the data was collected from two sets of respondents. One is Medical Service Users, and another is Medical Service Providers. The challenges and experiences for both the sets of respondents were different.

Building Rapport:

While doing data collection, first skill that is required is building a rapport. While going on the field, the researcher did not choose to wear western dresses or cloth due which the respondent may feel awkward or fancy. Rather she chose to wear simple Indian cloths similar to what majority of population wear while visiting the public healthcare hospital. The purpose was to make the respondent think that the researcher was one of them and sharing the same

background. To avoid the cultural barriers, she also tried to understand the local tone and language of respondents from Gujarat, Rajasthan, Uttar Pradesh and Madhya Pradesh. She also used to build rapport by asking informal questions about their family members, the region from where they come from, occupation etc.

Few respondents had apprehensions whether the researcher was government personnel or related with the hospital, which was also ruled out by explaining that she was a University Student. She also used to keep her Identity Card with her in case any respondent wished to verify. Sometimes it happened that despite researcher explaining about the topic and objectives about the study, the respondent used to deny interacting with her mentioning their less education or understanding. It also happened that few respondents could answer up to the section of medical malpractice from their general understanding but were underconfident answering about the Consumer Protection Law. Researcher tried explaining every question in more understandable manner so that they become comfortable.

Empathy:

As a social work student and practitioner, the researcher tried to empathise with the respondents who were themselves a patient at times or the caregiver. In both the cases, it was certain that the respondent was undergoing some amount of stress of availing the treatment and concern about whether they will be alright or not. In few cases, when the researcher was shared about any difficulty in availing treatment or administrative barriers for the respondents, she made an effort to resolve.

The researcher met one such family from neighbouring state Madhya Pradesh in SSG Hospital who were then identified as the caregivers of the COVID-19 Patient. According to the respondent, initially the patient was admitted for the operation related to Cancer. Before the surgery, her COVID-19 reports were found negative but after two days of surgery, she was found infected with the deadly virus. As per protocol, she was then shifted to the COVID ward. Due to the treatment for the same, the caregivers were not allowed to visit the patient. With all these experiences, there was a concern in the mind of respondent about the health of patient. Due to zero contact with the patient directly, there was information asymmetry between the medical practitioners and caregivers as they were not shared the records of treatments.

After some days, patient's son met the researcher, and both recalled the interview conducted by her. Due to prolonged treatment, patient was not accompanying him. The patient was recovered from COVID-19 and treatment related to Cancer was being provided at their

hometown. Respondent had visited to collect the biopsy report so that decisions about Chemotherapy can be taken. However, due to excess workload and time-gap between the test and report collection, the report could not be found by the ward personnel. Due to holiday the very next day, he was upset and highly concerned for continuation of the treatment of patient and had questions what he would do if the reports were missing. He did not have any shelter where he could go, nor did he have enough money to arrange for the one. He had also anticipated that he would collect the report and on the same day would leave for his hometown and hence, did not even bring a blanket or bedsheet. He was extremely emotional and was in tears since he was feeling helpless. Rather than leaving him on his own, researcher felt that she must do something so that he can get the reports as early as possible. She with the help of her fieldwork student, tried contacting the Medical Social Worker at SSG Hospital. Meanwhile, she also found 2 organisations that help the family members of the patient to stay overnight. But that too required a letter from the ward staff. The respondent with the help of his relative arranged for his stay for one night. On next day, with the help of medical social worker, he could find the Biopsy report and happily left for his hometown.

In another cases, when the COVID-19 Pandemic's second wave was prevalent, the researcher met a family and asked whether she can interact with them for data collection. The family did not deny her but was extremely anxious about the condition of the patient. Rather than taking interview, the researcher then tried to share their feelings by empathising with them and did not continue with her objective.

Non-judgemental Attitude:

In SSG Hospital, the researcher met two ladies belonging from Islam religion. They were wearing their traditional black 'Burkha' and researcher was wearing Green coloured Indian Dress. The ladies initially were very comfortable in sharing their responses. In addition to the questions, they were also sharing their informal understanding and comments. In between, one of the ladies asked whether the researcher belonged to the same religion as them. The researcher smiled and shared that she was not religious. When insisted strongly by the ladies, she shared that she had to share that she belongs from Hinduism. Probably, the ladies could not guess it because the researcher did not hold any symbols as 'Bindi', Neckless, bangles etc. With this minute sharing of personal details, the interview took a turn. It became difficult to make the respondents understand about the meaning of every question. She was also asked whether this data would be shared somewhere or whether they would be trapped. The researcher still was

non-judgemental and understood about the respondents' insecurities about interacting with a stranger who also did not share the same religion. Also, she then understood that how religion as a social institution gives comfort and belongingness to the community members and when on national level, when the cultural unity is disrupted, the fear gets instilled in the minds of individual at grassroot level.

Controlled Emotional Involvement:

Controlled emotional involvement is one of the important principles of Social Work. There were many instances where the researcher was shared about the personal family troubles, chronic illnesses or disability of the family members etc. The researcher was asked by one woman whether she provides counselling services for the unhealthy relations among the family members. She responded that she would interact with them and link it with the family counsellor who has experience of counselling in such issues. The researcher shared her professional phone number and the lady too shared hers. For few days researcher waited for her to call but she didn't receive it. Hence, rather than being emotional and do follow-up call, she also understood her professional boundary and continued with her work.

Community Consciousness:

In the community, even when the members do not know each other personally, there is a sense of belongingness and consciousness for the fellow community members. The researcher experienced it in a beautiful manner. The researcher's study includes assessing the awareness of respondents about medical malpractice and consumer protection law. There were umpteen cases when the medical service users felt that they were not aware about the terms and were unable to answer the questions asked. When they clarified how the data would be used in future for the general community, medical service users and providers; they urged the researcher to help everyone who becomes the victim of medical malpractice. To be precise, they also shared that they do not have much understanding on what is medical malpractice and where to seek redressal, but if with their responses, the incidences could be prevented and the justice could be restored, they were ready to respond in their fullest capacity.

Dealing with the Challenges posed by COVID-19 Pandemic:

The COVID-19 Pandemic was and is one of the most challenging phases that the entire world has experienced in the recent history. And when the research is to be conducted in the health setting itself, it becomes even tougher. In the entire timeframe of research, the pandemic had

played significant part affecting the smooth process and modifying the strategies already adopted. When the researcher was about to start data collection, the medical experts also raised their concerns about the health of the researcher and the respondents. In addition to the safety concerns, the initial lockdown refrained her to continue her data collection.

When the country started lifting the lockdown, it gave an opportunity to again visit the research setting. The researcher to avoid infection and become asymptomatic carrier, took all the precautions such as wearing double masks, sanitising hands frequently, maintaining physical distance and proper hygiene while meeting the experts and the respondents. To avoid direct meeting for pre-testing and data collection, she adopted newer ways wherein she interacted using online or telephonic mode.

Since it was deadly virus, the Government used to keep a database on infected patients, their address etc. and SSG Hospital and Civil Hospital, Ahmedabad both being public healthcare institutions, were taking lead in treatment of the COVID patients. Hence, when during that phase, researcher used to introduce the respondents about the research, there were apprehensions among them whether the data will be shared with the hospital authorities or government for COVID database. One respondent initially started responding in the interview but left meanwhile saying that he feared that it would create a difficulty. He also mentioned that they had visited the hospital for improving the health and the interaction with the researcher would put them into trouble.

There were also concerns among the medical experts about the topic of research. Although it was conceptualised before the pandemic, the data collection phase just started during the initial stages of spread of the virus. Since it was new phenomena not only for the general populations, but also the medical professionals and the government authorities. The news reports were highlighting the medical errors, administrative loopholes, lacuna in the governance, remarks by mishandling of the pandemic by honourable courts. With the negative reports, there were also positive news coming up where the medical professionals were hailed as a ‘COVID Warrior’. One of the medical experts also highlighted that the researcher was approaching the negative side of the profession by only mentioning about the medical malpractice and its redressal where the entire fraternity is fighting the virus. The expert was explained about the purpose of the research. The expert was communicated about the question on the negative reactions faced by the medical practitioners from the patient or family such as violence, abuse etc. which took into account the human rights of doctors as well. Also, a question about the

positive experience from the patient or family was also added. Similarly, in the interview schedule of medical service users, a question about the extraordinary positive experiences with medical practitioners was included.

Research Setting:

1. Sir Sayajirao General Hospital (SSGH):

Sir Sayajirao General Hospital (SSGH) is a tertiary care hospital attached to Baroda Medical College run by the Health and Family Welfare Department of the Government of Gujarat. It was initially set up in Vadodara in 1865 as the 56 bedded countess of Dufferin Hospital. It was then taken over in 1907 by the Government of Gujarat and named after the great ruler of Vadodara city i.e. Sir Sayajirao II. It is designed in Indo-Saracen style and is largest referral hospital in central Gujarat.

In addition to catering to the health needs of population of Gujarat, it also caters to the primary, secondary and tertiary health needs of people of adjoining states of Madhya Pradesh and Rajasthan. It also participates in various community outreach and national programs.

SSG hospital is funded by the Department of Health and Family Welfare, Government of Gujarat. The health services are provided practically free of cost to the underprivileged section of the society. The Rogi Kalyan Samiti of the Hospital generates fund from various sources for the management of health of people from below poverty line and tribal population.

The Foundation Stone for Medical College of Baroda was laid in the year 1946 by the erstwhile ruler of Baroda Sir Pratapsingh Gaekwad. The college started functioning from June 1949. SSGH forms the teaching hospital component of Medical College Baroda. It also houses the Government College of Physiotherapy and Government Nursing College. The Medical College of Baroda is affiliated to and technically is the Faculty of Medicine of the Maharaja Sayajirao University of Baroda, Vadodara.

The hospital has 1250 teaching beds across several specialties and subspecialties, with annual average outdoor attendance of about 9 lakhs patients and annual average indoor admission of 67,000 patients and a bed occupancy rate of 90%. It provides 24*7 emergency services and receives around 290 emergencies each day. The various laboratories at the hospital run approximately 2000 tests daily and the department of radio diagnosis has the daily load of 600 tests per day. It also offers high end surgeries such as Oncosurgeries, endo-urologic surgeries, laparoscopic surgery and plastic surgeries.

The Medical College of Baroda has multiple departments such as anatomy, anaesthesiology, biochemistry, dentistry, emergency medicine, forensic medicine, general surgery, immune-haematology and blood transfusion, medicine, microbiology, obstetrics and gynaecology, ophthalmology, orthopaedics, otorhinolaryngology, preventive and social medicine, pathology, paediatrics, pharmacology, physiology, plastic surgery, psychiatry, pulmonary medicine, radiology, oncology and skin.

એક મહિનામાં ચાર નવજાત શિશુઓને મોતના મુખમાંથી બચાવ્યા

એસએસજી હોસ્પિટલમાં પેટની બહાર આંતરડા સાથે બાળકનો જન્મ થયો

(પ્રતિનિધિ દ્વારા)

વડોદરા,ગુરુવાર

એસએસજી હોસ્પિટલના પિડિયાટ્રિક વિભાગે છેલ્લા એક મહિનામાં ચાર નવજાત બાળકો ઉપર જટીલ સર્જરી કરીને આ બાળકોની જિંદગી બચાવવાની વિધિ હાંસલ કરી છે. અસામાન્ય શારિરિક સમસ્યા અને વિમારી સાથે જ જન્મેલા બાળકો માટે એસએસજીના ડોક્ટરો સાચા અર્થમાં ધરતી ઉપરના ભગવાન સાબિત થયા છે.

એક બાળકને જન્મ સમયે અન્ननળી અને શ્વાસનળી જોડાયેલા હતા અન્ય એક નવજાત બાળકીને અંડાશયમાં ગાંઠ હતી

(Newspaper article appreciating SSG for performing critical surgeries- dated 05/07/2021)

2. Civil Hospital, Ahmedabad

With a legacy spanning over 160 years since its establishment in 1841 at The Collector's Office, Ghee Kanta, Civil Hospital has grown exponentially to meet the needs of a growing population. Generous contributions from philanthropists like Sheth Shri Hathising & Premabhai played a important role in its development and expansion, leading to the establishment of the Old Civil Hospital in 1858. Over the years, it evolved into a comprehensive healthcare facility, housing various specialties and super specialties. The hospital relocated to its current location in the Asarwa area in 1953, becoming one of Asia's largest medical centers spread across 110 acres. Providing free treatment to millions annually, it stands as a beacon of hope and resilience, particularly during times of calamity. With over 2000 beds and 44 wards, it offers a wide range of medical services and serves as a teaching institute affiliated with B J Medical College, nurturing the next generation of medical professionals.

FICCI દ્વારા અમદાવાદ સિવિલ હોસ્પિટલને રાષ્ટ્રીય સ્તરના બે હેલ્થકેર એવોર્ડ એનાયત

દર્દીની શ્રેષ્ઠ સારવાર, સંભાળ અને સલામતી માટે રાષ્ટ્રીય કક્ષાનો એવોર્ડ

અમદાવાદ,તા.૨૭

FICCI દ્વારા અમદાવાદ સિવિલ હોસ્પિટલને રાષ્ટ્રીય સ્તરના બે હેલ્થકેર એવોર્ડ એનાયત કરવામાં આવ્યા છે. સિવિલ હોસ્પિટલને દર્દીની શ્રેષ્ઠ સારવાર, સંભાળ અને સલામતી માટે આરોગ્ય સર્જરી વિભાગને બ્લેડર એક્સસ્ટ્રોફી સર્જરી માટે રાષ્ટ્રીય કક્ષાનો એવોર્ડ એનાયત

આરોગ્ય સેવાઓમાં ઉત્તમથી સર્વોત્તમ બની રહી છે.

રાષ્ટ્રીય સ્તરે પણ ગુજરાતની

કેટેગરી માં (દર્દીની શ્રેષ્ઠ સારવાર, સંભાળ અને સલામતી) માટે આરોગ્ય સર્જરી વિભાગને બ્લેડર એક્સસ્ટ્રોફી સર્જરી માટે રાષ્ટ્રીય કક્ષાનો એવોર્ડ અને Digital Transformation Initiative of the year (વર્ષની શ્રેષ્ઠ ઉત્તમ ડિજિટલ પરિવર્તન અંગેની પહેલ) કેટેગરીમાં સિવિલ હોસ્પિટલ દ્વારા અમલમાં મુકાયેલ

(News paper article published on 27.10.2023 about recognition to Civil Hospital by FICCI)