

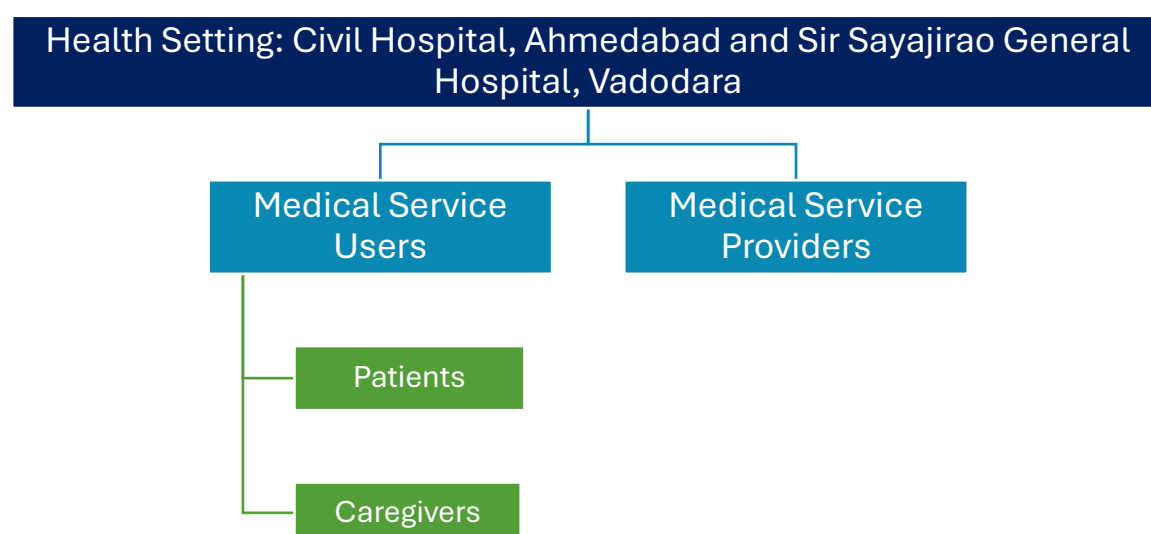
**CHAPTER V:
DATA ANALYSIS AND
INTERPRETATION-
PROSPECTIVE STUDY
(PART I)**

DATA ANALYSIS AND INTERPRETATION

PART I: MEDICAL SERVICE USERS: PATIENTS AND CAREGIVERS

The previous chapters laid the foundation by introducing the important concepts central to the research on the topic Medical Malpractice and Consumer Protection Law' followed by an in-depth review of the related literature. A chapter on Research Methodology was also presented highlighting the blueprint of the research that contained the research design, objectives, universe, sample and sampling, tool of data collection and researcher's experience of collecting the data. The chapter on the data analysis and interpretation from the case judgements helped understand that trends of medical malpractice cases with respect to COPRA.

This chapter of 'Data Analysis and Interpretation' highlights the findings from the process of research. As explained in the Research Methodology Chapter, the primary data has been collected from two sets of the respondents: Medical Service Users and Medical Service Givers. The data was collected from these respondents at Civil Hospital, Ahmedabad and Sir Sayajirao General Hospital, Vadodara using cluster sampling method. The public healthcare in India provides medical services either free or at a minimal cost. It ensures that everyone has the access to basic services, essential for living standards. Established in 1841 and 1865, the civil hospital Ahmedabad and SSG Hospital Vadodara caters more than 10 lakh patients every year coming from different corners of Gujarat and from different state of India. Being the largest hospitals of Central Gujarat, the data was collected from these institutions.



Each of the respondents' groups contributes to this topic from unique perspectives. This juncture marks the transition from data collection to the systematic interpretation, presentation, and analysis of the Data. The chapter is explained in two parts: the First part includes the data analysis and interpretation of the data collected from Medical Service Users and the second part presents the data of the Medical Service Providers.

To begin with the first part of the chapter, the medical service users include two sets of respondents. Firstly, the patients visiting the public healthcare set ups at Outpatient Department or admitted in any of the wards of Civil Hospital, Ahmedabad and Sir Sayajirao General Hospital, Vadodara. As explained in the methodology, in most of the cases, the patients were not in the condition/state of mind. It is understandable that patients due to their health ailments visit the hospitals and many a times are not able to participate in the in-depth interviews with the researchers. The medical ethics and human sensitivity demand that because the patients due to their vulnerability were not in the condition to respond, the caregiver has the big stake right from bring the patient to the health systems to the completion of treatment In Indian setting, the culturally, there were one or more caregivers accompanying the patient for treatments. At the point when the interview was taken, the caregivers were aware about the patient's medical condition, behavior and the treatment received while healing process and hence, the caregivers too were included as the respondents for the purpose of data collection. Initially the medical service users- both the primary and secondary users i.e. the patients and their caregivers face difficulties especially in the case of adverse behavior in the system. The same was also discussed with the experts who then suggested positively to include it as the part of methodology. Hence, considering the professional ethical norms and approval of the experts, conscious decision was taken by the researcher in consultation with her research guide that immediate caregivers will be included in respondents.

Inclusion Criteria:

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

Exclusion Criteria:

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

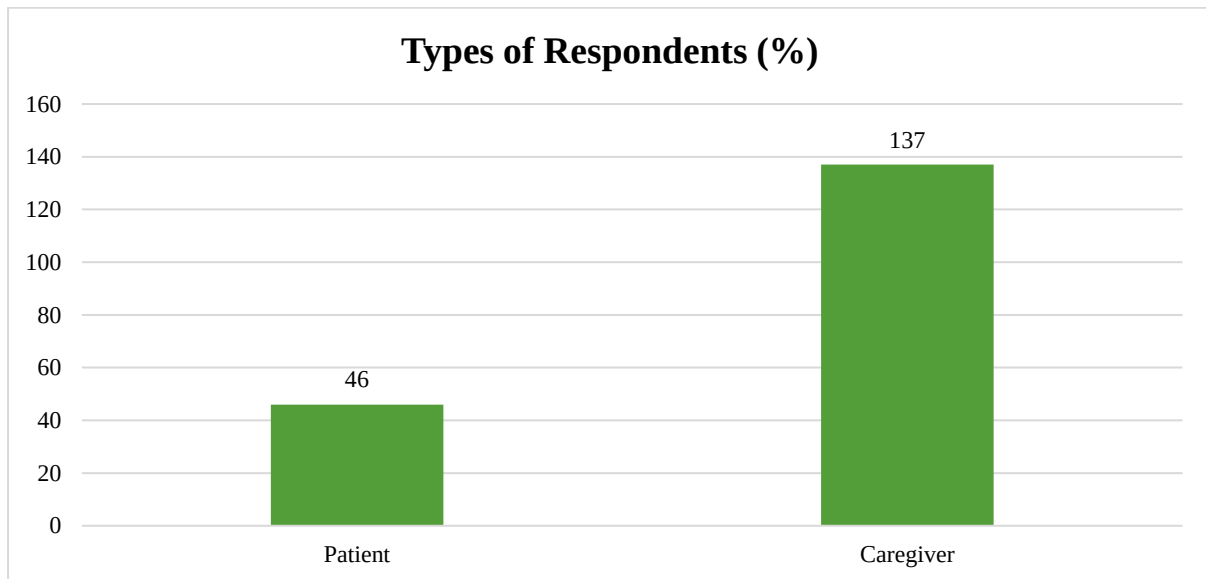
Determining these criteria, In-depth interviews were conducted with total 183 medical service users using Interview schedule. The data collection tool included the Open and Closed Ended questions on majorly below subthemes:

- Personal Background of the Respondents,
- Details of the Patients, knowledge about Rights and Duties of patients,
- Awareness about Medical Negligence/Malpractice,
- Awareness on Legal Rights of Patients as Consumers,
- Views about evidence which can help as a Valid defense against Medical Negligence/Malpractice and
- Social Workers' Role in Medical Malpractice/Negligence.

The flow of contents of this chapter is also arranged in the order of these sub-themes. Below are the analysis and interpretation of data collected from the Medical Service Users: Patients and Caregivers.

Table 1: Categories of Respondents

Sr. No.	Categories of Respondent	Frequency	Percentage (%)
1	Patient	46	25.14
2	Caregiver	137	74.86
	Total	183	100

*Figure 11 Types of Respondents*

As mentioned above, the interviews were conducted with total 183 Medical Service Users, now onwards referred as ‘respondents.’ Out of the total respondents, majority 137 respondents (74.86%) were caregivers, and 46 respondents (25.14%) were patients themselves. Since at the healthcare institutions, the patients, due to their ill health, are more vulnerable; more numbers are seen for the caregivers who were visiting the institution for taking care of the patients. Many a times, the patient was a child (below 18 years of age) which was in the Exclusion Criteria for the research. For this purpose, Caregivers were interviewed.

Table 2: Institution where Respondents were taking treatment at the Time of Interview

Sr. No.	Institution	Frequency	Percentage (%)
1	Civil Hospital, Ahmedabad	94	51.37
2	SSG Hospital, Vadodara	89	48.63
	Total	183	100

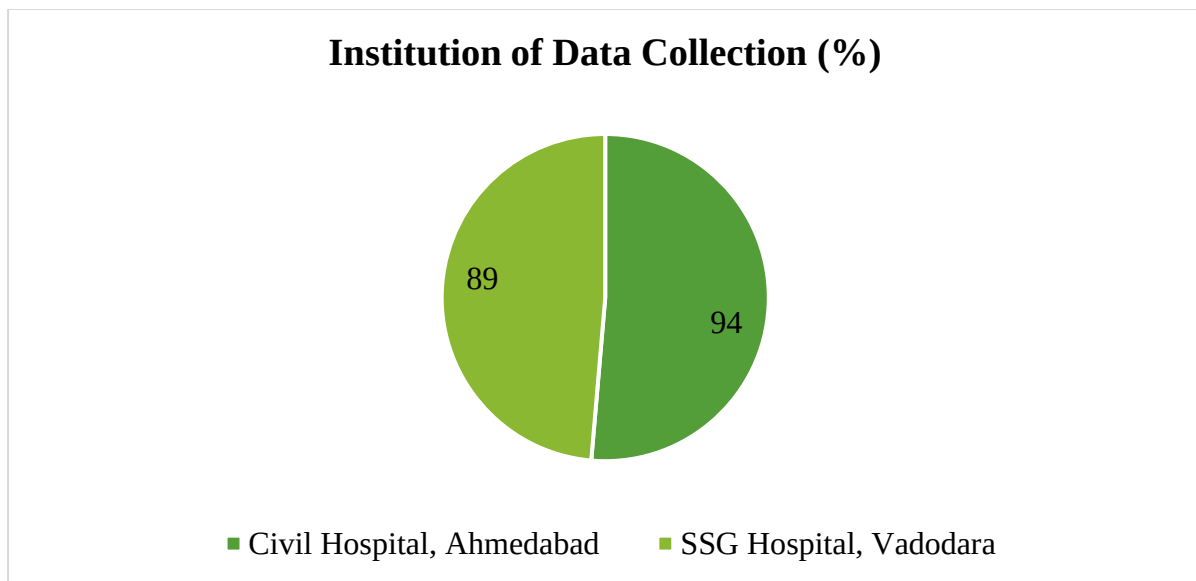


Figure 12: Institution of Data Collection

Civil Hospital, Ahmedabad and SSG Hospital, Vadodara were selected as a Research setting for carrying out Data Collection. Out of all the 183 respondents, 94 respondents (51.37%) were contacted at Civil Hospital, Ahmedabad and 89 respondents (48.63%) were contacted at SSG Hospital, Vadodara.

Table 3: Setting of treatment for Medical Service Users

Sr. No.	Setting of Treatment	Frequency	Percentage (%)
1	OPD	99	54.10
2	Ward	84	45.90
	Total	183	100

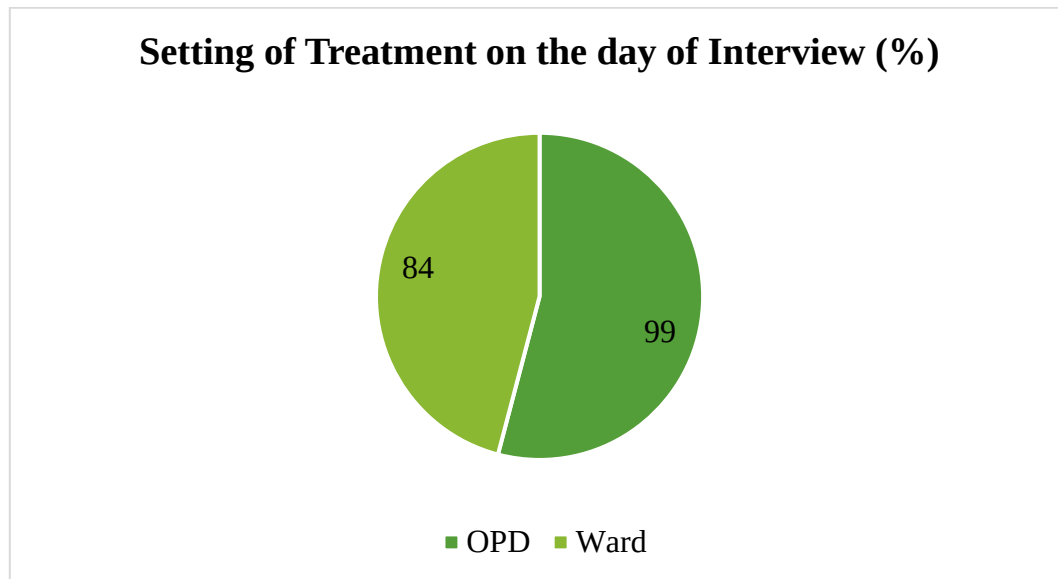


Figure 13: Setting of Respondents at the time of Interview.

Of a total of 183 respondents, the majority i.e., 98 respondents (58.55%) were interviewed while they visited the Outpatient Department (OPD) of the Healthcare Institution. 84 respondents (45.90%) either themselves or their family members were taking treatment at the Ward (In-Patient Departments).

Following is the brief snapshot of the respondents interviewed at different Locations.

Setting of Treatment	Civil Hospital, Ahmedabad			SSG Hospital, Vadodara		
	Patient	Caregivers	Total	Patient	Caregivers	Total
OPD	17 (9.29%)	30 (16.39%)	47 (25.68%)	25 (13.66%)	27 (14.75%)	52 (28.42%)
Ward	3 (1.64%)	44 (24.04%)	47 (25.68%)	1 (0.55%)	36 (19.67%)	37 (20.22%)
Total	20 (10.93%)	74 (40.44%)	94 (51.37%)	26 (14.21%)	63 (34.43%)	89 (48.63%)

Table 4: Name of OPD/Ward for patient's treatment

Sr. No.	Name of Ward/OPD	Frequency	Percentage (%)
1	Oncology	27	14.75
2	Cardiology	24	13.11
3	Gynaecology	15	8.20
4	Paediatric	15	8.20
5	Medicine	12	6.56
6	Orthopaedic	10	5.46
7	Kidney	8	4.37
8	COVID	7	3.83
9	Emergency	5	2.73
10	ICU	5	2.73
11	Surgical	5	2.73
12	Liver	5	2.73
13	General Ward	4	2.19
14	Trauma	4	2.19
15	More than one facility	4	2.19
16	Ophthalmology	3	1.64
17	Plastic Surgery	3	1.64
18	Psychiatry	3	1.64
19	Skin	3	1.64
20	Chest	3	1.64

21	ENT	2	1.09
22	TB	2	1.09
23	Administrative Office	1	0.55
24	CT scan	1	0.55
25	Dental	1	0.55
26	ICTC- HIV	1	0.55
27	ICU Recovery Room	1	0.55
28	Neurology	1	0.55
29	Neurosurgical	1	0.55
30	Radiation	1	0.55
31	Sonography	1	0.55
32	Urology	1	0.55
33	No Response	4	2.19
	Total	183	100.00

Out of a total of 183 respondents, the majority i.e. respondents' patients visited Oncology-cancer department (14.75%) followed by Cardiology (13.11%). It was followed by 15 patients (8.20%) taking treatment at Gynecology and Pediatrics departments each. Treatment from the Medicine Department was being taken by 12 patients (6.56%) and at Orthopedic Department by 10 patients (5.46%). The other departments where the patients took their treatment were Kidney, COVID, Emergency, ICU, Surgical, Liver, General Ward, Trauma, Oncology, Ophthalmology, ENT, TB, Dental, ICTC-HIV, Neurology, Neurosurgical, plastic surgery, psychiatry, skin and chest. There were few patients who had come for Radiations, Sonography, Urology and CT scan. One of the caregivers was visiting the administrative office as the patient passed away during second wave of COVID and hence, he came to collect his report. Out of all the respondents, 3 respondents shared that they were not aware about the ward/OPD in which the patient was visiting due to their less awareness. One of the caregivers did not respond because it was a difficult period of COVID-19 while the data was being collected. Out of fear that the data could be reported to government, and they may face difficulties, the caregiver refrained to share the same. Despite explaining the purpose of data collection to be limited to the doctoral study, the caregiver was reluctant to answer the same.

[A] Personal Background of the Respondents:

This section includes the background of the patients and their immediate caregivers, including their demographic details, educational background, socioeconomic status, and other relevant factors.

Table 5: Age wise distribution of Respondents:

Sr. No.	Age of Respondent	Frequency	Percentage (%)
1	18-35 years	94	51.37
2	36-50 years	57	31.15
3	51-65 years	26	14.21
4	More than 66 years	6	3.28
	Total	183	100

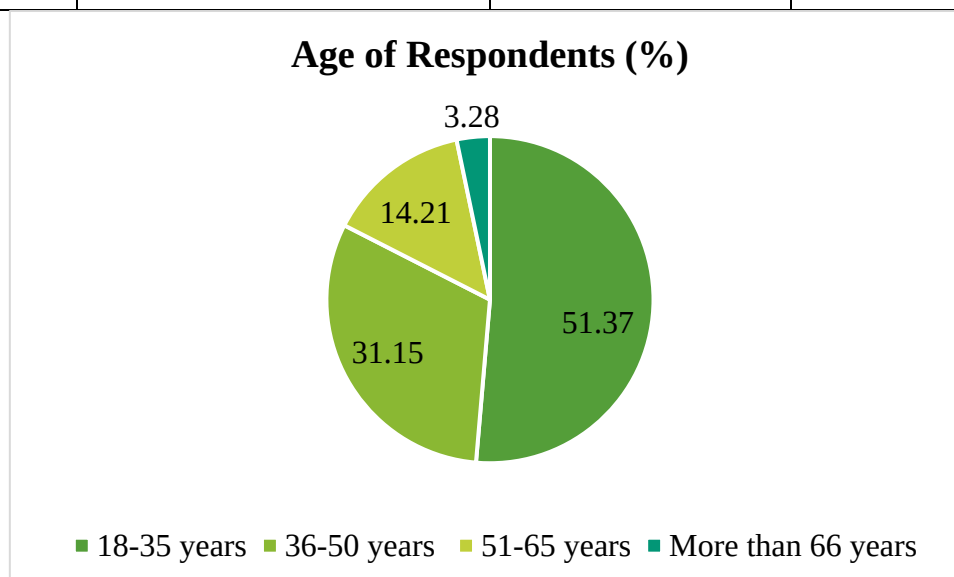


Figure 14 Showing Age wise Distribution of Respondents

For the purpose of the research, only the patient or caregiver who have completed 18 years of age were interviewed. Out of which, majority i.e., 94 respondents (51.37%) were falling into early adulthood in age group of 18-35 years; followed by 57 respondents following in middle adulthood in the age group of 36-50 years. 26 respondents (14.21%) were from the age group of 51-65 years followed by elderly respondents of more than 66 years of age to be 6 respondents (3.28%). It can be inferred that when the patient is in their early adulthood, individuals in this age group may exhibit a tendency to manage their own ailments independently. Meanwhile, younger caregivers within families typically assume responsibility for seeking medical care for

children or elderly relatives. This highlights the importance of empowering the younger generation with the knowledge and skills to identify the instances of medical malpractice or negligence and then of taking redressal based on the cruciality of the case. By doing so, they can play an important role in advocating ethical healthcare practices, thereby contributing to improved patient outcomes and health systems' integrity.

Table 6: Gender Wise distribution of Respondents.

Sr. No.	Gender of Respondents	Frequency	Percentage (%)
1	Male	142	77.60
2	Female	41	22.40
	Total	183	100

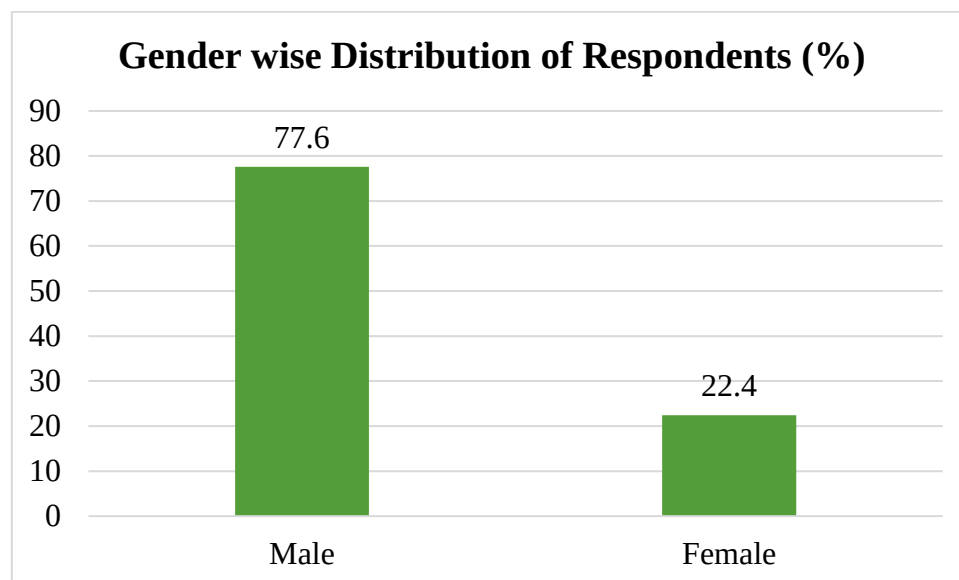


Figure 15 Gender wise Distribution of Respondents

The ratio of 3:1 was observed where majority i.e., 142 respondents (77.60%) were male, and only 22.40% were female. It is important to reflect upon this data where the ratio of females being patient and caregivers was almost equal (as shown in the next table), why is it not similar for the gender ratio of respondents that include both the patients and their caregivers. It can be interpreted and connected with the social realities that women are usually more engaged in the household domestic work, that requires her to stay at home. Having accepted the domestic roles, they are not accustomed to going out especially to a place that can be far from their domiciles. In addition, it was also an experience of the researcher that when both the genders

were present at the time of data collection, usually the male used to agree more for the data collection than females.

There were also cases of caregiver women accompanying their male counterparts even when they could barely read or understand the medical processes. ***One such respondent was a female from Saurashtra region. Before 3 months from the date of Interview, the caregiver's husband was diagnosed with the cancer. The operation was conducted but the stitches taken during the operation were opened. Hence, they had come to public hospital to correct stitches again. The patient was the only breadwinner for the family, now due to cancer, unable to earn. The caregiver was crying a lot telling the research about her situation. She showed her husband to Botad, Amreli, Bhavnagar, Rajkot and now in Ahmedabad.***

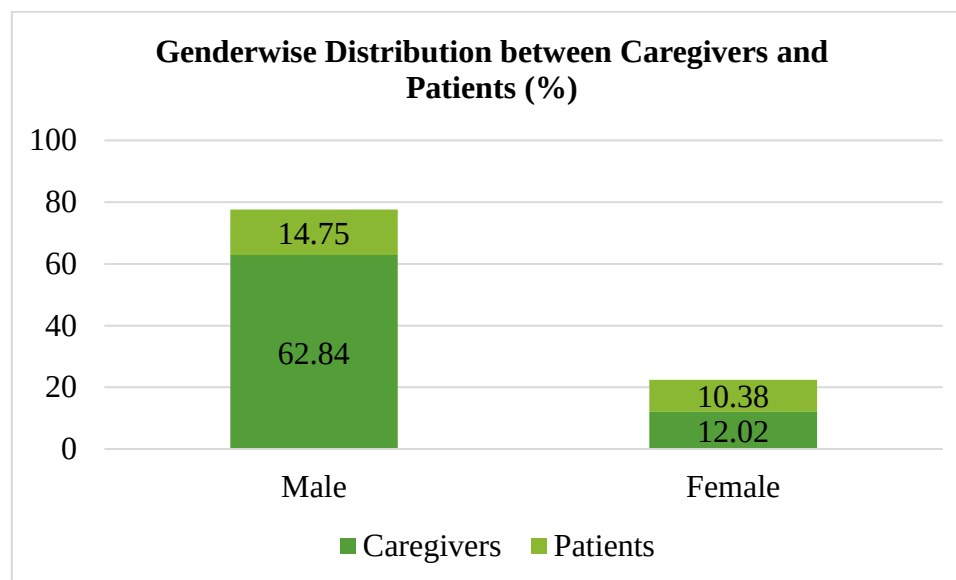
Being Uneducated, the staff's instructions were difficult for her to understand. They make them shift the patient here and there. Being the only caregiver, handling patient and taking him everywhere was difficult. Also, as she was illiterate, was unable to understand where to go. The staff had already told him that he would be discharged the previous day, but as one of the doctor's signs was pending, discharge was delayed. They were not even saying which doctor's sign is pending. Even if she were sitting in front of the doctor whose sign was pending, she would not be able to identify and request also. She had two children (Daughter- 10 years and Son- 6 years). She had left them at her uncle's place, for which she was very worried. The respondent seemed devoted to her family, and she did not want to depend upon anyone. If she asks any question to nurse or staff, they answer angrily. The caregivers were too stressed. She was having lunch in Civil hospital in Rs. 10 supported through a voluntary organization. She was telling us that she had never gone out of home and due to this illness, we had to come to Ahmedabad. She told 'God forbid, may nobody have to undergo this'. She was crying a lot.

The caregiver in the above case is an illiterate woman who was for the first time entering into the huge public health system in the different city. The incident above may not fall into a medical negligence, yet a caregiver perceives it to have experienced. At this juncture, the role of medical social work becomes important. In addition, in these bigger institutions, the cadre of volunteers needs to be developed who can guide and support such patients and caregivers. In Vadodara and Ahmedabad, many fieldwork placements in social work education are provided in the health institutions and the student social workers can bridge the gaps between the need and the available resources. In addition, the pool of volunteers can also include freshly

retired personnel, youngsters who can be trained with short term programs on how to handle such cases. Understanding the resources and voluntary services available with the healthcare institutions, these volunteers can guide the patients and caregivers. It is also important here to highlight, ‘what is negligence?’ In the above case, it was the perception of the caregiver, and she required support.

Table 6.1: Gender Wise distribution of Respondents between Caregivers and Patients

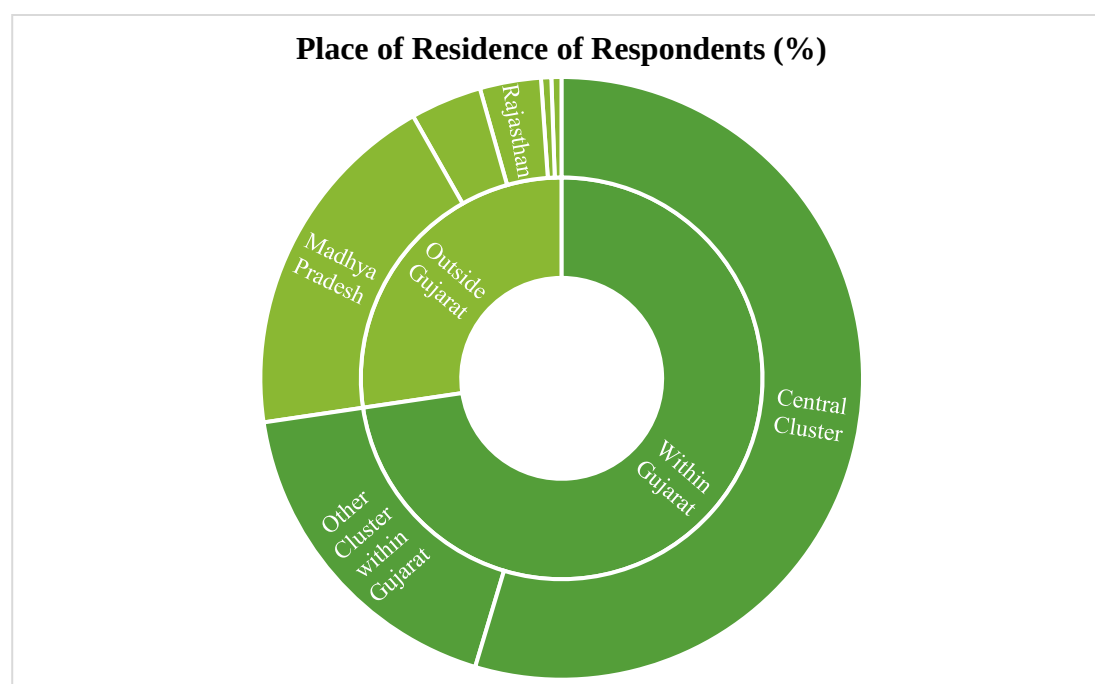
Particulars	Caregivers	Patients	Total
Male	115 (62.84%)	27 (14.75%)	142 (77.6%)
Female	22 (12.02%)	19 (10.38%)	41 (22.4%)
Total	137 (74.86%)	46 (25.14%)	183 (100%)

*Figure 16 Gender wise Distribution of Respondents between Caregivers and Patients*

From the table, it can be inferred that majority of the Male Respondents i.e. 115 respondents (62.84%) were the caregivers. Although, caregiving as a role is majorly associated with the Women of the families, As explained earlier, usually, when the patients come to the healthcare institutions from outstation or from the out of state, in Indian context, the male caregivers are more trusted. There was no significant difference in numbers between Male patients, female caregivers, and female patients. The researcher also experienced that when the entire family is approached or a couple is approached for data collection, majority times, the male of the family tends to respond to the researcher. Hence, the number of Male caregivers was significantly high.

Table 7: Place of Residence of Respondents

Sr. No.	Residence of Respondents		Frequency	Percentage (%)
1	Within Gujarat	Central Cluster	100	54.64
		Other Cluster within Gujarat	33	18.03
2	Outside Gujarat	Madhya Pradesh	35	19.13
		Uttar Pradesh	7	3.83
		Rajasthan	6	3.28
		Bihar	1	0.55
		Delhi	1	0.55
	Total		183	100

*Figure 17 Place of Residence of Respondents*

As the two public healthcare settings were located at the central cluster of Gujarat, more than half i.e., 100 respondents (54.64%) were belonging from Central cluster of Gujarat. Around 18.03% respondents were from the other cluster within Gujarat. The remaining 50 respondents visited the institutions from outside Gujarat. Out of which, the majority i.e., 35 respondents

(19.13%) were from Madhya Pradesh, followed by Uttar Pradesh (3.83%), Rajasthan (3.28%), Delhi (0.55%) and Bihar (0.55%).

Pictorial Presentation of Patients visiting the Public Healthcare Setting of Central Gujarat:

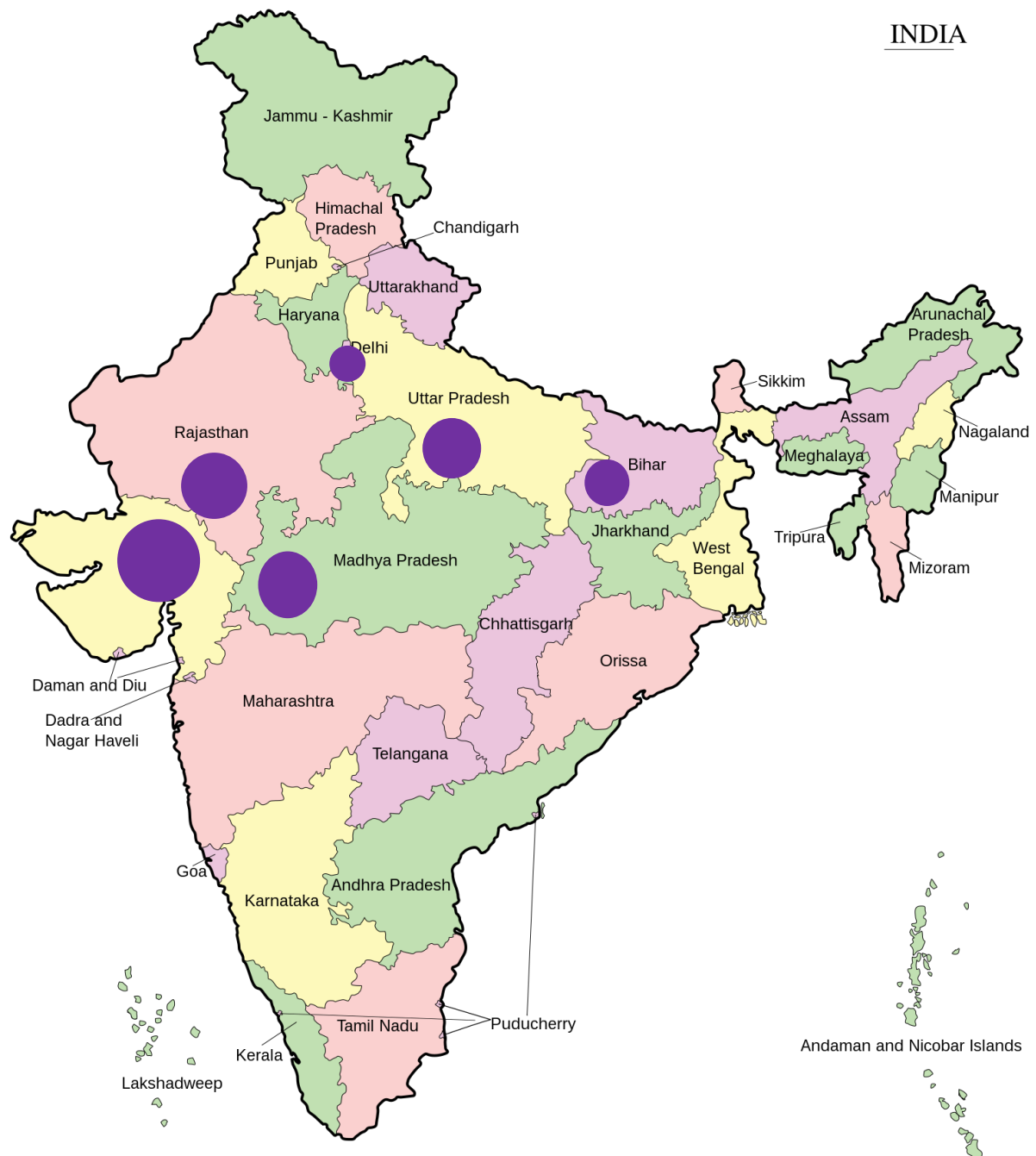


Figure 18 Pictorial Presentation of Patients visiting the Public Healthcare Setting of Central Gujarat

It can be inferred that many of the patients and their families visit public healthcare institutions of central Gujarat from Central and Eastern Part of India. However, only one respondent came from Northern part i.e., Delhi. But no respondent was having domicile at Southern states, Northern States and Northeastern States of India. The reason can be many-from the access to health service nearing to their states, to more transportation and lodging and boarding expense due to travelling from far. One of the possibilities of a greater number of respondents from Rajasthan, Madhya Pradesh, Uttar Pradesh, Bihar, and Delhi could be migration for work opportunities or otherwise.

Table 8: Type of Family of Respondents

Sr. No.	Type of Family of Respondent	Frequency	Percentage (%)
1	Joint Family	128	69.95
2	Nuclear Family	55	30.05
	Total	183	100

It can be interpreted from the table that more than half i.e., 128 respondents (69.95%) were living in a joint family system, followed by 55 respondents (30.05%) living in nuclear family. It is necessary to reflect this data from the Social Systems in today's time. It implies that even in present cultural context, joint family and traditional systems are prevalent in the families. Such systems are more seen in the rural areas than in the urban and sub-urban locations. Hence, it can be presumed that most of the families come from rural backgrounds.

Table 9: Marital Status of Respondents

Sr. No.	Marital Status of Respondents	Frequency	Percentage (%)
1	Married	153	83.61
2	Unmarried	23	12.57
3	Widowed	6	3.28
4	Divorce	1	0.55
	Total	183	100

The table shows that, majority i.e., 153 respondents (83.61%) were married, followed by 23 unmarried respondents (12.57%). 6 respondents (3.28%) and 1 respondent (0.55%) were widowed and separated respectively.

Table 10: Number of Household members in Respondents' Family

Sr. No.	Number of Family Members in Respondents' Family	Frequency	Percentage (%)
1	1-4 members	75	40.98
2	5-8 members	85	46.45
3	9-12 members	18	9.84
4	More than 12 members	5	2.73
	Total	183	100

Total 85 respondents (46.45%) mentioned that they have 5-8 members in their family, followed by 75 respondents (40.98%) who informed that they have 1-4 members in their family. 18 respondents (9.84%) shared that their family has 9-12 members and 5 respondents (2.73%) shared that their family consists of more than 12 members. As mentioned in the above tables, most of the respondents were coming from the joint family system. The finding was substantiated with the data presented in the above table that 108 respondents were having more than 5 family members.

Table 11: Yearly Family Income of Respondents

Sr. No.	Yearly Family Income (in Rs.)	Frequency	Percentage (%)
1	Less than 50,000	123	67.21
2	50,000-100,000	36	19.67
3	100,001-300,000	14	7.65
4	300,001-500,000	6	3.28
5	500,001 and more	2	1.09
6	No Response	2	1.10
	Total	183	100

Public healthcare facility having an academic medical institution attached and with the government funding, can cater to the large spectrum of healthcare needs of large population. In addition, the treatment is available at a subsidised and affordable rate due to which it becomes accessible for economically weaker section of the society. Similar trend was showcased where more than half i.e., 123 respondents' (67.21%) family income were less than Rs. 50,000; followed by 36 respondents (19.67%) whose yearly family income was between

Rs. 50,000-100,000. 14 respondents' income (7.65%) fell in between 100,001-300,000 and 6 and 2 respondents' income fell in the bracket of 3-5 lakhs and more than 5 lakhs. As disclosing income is at times considered to be sensitive, 2 respondents did not provide any answer to researcher's question.

Based on the above data of family income and number of persons of the family, the researcher calculated that the **per capita income** of these respondents were Rs. **13,675 per annum**.

Table 12: Educational Status of Respondents

Sr. No.	Educational Status of Respondents	Frequency	Percentage (%)
1	Illiterate	15	8.20
2	Primary	50	27.32
3	Secondary	57	31.15
4	Higher Secondary	30	16.39
5	Graduate	21	11.48
6	Post-Graduate	7	3.83
7	Other	3	1.64
	Total	183	100

The above data showcases that most i.e., 137 respondents (74.86%) have only completed their schooling. The data shows that majority i.e., 57 respondents (31.15%) had completed Secondary education, followed by 50 respondents (27.32%) who completed Primary education and 30 respondents (16.39%) completing Higher Secondary Education. It was followed by 21 respondents (11.48%) being graduate and 7 respondents (3.83%) being post graduate. Out of all the respondents, 15 respondents (8.20%) were illiterate. Since majority of the respondents were hailing from the rural backgrounds, it is notable that the educational infrastructure often extends only up to standard 8 in the government primary schools within these areas. After that, the student either need to go to the other nearby village for the secondary education or has to drop out from the school. The higher educational institutes are even farther. The data underscores the reality shows that majority i.e. 107 respondents only completed their schooling up to secondary education.

Table 13: Bi-variate Table showing Age wise Educational Qualifications of Respondents:

Age				More than	
Education	18-35 years	36-50 years	51-65 years	66 Years	Total
Illiterate	7 (3.83%)	3 (1.64%)	5 (2.73%)	0 (0)	15 (8.20%)
Primary	20 (10.93%)	17 (9.29%)	10 (5.46%)	3 (1.64%)	50 (27.32%)
Secondary	33 (18.03%)	17 (9.29%)	6 (3.28%)	1 (0.55%)	57 (31.15%)
Higher Secondary	17 (9.29%)	10 (5.46%)	2 (1.09%)	1 (0.55%)	30 (16.39%)
Graduate	12 (6.56%)	6 (3.28%)	2 (1.09%)	1 (0.55%)	21 (11.48%)
Post-Graduate	3 (1.64%)	4 (2.19%)	0 (0)	0 (0)	7 (3.83%)
Other	2 (1.09%)	0 (0)	1 (0.55%)	0 (0)	3 (1.64%)
Total	94 (51.37%)	57 (31.15%)	26 (14.21%)	6 (3.28%)	183 (100%)

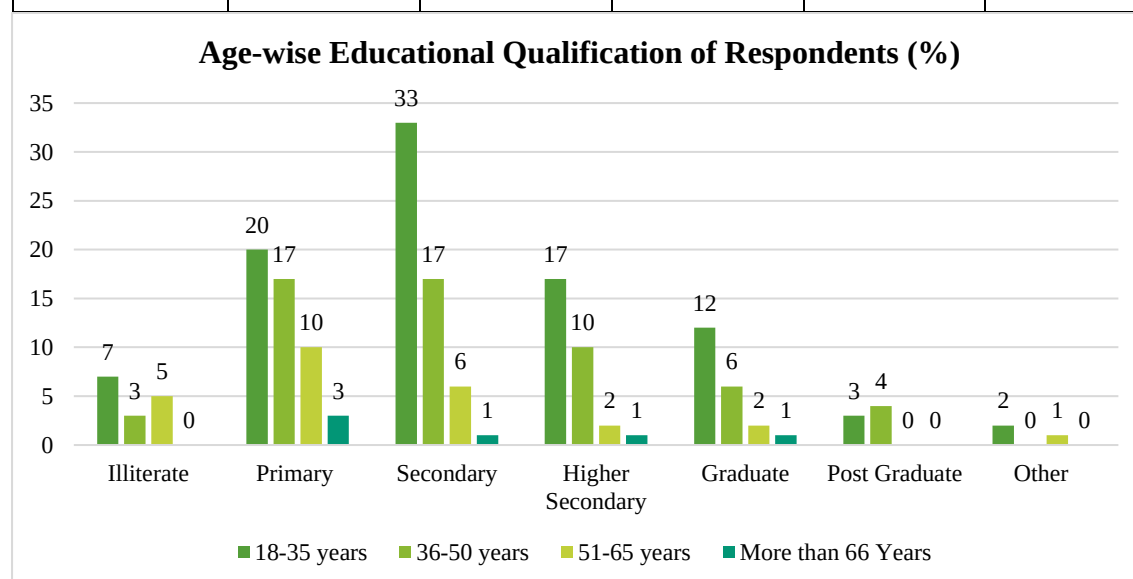


Figure 19 Age wise Educational Qualification of Respondents

The above table showcases the age wise educational qualifications of the respondents. As mentioned above, the majority of respondents have completed their schooling i.e. either Primary, secondary or Higher Secondary education. It is observed from the data that as the age of the respondents increases, there are a smaller number of respondents in the categories of graduate and post-graduate. There was no respondent in the post-graduation category who had the age of above 50 years. There are also few respondents below 35 years of age who were

illiterate which shows that despite the efforts by the government through policy level inputs in education sector, the reality on ground has a scope of improvement.

Table 14: Occupation of Respondents.

Sr. No.	Type of Employment	Frequency	Percentage (%)
1	Self-Employment	74	39.89
2	Job	37	20.22
3	Unemployed	31	16.94
4	Daily Wage Earner	29	15.85
5	Retired	9	4.92
6	Student	3	1.64
	Total	183	100

As seen in the previous tables, most of the respondents were having family income lesser than 50,000 p.a. and were nearing to poverty. Majority of the respondents were skilled and self-employed i.e., 74 respondents (39.89%). The sectors where the respondents were self-employed were Agriculture, driving, teaching, fruits and vegetable vendors, Tailoring, carpeting, salt making, cycle repairing, business, blacksmith, animal husbandry, ironing clothes, Barbour etc. This shows the inclination of rural communities towards adopting vocations for livelihood purposes. 37 respondents (20.22%) were employed and doing Job, followed by 29 respondents (15.85%) who were daily wage earners.

It is significant to note that 31 respondents (16.94%) were unemployed, 9 respondents (4.92%) and 3 respondents (1.64%) were students which means that at the time of interview, they did not have any source of income.

[B] Details of Patients:

This section includes the details about the patients. As it is explained in the methodology and in the beginning of this chapter that the caregivers of the patients were also interviewed for the purpose of data collection. This section encompasses the details of the patients, their age, access to the welfare schemes, the ailments for which they are visiting and other relevant information.

Table 15: Relation of Respondents to Patients (if the Respondent is Caregiver)

Relation of Caregiver with Patient		Age group of patients			Total
		Child (less than 18 years)	Adult (18-60 years)	Elderly (More than 60 years)	
Parents	Father	15 (10.95%)	5 (3.65%)	--	20 (14.6%)
	Mother	04 (2.92%)	1 (0.73%)	--	5 (3.65%)
Grandparents	Grand Father	5 (3.65%)	--	--	5 (3.65%)
	Grand Mother	2 (1.46%)	--	--	2 (1.46%)
Spouse	Husband	--	18 (13.14%)	1 (0.73%)	19 (13.87%)
	Wife	--	03 (2.19%)	--	3 (2.19%)
Sibling	Brother	--	5 (3.65%)	2 (1.46%)	7 (5.11%)
	Sister	--	3 (2.19%)	--	3 (2.19%)
Offspring	Son	--	9 (6.57%)	14 (10.22%)	23 (16.79%)
	Daughter	--	1 (0.73%)	--	1 (0.73%)
Extended Family	Uncle	5 (3.65%)	4 (2.92%)	--	9 (6.57%)
	Aunty	1 (0.73%)	1 (0.73%)	--	2 (1.46%)
	Brother-in-law	--	5 (3.65%)	--	5 (3.65%)
	Sister-in-law	--	1 (0.73%)	--	1 (0.73%)
	Son-in-law	--	1 (0.73%)	4 (2.92%)	5 (3.65%)
	Daughter-in-law	--		4 (2.92%)	4 (2.92%)
	Cousin	--	1 (0.73%)	--	1 (0.73%)
	Nephew	--	6 (4.38%)	4 (2.92%)	10 (7.3%)
	Relative	1 (0.73%)	1 (0.73%)	1 (0.73%)	3 (2.19%)

Other	Family Friend	1 (0.73%)	1 (0.73%)	--	2 (1.46%)
	Friend	--	2 (1.46%)	--	2 (0.73%)
	Neighbour	1 (0.73%)	1 (0.73%)	1 (0.73%)	3 (2.19%)
	ASHA Worker	--	1 (0.73%)	--	1 (0.73%)
	Subordinate worker	--	1 (0.73%)	--	1 (0.73%)
Total		35 (25.55%)	71 (51.82%)	31 (22.63%)	137 (100%)

The table provides a detailed sociological overview of the relations between patient and the caregivers. Total **137 caregivers** were interviewed who were accompanying the patients of different age groups.

From the table, it can be interpreted that when the patient is a **Child**, he/she is accompanied by their Parents (Mother or Father), Grandparents (Grandmother or Grandfather) or extended family members. From the data, majority 15 children (10.95%) were accompanied by their fathers.

When a data of **Adult** patient and their caregiver is referred, it can be understood that for an adult, their adult counterparts or family members were accompanying them. It includes the spouse, siblings, offspring, extended family-uncle, aunt, in-laws, cousin, nephew. Interestingly, it was also seen that the adult patients' friend, family friend and neighbours also played a role of a caregiver for them. In addition, for one pregnant lady, the Accredited Social Health Activist (ASHA) worker too played a role of a caregiver where she came to SSG hospital for patient's routine health check-up.

For the elderly patient, majority caregivers were observed from one generation below their age groups. Majority of them were accompanied by their son (14 respondents-10.22%). The other caregivers were spouse, sibling, Son in law or daughter-in-law, nephew, relative or neighbour.

It is important to reflect on the family as a social institution. The social fabric is such that when in need, the family comes as a support. Which is supported with a fact that most of the respondents were the caregivers. In Indian Context, the family system includes the immediate as well as extended family members which provides multiple alternatives for the caregiving

support. There were also few exceptions where ASHA worker, subordinate workers too come as a caregiver.

Table 16: Gender-wise distribution of patients.

Sr. No.	Gender of Patients	Frequency	Percentage (%)
1	Male	92	50.27
2	Female	91	49.73
	Total	183	100

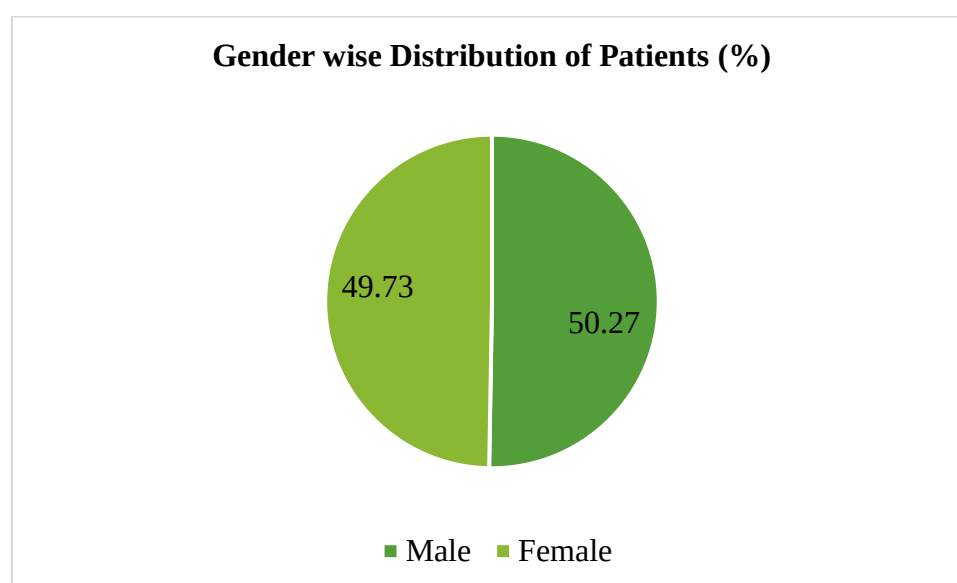
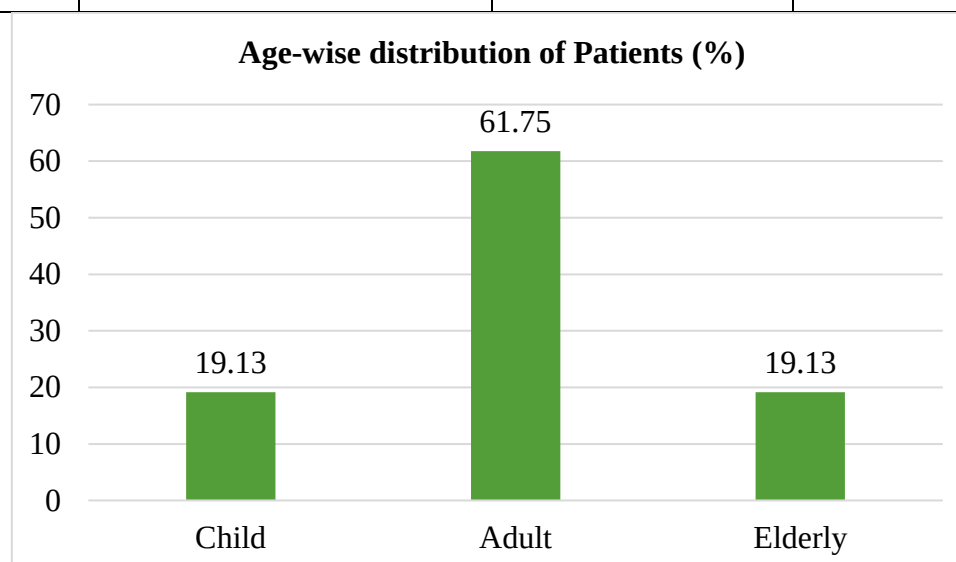


Figure 20 Gender wise Distribution of Patients

The number of male and female patients were almost equal as there were 92 male (50.27%) and 91 female (49.73%) patients availing treatment at the public healthcare hospitals. The equal gender ratio reflects the positive change in the society that the women has started understanding the importance of the treatment and have started voicing their concerns. And now equal number of women are taking access to the hospitals.

Table 17: Age-wise distribution of patients

Sr. No.	Age of Patients	Frequency	Percentage (%)
1	Child	35	19.13
2	Adult	113	61.75
3	Elderly	35	19.13
	Total	183	100

*Figure 21 Age-wise distribution of Patients*

Majority i.e., 113 patients (61.75%) were adults, followed by equal number of 35 patients (19.13%) were children and elderly each.

Table 18: Mode through which the Patient visited the Healthcare set-up.

Sr. No.	Visit to hospital	Frequency	Percentage (%)
1	Direct Visit	104	56.83
2	Referred by other doctor	77	42.08
3	Not Aware	2	1.09
	Total	183	100

The researcher asked whether the patients came/were brought to the current hospital set-up by self or were referred by any other doctor. Majority i.e., 104 patients (56.83%) visited by self, followed by 77 patients (42.08%) who visited the healthcare set-up due to referral by other doctors.

Table 19: Place of Referral to current Healthcare set-up.

Sr. No.	Place of Referral	Frequency	Percentage (%)
1	Private Hospital	39	21.31
2	Government Hospital	36	19.67
3	Primary Health Centre	2	1.09
4	Not Applicable	106	57.92
	Total	183	100

Out of the 77 patients who were referred to the current healthcare set-up, majority i.e., 39 patients (20.77%) were referred from private hospitals and 36 patients (19.67%) were referred from other government hospitals of their domicile towns. 2 patients (1.09%) were referred from the primary health centres of their hometowns. For 106 respondents, it was not applicable since 2 out of them were not aware of the same and 104 patients were directly visiting the public healthcare institute.

It also shows the first preference of the patients/caregiver to first visit the health centres/clinics near to their homes. The inclination is also seen to undergo the treatment from both the public as well as private hospitals.

Table 20: Economic Role of Patient in the Family

Sr. No.	Economic Role of Patient		Frequency	Percentage (%)
1	Main Breadwinner		43	23.50
2	Supplementary Support		23	12.57
3	Dependent	Unemployed	54	29.51
		Minor	32	17.49
		Elderly	29	15.85
		Disabled	2	1.09
	Total		183	100

Out of all the patients, 43 patients (23.50%) were the main breadwinner of their respective families, and 23 patients (12.57%) were providing supplementary financial support. Rest all the patients were financially dependent, either because of unemployment (54 patients; 29.51%), Minority (32 patients; 17.49%), old age (29 patients, 15.85%) and disability (2 patients; 1.09%). A total of 117 among all the patients were from the dependent category.

In context of the medical malpractice, this data suggests that the significant portion of the patients if affected by the malpractice may face financial vulnerability. If the main breadwinner or the supporting member suffers from the medical malpractice, it may lead to financial breakdown for the entire family. If the patient is financially dependent, an incidence of malpractice may hinder their ability to access healthcare for the damage control or further treatment or approach legal system for redressal.

Table 21: Expenditure incurred for availing the treatment.

Sr. No.	Expenditure for availing treatment	Frequency	Percentage (%)
1	Free of cost treatment	99	54.10
2	Paid Partially	55	30.05
3	Paid entire expenses	1	0.55
4	Other	28	15.30
	Total	183	100

More than half i.e., 54.10% respondents mentioned that they have taken the treatment free of cost, whereas 55 respondents (30.05%) shared that they have incurred partial expenses towards patients' treatment. 28 respondents (15.30%) also shared that they have incurred other expenses such as travelling, radiological tests etc and only 1 respondent (0.55%) shared that they had to pay entire expense for availing the treatment.

The data highlights one of the major benefits of the government health systems i.e. cost. The government health facilities usually offer services at a lower cost, or free of cost, that makes the healthcare more accessible for the lower income groups. In this research, majority of the respondents' family income was less than 50,000 rs.per annum for whom the government/public health facilities can be a boon for availing treatments for the health ailments.

Table 22: Duration of Admission in Hospital

Sr. No.	Duration of Admission in Hospital	Frequency	Percentage (%)
1	Less than 1 week	58	31.69
2	1-2 weeks	13	7.10
3	2-3 weeks	6	3.28
4	More than 3 weeks	7	3.83
5	Not Applicable	99	54.10
	Total	183	100

The respondents were asked about the time duration of hospitalisation in which majority i.e. 58 patients (31.69%) were hospitalised for less than 1 week, followed by 13 patients (7.10%) who were admitted for 1-2 weeks, 6 patients (3.28%) were admitted for 2-3 weeks and 7 patients (3.83%) were admitted for more than 3 weeks. It was noted that 99 patients (54.10%) had visited the hospital at OPD and hence, were not admitted at the time of taking interview.

Table 23: Social Security Measures availed by Respondents.

Sr. No.	Social Security Measures	Frequency	Percentage (%)
1	Mediclaime/Medical Insurance	1	0.55
2	Maa Card	46	25.14
3	Ayushman Card	55	30.05
4	Covered under ESI	1	0.55
5	Other	5	2.73
6	No Measure taken	85	46.45
	Total	193	105.46

When asked about the benefits of social security measures availed by the respondents, Majority i.e. 85 respondents (46.45%) shared that they have not availed any social security measures. Out of those who had availed the benefits, 55 respondents (30.05%) shared that they did possess Ayushman Card, followed by 46 respondents (25.14%) who shared that they had Maa Card. It was followed by other benefits such as BPL Card, Adhar card etc. availed by 5 respondents (2.73%), 1 respondent (0.55%) availing Mediclaime and covered under Employee State Insurance each.

Table 24: Experiences of Respondents of treatment in Current hospital setting (Multiple Response)

Sr. No.	Experiences of Respondents	Frequency	Percentage (%)
<u>Positive Experiences</u>			
1	Good Service/Treatment	65	35.52
2	Good behaviour of doctors and staff	28	15.30
3	Good Care/Response	25	13.66
4	Right information/guidance and advice	21	11.48
5	Timely prescription/providing Good Medicines	8	4.37
6	Regular Monitoring by Staff	7	3.83
7	Regular visits by doctors	5	2.73
8	Better than Private/Domicile State Hospital	5	2.73
9	Proper Diagnosis	4	2.19
10	Cleanliness	2	1.09
11	Other	2	1.09
<u>Negative Experiences</u>			
1	Less Attention/Irregular Check-ups by Doctors	9	4.92
2	Delay in Treatment/Discharge	5	2.73
3	Doctors are negligent/do not care properly	3	1.64
4	Other Negative Qualities	11	6.01
5	No Response	24	13.13
	Total	224	122.40

The respondents shared both the positive and negative experiences while taking treatment in the current hospital set-up. Considering the list of experiences shared by the respondents, the

positive and negative experiences can be further understood by classifying into Behavioral or treatment related experiences.

Experiences	Treatment related	Behavioral	Other
Positive	1)Good Treatment 2)Right Information/advice 3)Timely Prescription/Providing good medicine 4) Regular Monitoring 5) Proper diagnosis	1) Good behavior 2)Good care/response 3) Regular visits	1) Better than private health set up 2) Cleanliness 3)Financial support by the doctors
Negative	1) Irregular checkups 2)Delay in treatment/discharge 3)Negligence doctors 4) Not operating the patient, only giving injections	1)Less attention/irregular checkups 2) Rude/bad behaviors	1) Security and staff 2) Need to take medicines from outside 3) Better treatment not available in absence of any influence

Listing the positive experiences, majority respondents (35.52%) shared that they are getting good treatment and services followed by good behavior of doctors and staff (15.30%), good care and response (13.66%), providing right information and guidance (11.48%), timely prescription and providing good medicines (4.37%), regular monitoring by staff (3.83%), regular visits by doctors (2.73%), better than private hospitals (2.73%), proper diagnosis (2.19%), cleanliness (1.09%) and other (1.09%).

Some respondents also mentioned about their negative experiences, where they shared about less attention and irregular check-ups by the doctors (4.92%), delay in treatment and discharge (2.73%), negligent doctors and improper care (1.64%) and other negative qualities (6.01%).

One of the respondents shared his experience of admitting his father in the public hospital during COVID-19. He shared, ***“Not at all cooperative environment. There were delays in treatment and discharge. There was no bed available in the private hospitals. Otherwise we would not have brought my father in (Public) Hospital”***

Another respondent whose patient was taking treatment in the times where the medical professionals were on Strike to fulfil their demands. The respondents shared that ***“Good Treatment. The surgeons are on strike. Due to which there is a delay in treatment. But students are somehow managing.”***

One of the respondent who was accompanying her wife for the purpose of delivery felt that the doctors had made mistakes while availing treatment previously and shared, ***“Doctors are good but make mistakes. Earlier her treatment was good. She was admitted in New Surgical Department because she had some infection in liver. After discharge her medicine were stopped due to which we had to again bring her back because of enhancement of infection. Since, there were infection, doctors decided for premature delivery.”***

Many of the respondents also shared that due to heavy load and a greater number of patients, the doctors are not able to visit and give adequate time to the patients.

These experiences shared by the respondents carve the scope of the social workers as a workforce to improve the health and well-being of individuals, families and communities while remaining in the integrated system of healthcare. Social work as a profession has connected social and environmental conditions to the physical health outcomes. While the respondents along with the technical aspects, shared many behavioral and social aspects experienced during the treatment process, collaborative teams including the social workers can assess and provide remedies for such issues within traditional physical health settings. It is also noteworthy that the patients and caregivers are human beings and while sharing any experiences, the behavioral and other aspects of the treatment process had an influence on how they perceive the medical treatment of the hospital. Hence, the focus of the healthcare delivery shall not only be the improvement in the medical conditions, but also provide the integrated support that leaves positive impacts psychologically, socially and emotionally to the medical service users.

Table 25: Extraordinary Positive event in the healthcare setting experienced by respondents during their Lifetime.

Sr. No.	Extraordinary Positive Event experienced in Health	Frequency	Percentage (%)
1	Yes	105	57.38
2	No	77	42.08
3	No response	1	0.55
	Total	183	100

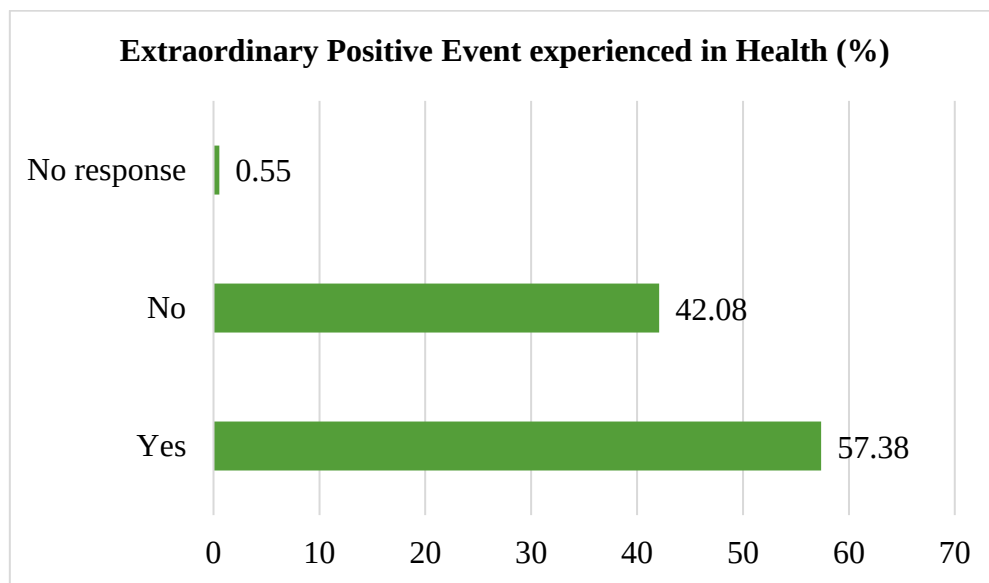


Figure 22 Extraordinary positive event in the healthcare setting experienced by respondents

Out of all the respondents, more than half i.e., 105 respondents (57.38%) agreed that they have experienced positive events in the healthcare setup. However, 77 respondents (42.08%) did not experience any such event and 1 respondent (0.55%) did not respond when asked.

Table 26: Reasons by Respondents based on the experiences of Extraordinary positive Health experiences (Multiple Responses)

Sr. No.	Extraordinary Positive Event experienced in Health	Frequency	Percentage (%)
1	Good Treatment in Current Healthcare setup	52	28.42
2	Doctors giving new life to patient/save from critical conditions	20	10.93
3	Free of cost/Cheaper rate of treatment	17	9.29
4	Good Treatment by Family/known doctors or Hospital in domicile place	14	7.65
5	Hospital/Doctors/Staff provided financial/non-financial support over and above their Duty	6	3.28
6	Staff helped in obtaining Social Security measures	2	1.09
7	Other	3	1.64
8	No experience as visited hospital for the first time	2	1.09
9	Negative Response	5	2.73
10	No response	75	40.99
	Total	196	107.10

When asked in detail about the extraordinary positive health experiences, majority i.e. 52 respondents (28.42%) shared that they obtained good treatment in the current healthcare setup. It was followed by 20 respondents (10.93%) mentioning that the doctors gave new life to the patients and saved them from critical conditions. Free of cost or cheaper rate of treatment was another factor mentioned by 17 respondents (9.29%), followed by good treatment by family/known doctors at the domicile place as shared by 14 respondents (7.65%). In addition to this, few respondents also shared that the doctors and staff had provided financial/non-financial support over and above their duty (6 respondents; 3.28%) and staff helped in obtaining social security measures (2 respondents; 1.09%). 3 respondents (1.64%) shared other reasons

for which they had agreed to have undergone positive experiences in the healthcare setup that includes good paramedical staff, obtaining medicines from same hospital and provide all documents timely.

Attention had to be given that 5 respondents (2.73%) mentioned their negative experiences even when they were asked about the positive experiences. The respondents shared that in public hospitals, problems are created by public, charge money like other hospitals, doctors not visiting the patients rather charging payments from them. One of the behavioral issues faced as shared by the respondent was that the doctors get troubled and angry on the illiterate patients. At times, they do not even provide discharge to the patients 2 respondents (1.09%) shared that, as they were visiting the hospital for the first time, they have not yet experienced such events.

In the previous table, 77 respondents mentioned that they had not experienced any positive extraordinary events in the health set-up. Hence, for these respondents, this question was not applicable. Out of which 75 mentioned that this is not applicable to them. 2 respondents mentioned that because of first time visiting any hospital, they have not experienced any positive event. And one mentioned about ill behavior of doctors with illiterate patients.

Narrating one of the incidents, a respondent shared that ***“During the day of Diwali, my young child met with an accident. In private hospital, they showed negligence in treating him. Then, the doctors themselves came to drop the child to public hospital.”*** It is important to note here is that as majority of the respondents come from the humble background. For this respondent, doctors dropping the patient to the public hospital was more rewarding and considered as extraordinary positive experience, than highlighting the negligence performed.

Another respondent shared about the financial supported by the doctors. It was told, ***“In district hospital of Bhopal, the patient was admitted for some gynaec problem. It was also identified that the kidney was not working was identified there. The gynaecologists did fund raising for patients by collecting money from their students. Doctor came to give Rs. 21000 to her even without asking or any expectations.”***

Remembering the experience of availing treatment during earthquake. ***During the 2001 Earthquake, the respondent felt down from the 4th floor of the building. He was badly injured. Other doctors had told that his leg had to be cut down and will incur 2.5 to 3 lakhs of expenses of operation. But one of the Orthopaedic surgeons, without cutting his leg, operated in 1 lakh and also treated him. The respondent is now living a barrier free life.***

While discussing about positive experience, the respondents shared about their difficulties as well. The respondent shared, ***“As we are illiterate, the doctors and staff trouble us very much. If we ask twice the same question, they get angry on us. They are not giving discharge too.”***

It is important to understand here is that the patient is in distress at the time of entering/taking the treatment in the hospital. He/she expects a good professional and ethical conduct from the medical practitioners and the staff members. For the medical professionals too, health and welfare of the patients are primary considerations. It is the duty of the professional to maintain high standards of conduct, respect, and dignity of patients, showcasing compassion and empathy and there by supporting the patient under all circumstances. This also implies that the patient shall not be discriminated on any bases or may be an enabler of driving any undue mileage. While most of the patients remembered the positive experiences, it can certainly be concluded that even in the modern times, the doctor-patient relationships are maintained because of the ethical conduct, professionalism, empathy, and transparent communication.

In addition, there is a lot of concerns for overburden on the doctors due to skewed doctor: patient ratio. Even in the festive seasons, the doctors are expected to treat the patients. Significant steps are required to be taken on designing the policies for the medical practitioners which regulates the balanced attendance, substitution of doctors in case of unavailability and providing appropriate leaves for the doctors to get rejuvenated. A balanced workload will certainly address the challenges where doctors due to their burdens sometimes behave with the patient/relatives rudely.

[C] Knowledge of Respondents about Rights and Duties of Patients:

After understanding the profile of the respondents, patients and their experienced of availing treatment in the hospitals, this section of the research includes the awareness of respondents about the rights and duties of the patients.

Table 27: Awareness of inclusion of Health as a Right in Indian Constitution

Sr. No.	Inclusion of Health as a Right in Indian Constitution	Fundamental Rights in which it is Included	Frequency	Percentage (%)
1	Yes	Right to Education	9	4.92
		Right to Life	50	27.32
		Right to Equality	7	3.83
		All of the Above	3	1.64
		Not Aware	20	10.93
2	No	--	36	19.67
3	Not Aware	--	58	31.69
	Total		183	100

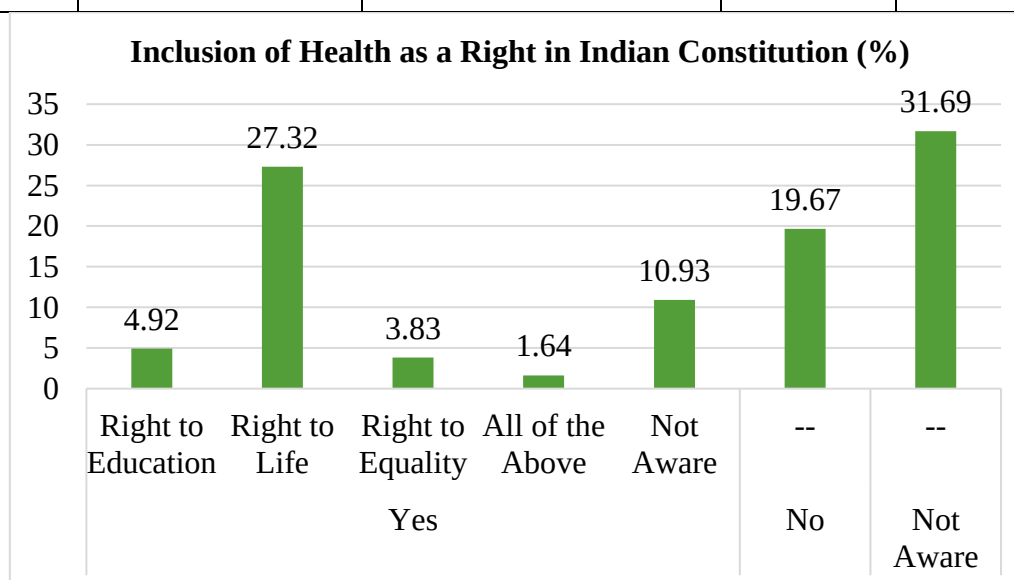


Figure 23 Awareness of inclusion of Health as a Right in Indian Constitution

The study indicates that majority i.e., 89 respondents (48.63%) agreed that Health is considered as a Fundamental right. The respondents also shared under which Fundamental Right the Right

to Health is included which were Right to Education (4.92%), Right to Life (27.32%), Right to Equality (3.83%) and all of these rights (1.64%). 20 respondents (10.93%) agreed that Health is a fundamental right but were not aware about the Right in which it was included.

36 respondents (19.67%) mentioned that right to Health is not included in the Indian Constitution and 58 respondents (31.69%) shared that they were not aware about the same. Hence, out of all the 183 respondents, approximately 1/4th respondents (50 respondents- 27.32%) knew correctly that right to health is one of the part of 'Right to Life' as included in the fundamental rights as per the Indian Constitution.

Table 28: Knowledge of respondents of Patients' Rights and Duties

Sr. No.	Statement	Agree	Disagree	Not aware	No Response
28.1	Patients' Rights				
28.1.1	Right to avail medical facility without discrimination based on age, caste, nationality, gender, religion etc.	152 (83.06%)	25 (13.66%)	5 (2.73%)	1 (0.55%)
28.1.2	Right to confidentiality	123 (68.85%)	43 (23.50%)	13 (7.10%)	1 (0.55%)
28.1.3	Right to informed consent	170 (92.90%)	8 (4.37%)	4 (2.19%)	1 (0.55%)
28.1.4	Right to determine whether to take or refuse treatment	169 (92.35%)	6 (3.28%)	7 (3.83%)	1 (0.55%)
28.1.5	Right to seek details, indoor or outdoor case records, prescription, bills, receipt or other evidences of diagnosis, treatment and payment.	170 (92.90%)	6 (3.28%)	6 (3.28%)	1 (0.55%)
28.1.6	Right to Complaint	152 (83.06%)	22 (12.02%)	8 (4.47%)	1 (0.55%)

28.1.7	Right to compensation	144 (78.69%)	25 (13.66%)	13 (7.10%)	1 (0.55%)
28.2	Patients' Duties				
28.2.1	Duty to provide complete information about your problem	178 (97.27%)	0 (0%)	4 (2.19%)	1 (0.55%)
28.2.2	Duty to provide medical history, measures taken before medical consultation, illness, medicines, allergies etc.	178 (97.27%)	1 (0.55%)	3 (1.64%)	1 (0.55%)
28.2.3	Duty to provide your knowledge of your problem and its solutions as collected from various sources like internet/friends/relatives/fellow patients etc.	173 (94.54%)	4 (2.19%)	5 (2.73%)	1 (0.55%)
28.2.4	Duty to provide information about your fears of investigation/blood/surgery etc.	169 (92.35%)	9 (4.92%)	4 (2.19%)	1 (0.55%)
28.2.5	Duty to seek complete clarification	176 (96.17%)	1 (0.55%)	5 (2.73%)	1 (0.55%)
28.2.6	Duty of patient not to take discharge against medical advice (DAMA)	178 (97.27%)	1 (0.55%)	3 (1.64%)	1 (0.55%)
28.2.7	Duty to respect doctor or medical staff as expected from them.	179 (97.81%)	0 (0%)	3 (1.64%)	1 (0.55%)

Majority of the respondents agreed to different rights of patients which were:

- (1) Right to avail Medical Facility without discrimination based on age, caste, nationality, gender, religion etc. (152 respondents; 83.06%),
- (2) Right to Confidentiality (123 respondents; 68.85%),

- (3) Right to Informed Consent (170 respondents; 92.90%),
- (4) Right to determine whether to take or refuse treatment (169 respondents; 92.35%),
- (5) Right to seek details, indoor and outdoor case records, prescriptions, bills, receipt and other evidence of diagnosis, treatment and payment (170 respondents; 92.90%),
- (6) Right to Complaint (152 respondents; 83.06%), and
- (7) Right to Compensation (144 respondents; 78.69%).

Few of the respondents were highlighting their thoughts on each of the Rights of Patients. One such respondent shared that he often was ***discriminated because of his religion. Many a times he was not given behavioural treatment and was fired from his job for the same reason.*** Now, this is not basically related to the right as the patient, but a general experience that the respondent was suffered with.

For the right of Informed Consent, one of the respondents shared that ***Doctors and staff does not make us read anything and take our consent.*** Another respondent also shared that ***One of the hospital staff refused to provide case papers when the patient's health was deteriorating.***

For asking compensation, the patients had mixed views. One of the respondents shared that Doctors do not usually give compensation. However, another respondent mentioned the relationship between doctor and patient. ***He wondered how one can ask for compensation when the doctor is a family friend.***

The percentage of respondents agreeing to different duties of the patients were slightly higher than those agreeing to the rights of the patients which can be observed from the following results.

- (1) Duty to provide complete information about your problem (178 respondents; 97.27%),
- (2) Duty to provide medical history, measures taken before medical consultation, illness, medicines, allergies etc. (178 respondents; 97.27%),
- (3) Duty to provide your knowledge of your problem and its solutions as collected from various sources like internet/friends/relatives/fellow patients etc. (173 respondents; 94.54%),
- (4) Duty to provide information about your fears of investigation/blood/surgery etc. (169 respondents; 92.35%),
- (5) Duty to seek complete clarification (176 respondents; 96.17%),

- (6) Duty of patient not to take discharge against medical advice (DAMA) (178 respondents; 97.27%), and
- (7) Duty to respect doctor or medical staff as expected from them (179 respondents; 97.81%).

Hence, by observing the above findings, it can be interpreted that the respondents had a good understanding of different rights and duties of patients. There was one respondent who did not want to provide any answers out of fear that the information will be reported to the government, and they will be under trouble. The respondent was a caregiver whose mother was admitted in one of the wards for the treatment. During the COVID times, there were enhanced protection measures by the government which may have instilled the fear amongst the mind of the respondents. This was one of the challenges faced while conducting the research work in the health setting during the period of COVID.

[D] Awareness of Respondents about Medical Negligence / Medical Malpractice:

Considering the understanding of the respondents about the rights and duties of the patients, this section of research shows the findings on the awareness of the respondents about Medical Negligence/Malpractice.

Table 29: Whether the Patient had taken treatment from other doctor.

Sr. No.	Treatment of Patient by other doctor	Frequency	Percentage (%)
1	Yes	117	63.93
2	No	63	34.43
3	No response	2	1.09
4	Not Aware	1	0.55
	Total	50	100

It is a usual trend in availing the treatment that the patient first visits their family doctor or locally available doctor first for the ailment. Based on the requirement of the case, the doctor then refers the patient to the bigger healthcare institutions. The similar trend was observed in this research as to when asked whether the patient had taken treatment from other doctor prior to visiting the current healthcare setup to which majority i.e., 117 respondents (63.93%) agreed and 63 respondents (34.43%) disagreed. 2 respondents did not respond to it and 1 respondent was not aware about the same.

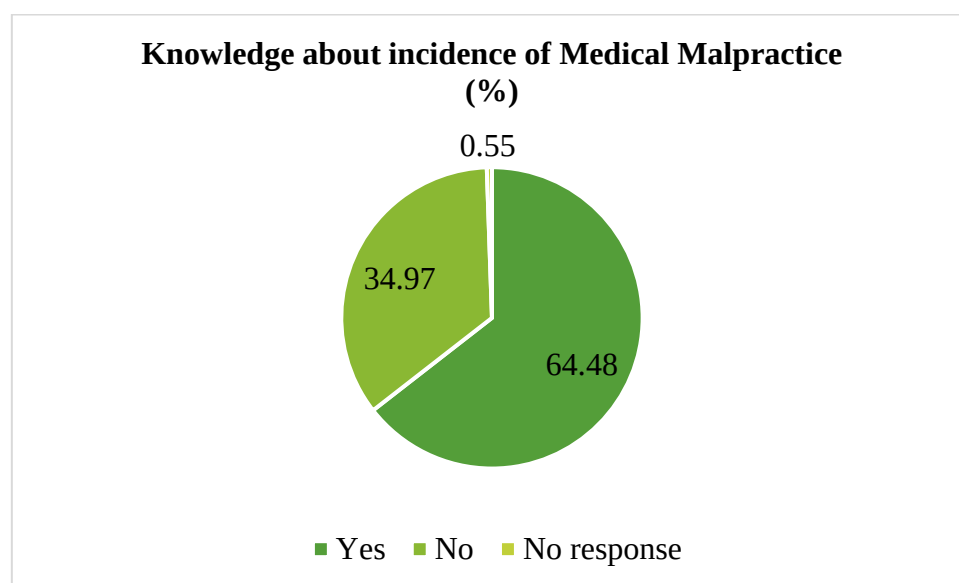
Table 30: Doctor from whom the Patient had taken treatment prior to visiting Healthcare set-up.

Sr. No.	Doctor from whom the Patient had taken treatment	Frequency	Percentage (%)
1	Allopathy Doctor	112	95.73
2	Village Doctor	2	1.71
3	Physiotherapist	1	0.85
4	No Response	2	1.71
	Total	117	100

Out of 117 patients who had taken treatment from other doctors before visiting current healthcare setup, majority i.e. 112 respondents (95.73%) shared that the patients had shown to other Allopathy doctors, followed by 2 patients (1.71%) visited village doctors. 1 respondent shared that he/she has taken treatment from the physiotherapist and 2 respondents were not aware about the exact details of the prior treatment, and hence did not provide any response for the same.

Table 31: Whether the Respondents heard about Incidence of Medical Malpractice

Sr. No.	Incidence of Medical Malpractice heard	Frequency	Percentage (%)
1	Yes	118	64.48
2	No	64	34.97
3	No response	1	0.55
	Total	183	100

*Figure 24 Whether the respondents heard about Incidence of Medical Malpractice*

The study reveals that majority i.e., 118 respondents (64.48%) had heard about the cases or incidences of medical malpractice. However, 64 respondents (34.97%) shared that they were unaware of any incidence of Medical Negligence or malpractice. Out of all the respondents who agreed to have known about such incidents, hardly any must have taken any step to complain or redressal for seeking justice. It is a significant number to note so many respondents were knowing about some or the other incident to which they considered as medical negligence or malpractice. If these patients/caregivers are equipped with the knowledge of identifying such cases and of the redressal mechanisms, these cases can be prevented, at the same time, the justice can be restored to the victims.

**Table 32: Incidences if any narrated by respondents about Medical Malpractice/
Medical Negligence**

Sr. No.	Incidence of Medical Malpractice heard	Frequency	Percentage (%)
Related to Treatment/Medical Procedures:			
1	Instrument left in Patient's Body	49	26.78
2	Operating twice due to mistake by doctors	3	1.64
3	Negligence/Mistake in surgical procedure	2	1.09
4	Post-operative surgical process not resolved	1	0.55
5	Stiches opened	2	1.09
6	Cutting vein/any other part by doctor/staff	3	1.64
7	Facing consequence due to mistake by doctor/staff	3	1.64
8	Not giving adequate attention, not admitting the patients and Improper behaviour	2	1.09
9	Higher Doze of Anaesthesia	1	0.55
10	Organ Removal	1	0.55
Related to Financial Gains from the treatment:			
11	Insisting C-section delivery instead of normal delivery	1	0.55
12	Prescription of many tests/investigations for obtaining commissions	1	0.55
13	Admitting patient even when not necessary	1	0.55

14	Conducting unnecessary surgery	1	0.55
15	Overcharging the patients	1	0.55
Hospital systems related:			
16	No Cleanliness	1	0.55
17	Theft in hospitals	1	0.55
Other:			
18	Do not remember any specific case but heard from news media, movie etc.	16	8.74
19	Allegations by patients are fake news	1	0.55
20	No Response	34	18.58
21	Not Applicable	63	34.43
	Total	188	102.74

The respondents were asked to share if they could remember any incidences of medical malpractice/negligence as heard by them where they shared about the instances such as Medical Instrument left in patients body (49 respondents; 26.78%), operation conducted twice due to mistake of doctors (3 respondents; 1.64%), cutting vein or any other part by mistake (3 respondents; 1.64%), negligence/mistake in surgical procedure (2 respondents; 1.09%), not giving adequate attention, not admitting the patients and improper behaviour (2 respondents; 1.09%). 1 respondents (0.55%) each had also mentioned the incidences such as post-operative surgical process not resolved, higher dose of anaesthesia, no cleanliness, organ removal, insisting C-section delivery instead of normal delivery, prescribing many tests/investigations for obtaining commissions, admitting patients even when not necessary, conducting unnecessary surgery, overcharging patients, theft in hospital. It can be noted that 1 respondent (0.55%) shared that allegations by the patients are fake news.

16 respondents (8.74%) did not remember any specific case but heard from the news media, movies etc. 34 respondents (18.58%) did not respond to the question.

For the better understanding, these incidences shared by the respondents were classified and presented as incidences related to treatment/medical procedures, financial gains from the treatment, hospital systema and other. It is important to note that sometimes the issues with

respect to cleanliness is also perceived as the negligence which may be interpreted as the duty of hospital system to provide enabling environment for the treatment which at times are not catered to.

While most respondents remembered doctors leaving instrument in the patient's body, one of the respondents shared about a humiliating experience. ***In the respondent's village, one relative who was very thin had breathing troubles. When he was taken to public hospital, they asked whether the hospital is a religious organisation (Dharamshala) and did not admit the patient. Then they went back to Padra (their village). With one of his colleagues, they again met Superintendent, who after reviewing the papers called the doctors and asked why the patient was not admitted. It was negligence on Doctor's side.***

One of the respondents shared that ***"one of the veins was mistakenly cut by the doctor during the operation of one of the relatives. The doctor accepted his mistakes and shifted her to another hospital where he incurred the expenses."***

These incidences shared by the respondents showcases the prevalence of unregulated medical practices and the need for proper audits, regulations, and interventions for promotion of ethical health practices across all the levels.

Table 33: Medium of Information from where the Respondents had heard about incidence of Medical Malpractice

Sr. No.	Medium of Information	Frequency	Percentage (%)
1	Newspaper	45	38.14
2	TV	26	22.03
3	Relatives	23	19.49
4	Social-Media	12	10.17
5	Friends	9	7.63
6	Colleagues	5	4.24
7	Other	15	12.71
	Total	135	114.41

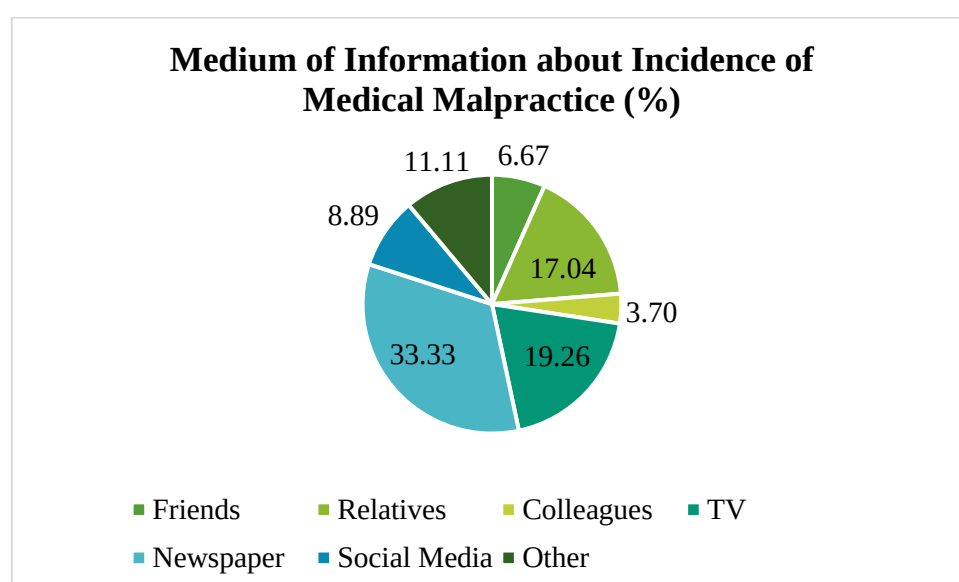


Figure 25 Medium of Information from where the Respondents had heard about the incidence of Medical Malpractice

Majority i.e., 45 respondents (38.14%) shared that they heard about the incidences of Medical Malpractice from Newspaper, followed by Television (22.03%), heard from relatives (19.49%), social media (10.17%), Friends (7.63%), colleagues (4.24%) and other sources (12.71%). The other sources include self-observed, own experience, witnessing in the neighbourhood, learnt from movie etc.

While many of the respondents have heard about these cases from newspapers, TV and word of mouth, they knew about what happened. But when such incidences occur, what shall be done or how it can be responded was not within their knowledge and can form a suggestion of this research.

Table 34: Terminology used for such Cases:

Sr. No.	Terminology	Frequency	Percentage (%)
1	Medical Negligence	130	71.04
2	Medical Malpractice	5	2.73
3	Both	30	16.39
4	None	8	4.37
6	No Response	10	5.47
	Total	183	100

When the respondents were asked about what a term for such incidences is, majority i.e., 130 respondents (71.04%) shared that it could be called as ‘Medical Negligence’ and 5 respondents (2.73%) shared ‘Medical Malpractice’. 30 respondents (16.39%) shared that such incidences are called ‘Both’ medical negligence and malpractice.

Table 35: Experiences of incidence of medical malpractice by the respondents or any other known persons

Sr. No.	Experience of Medical Malpractice by Respondent	Frequency	Percentage (%)
1	Yes	42	22.95
2	No	139	75.96
3	No response	2	1.09
	Total	183	100

Out of total 183 respondents, 42 respondents (22.95%) shared that either they or their known person had experienced incidence of Medical Malpractice and 139 respondents (75.96%) shared that they had not experienced incidence of Medical Malpractice. 2 respondents did not respond to the same. These results were significantly higher than mentioned in the study by **Sahoo (2015)** titled **A jural analysis of medical negligence and consumer protection with special reference to Private Healthcare services in State of Orissa** as mentioned in the Review of Literature Chapter. According to the study mentioned, 4% of the rural population and 15% of the urban population have been victims of Medical Negligence in some or the other form.

Table 36: Incidents of Medical Malpractice experienced by Respondents or any other known person.

Sr. No.	Experience of Medical Malpractice by Respondent/known person	Frequency	Percentage (%)
Treatment/Medical Procedures related:			
1	Instrument left in patient's body	9	4.92
2	Wrong/Inadequate Information	6	3.28
3	Operation Failed	5	2.73
4	Negligence during surgical procedure	11	6.01
5	Suffering due to negligence by doctor	3	1.64
6	Refusing/delay in operation	2	1.09
7	Stiches opened	1	0.55
8	Taking consent before any realisation	1	0.55
9	Negligence in Pre-Operative Care	1	0.55
Administration related:			
10	Recommending/doing a particular treatment to charge more from patient and family	3	1.64
11	Lack of care in absence of influence	1	0.55
12	Death of patient due to administrative Failure	1	0.55
13	Overcharging from patients	1	0.55
14	Administrative Hurdles	1	0.55
17	No Response	144	76.50
	Total	183	100

The incidences shared by the respondents were instrument left in patient's body (9 respondents; 4.92%), wrong/inadequate information (6 respondents; 3.28%), failed operation (5 respondents; 2.73%), negligence during surgical procedure (11 respondents; 6.01%), suffering due to negligence by doctor (3 respondents; 1.64%), recommending or doing a particular treatment to charge more from patient and family (3 respondents; 1.64%), refusing or delay in operation (2 respondents; 1.09%), stitches opened, taking consent before realizing the mistake by doctor, lack of care in absence of influence, negligence in pre-operative care, death of patient due to administrative failure, overcharging from patients, administrative hurdles were also shared by 1 respondent (0.55%) each. The 144 responses as no response includes the 141 responses as shared in the above as not have experienced the incidence of negligence or malpractice and no response for above table. 1 respondent shared that he/she does not remember the incident and 2 respondents did not share any incident.

Mentioning few incidences, one ***respondent's grandchild studies in 7th standard in English Medium. He was travelling in Tempo and sitting with the tempo driver. In the accident, his hand came under the tyre of tempo and was broken completely. He was taken to a private doctor. He gave first aid and tetanus injection for 1 day. Suddenly he called someone and told the respondent to take him to another Hospital. There they performed operation and spent around Rs. 40,000-45,000. But maybe the blood was not reaching the finger and it started turning black. Again, he was shown to a doctor in another area. Due to the complications, his palm had to be cut. Otherwise, his entire hand would suffer and turn black.***

Highlighting the procedure of Informed Consent, a respondent shared that ***"the doctors initially only take our signature, and we remain helpless in many cases."***

There was a case shared by the respondent that ***Mother-in-law of daughter of the respondent was operated in their hometown. While operating, the doctor received a call from somebody, and he became negligent during the operation. The medical instrument injured the patient as there was a hole in one of her organs. After the operation, there was a problem in Urination as it did not stop at all. She was then taken to public hospital where they found the hole and treated her again.***

Sharing an incidence of his father, one of the respondents was overwhelmed. He shared that ***due to delay in identifying the malignancy by his trusted family doctor, the treatment too was delayed. The respondent burst into the tears by saying it due to fear of losing a father.***

One of the Respondent's mother- *the patient herself, before some years, she had got fracture in her leg and had to undergo a surgery in their hometown lions club. The rod was inserted, fixed with 2 screws. The Screws were not fitted properly. She was in pain and had itching. Within 1 month, she was taken to private hospital in Ahmedabad where operation had to be performed again. Hence, there was a negligence in the first operation.*

A respondent was a technician in the Operation Theatre in a hospital. Due to her experience, she understood the basic medicine. *Once the doctor did dialysis even when the the patient did not do fasting. The lady's entire hand was affected. She had to incur 36000 for operation. Till now she has not received justice. The patient filed case also, but even the trial or final order is being processed.*

In one of cases, the respondent had filed the complaint of Medical Negligence in the Consumer Protection Forum and got justice as well. *Respondent's Brother was suffering from Swine Flu in 2019 and was admitted in the hospital of Bhuj. He was kept on oxygen support. One day there was a cut in electric power supply for 3 hours and this negligence, resulted into death of his brother.* The researcher tried identifying the judgement of the case but could not locate the same in the portal.

Another case as experienced by the respondent put them in the dilemma. *Respondent's 25 days child used to cry in the night and hence, he was taken to one of the hospitals in Bharuch where in reports it was found that he had one hole in Heart. Then, he was taken to Public Hospital in Vadodara, where they said that he had 3 holes in the heart. For further investigation, he is taken to public hospital in Ahmedabad. Again, they also told that three holes are there and one of the veins that is to be opened in lungs is mislocated. The doctors warned that if within 3 hours, the child is not operated, then there is no guarantee that he would live. Urgently the parents agreed, and the child was operated. In operation, the doctor said that they only could close 2 holes and could not find 3rd hole. Next day, another doctor told they have put the vein at proper place which had to be opened in lungs. Now respondents are not able to understand what has been treated and what is not. - There is an 'Information Asymmetry'. No open and clear communication between doctors and patients.*

Such incidences, even increases the fear and insecurity among the patients and caregivers. During the interviews, the respondents also expressed their emotions by sharing the incidences of medical malpractice as experienced by their known persons. Few respondents were unaware

and indifferent, few were upset, angry, fearful, and perplexed as the patient who had suffered with malpractice were still availing the treatment.

Table 37: Respondents’ knowledge on the meaning of Medical Malpractice

Sr. No.	Meaning of Medical Malpractice	Frequency	Percentage (%)
1	Mistake by doctor while providing treatment with or without intention	12	6.56
2	Breach of Duty by a doctor to his patients to exercise reasonable skill and care resulting in some physical, mental, or financial disability	13	7.10
3	Both	139	75.96
4	None	13	7.10
5	Not Aware	6	3.28
	Total	183	100

6.56% respondents mentioned that ‘mistake by doctor while providing treatment with or without intention’ and 7.10% respondent shared that ‘breach of duty by a doctor to his patients to exercise reasonable skill and care resulting in some physical, mental or financial disability’ are the meaning of Medical Malpractice. However, approximately 3/4th respondents i.e., 75.96% shared that both the statements are true for the term Medical Malpractice.

13 respondents i.e., 7.10% shared that none of the statements were the meaning of medical malpractice. However, 6 respondents (3.28%) were not aware of the same.

One of the respondents compared that medical treatment with the cooking and said, ***“We cannot call it negligence. As the salt is not always perfect in vegetable, errors while treating patients cannot be considered as Negligence. When the operation is conducted while speaking over the phone, it may happen!”***

While another respondent shared his personal experience and mentioned, ***“Some doctors are like God, and some are not. My father met with an accident, and we spent 2-3 lacs for the treatment. At the end, the doctors tried to remove his kidney when he passed away.”***

Table 38: Knowledge of Respondents about Medical Negligence/Medical Malpractice*(NR= No response)*

Sr. No.	Statement	Agree	Disagree	Not sure	NR
38.1	Related to Medical Negligence				
38.1.1	Error of judgement in Diagnosis	148 (80.87%)	20 (10.93%)	14 (7.65%)	1 (0.55%)
38.1.2	Choosing wrong treatment after diagnosis	162 (88.52%)	13 (7.10%)	7 (3.83%)	1 (0.55%)
38.1.3	Mistake while performing surgery	159 (86.89%)	13 (7.10%)	10 (5.46%)	1 (0.55%)
38.1.4	Before surgery, error in providing or administering anaesthesia	152 (83.06%)	20 (10.93%)	10 (5.46%)	1 (0.55%)
38.1.5	Failure to attend the patient at the time of emergency	149 (81.42%)	22 (12.02%)	11 (6.01%)	1 (0.55%)
38.1.6	Injection and vein puncture hazards due to substandard care	152 (83.06%)	21 (11.48%)	9 (4.92%)	1 (0.55%)
38.1.7	Leaving surgical instrument in patient's body after operation.	163 (89.07%)	11 (6.01%)	8 (4.37%)	1 (0.55%)
38.1.8	Blood Transfusion errors/hazard/ reaction	158 (86.34%)	16 (8.74%)	8 (4.37%)	1 (0.55%)
38.1.9	Failure or inaccuracy in maintaining medical records such as clinical findings, diagnostic test results, preoperative care, operation and post operation notes etc.	160 (87.43%)	16 (8.74%)	6 (3.28%)	1 (0.55%)
38.2	Related to Medical Malpractice				
38.2.1	Conducting unnecessary surgery	159 (86.89%)	18 (9.84%)	5 (2.73%)	1 (0.55%)
38.2.2	Not taking informed consent from patient before surgery	161 (87.98%)	16 (8.74%)	5 (2.73%)	1 (0.55%)

38.2.3	Treating patient without required medical qualification	164 (89.62%)	13 (7.10%)	5 (2.73%)	1 (0.55%)
38.2.4	Not observing the provisions of Medical Legislations	164 (89.62%)	12 (6.56%)	6 (3.28%)	1 (0.55%)
38.2.5	Doing advertisement/publicity through any mode as to invite attention to him or to his professional position/skill etc.	131 (71.58%)	39 (21.31%)	12 (6.56%)	1 (0.55%)
38.2.6	Giving approval/recommendation/ endorsement/certificate/report with respect to any drug, medicine, surgical, therapeutic article, apparatus with respect to quality and its use	126 (68.85%)	45 (24.59%)	11 (6.01%)	1 (0.55%)
38.2.7	Withdrawing the case without giving proper notice to the patient and family	158 (86.34%)	14 (7.65%)	10 (5.46%)	1 (0.55%)
38.2.8	Making false or misleading representation concerning the need or usefulness of treatment.	158 (86.34%)	15 (8.20%)	9 (4.92%)	1 (0.55%)
38.2.9	Employing attendant neither registered nor enlisted under medical acts in force and permit such person to attend, treat or perform operation of patients wherever skills are required.	158 (86.34%)	14 (7.65%)	10 (5.46%)	1 (0.55%)
38.2.10	Refusing to provide case papers, bills	157 (85.79%)	17 (9.29%)	8 (4.37%)	1 (0.55%)
38.2.11	Physician running an open shop for sale of medicine for dispensing prescriptions	149 (81.42%)	24 (13.11%)	9 (4.92%)	1 (0.55%)

	prescribed by other doctors or for sale of surgical appliances.				
38.3	Doctor/Nurse/hospital management staff, all can be legally liable in the cases of medical negligence/malpractice	152 (83.06%)	20 (10.93%)	10 (5.46%)	1 (0.55%)

It can be observed from the above table that, approximately more than 3/4th respondents agreed to different instances to be considered as Medical Negligence/Malpractice. Only in the incidence where it was mentioned that advertise done by medical practitioner to invite attention to him/his professional practice and recommendations/approval/endorsements by medical practitioner, slightly less than 3/4th respondents agreed to the same.

Approximately 5-15% of the respondents were disagreeing to the statements of incidence whether they could be considered as Medical Negligence/Malpractice. As above, in the incidence where it was mentioned that advertise done by medical practitioner to invite attention to him/his professional practice and recommendations/approval/endorsements by medical practitioner to be considered as Medical Negligence/Malpractice, more than 1/5th respondents disagreed for the same.

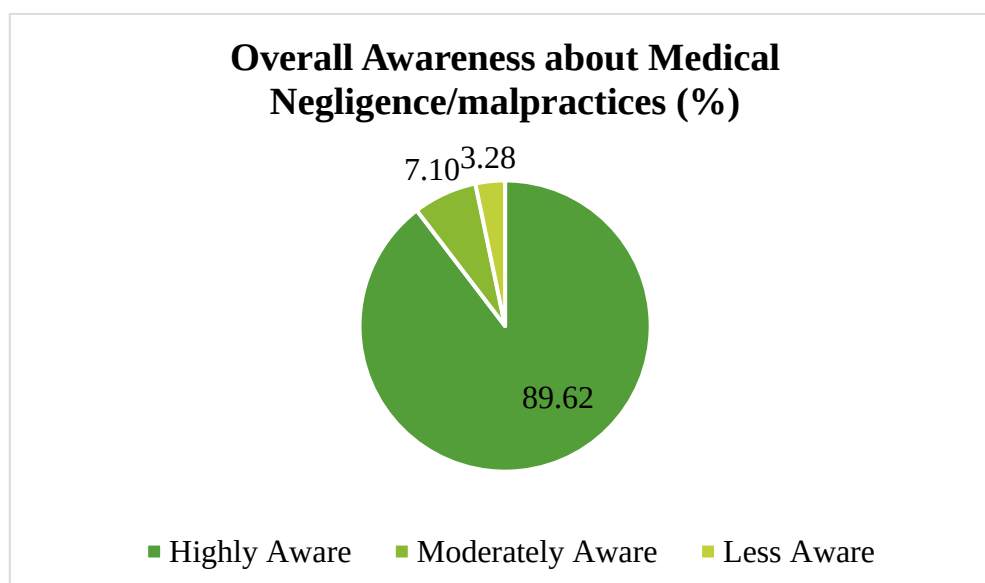
The results found by the researcher was slightly different than as mentioned in the study titled **Knowledge and Awareness among General population towards Medical Negligence** Conducted by **Parmar and Rathod (2016)**. Awareness on failure to maintain medical records were significantly higher in the current set of respondents (87.43%) from the respondents (55%) in the study. The similar trend was seen in the case of performing operation without written consent which in the current respondents were 87.93%, while in the mentioned study to be 71%. However, in case of carelessly leaving instrument in patient's body after operation, the above study's respondents' awareness was slightly higher (94%) than the current set of respondents (87.09%).

Overall Awareness about Medical Negligence/Malpractice (%):

For assessing the overall awareness about the medical negligence/malpractice amongst the respondents, the scores to every answer of the respondents were assigned. When the incidence is considered as medical negligence/malpractice and if the respondent agreed, he/she was assigned '3' marks for the correct answer. In case if the respondent was not sure, he/she was provided '2' marks and '1' mark for the incorrect answer. There was total 21 questions in the above table and hence the rankings were categories as:

Scores	Categories
0-21	Less Aware
22-42	Moderately Aware
43-63	Highly Aware

Considering the above methodology for assessing the level of awareness of respondents about the medical negligence/malpractice, below were the results.



Most of the respondents (89.62%) were highly aware about the incidence of Medical Negligence/Malpractice. 7.10% were moderately aware and 3.28% were less aware about the same.

In this section too, the respondents provided their informal views on many incidences mentioned above. One of the respondents shared that trust is the important factor while taking the treatment. According to the respondent, ***“We don't understand what treatment is provided by doctor and staff. They ask us to buy any injection, how can we know whether this injection***

is right or not. The treatment happens on trust that doctor and staff will do good only.” This reflects the matter of trust that the patient and their caregivers put on the doctors.

While empathising with medical professionals, a respondent mentioned that ***A doctor is also a human being, if he has some family trouble, mistakes can happen.***” However, despite the medical service users understand about these facts, it is important to develop the mechanism where at the time of treatment, the medical practitioners are relieved from any kind of stress, pressure, and burdens.

Many respondents shared their views or incidences they knew of the **Vein puncture hazards**. According to them, lack of diligence, diverted attention and injections administered by lower-level staff members are the reasons for such hazards.

More number of views were also received during the statement of **recommendations** by the doctors. According to the respondents, the medical practitioners only recommend the medicines from either the stores on their family member or from where they get **commissions**. At times, the same contents as prescribed in the prescription are available in the generic medicines which are much cheaper, but doctors insist for **branded medicines**.

One of the respondents suggested for the set up for providing anaesthesia. ***The respondent shared that, when there are multiple patients in the ward, before surgery when they give anaesthesia, patients get unconscious. Now the other patients start fearing because their surgery is pending. There should be a separate room for administering Anaesthesia for lessening the fear among the minds of other patients.*** This raises the question of first maintaining the patients’ dignity and treating with compassion. If the medical professionals are trained to address the fears and worries associated with the treatment, there can be better outcomes for the patients’ health. At the same time, appropriate infrastructure development is also equally important.

Table 39: Reaction of Medical Service Users in case of Medical Malpractice/Negligence:

Sr. No.	Response	Frequency	Percentage (%)
Taking support of redressal/complaint resolution systems:			
1	Police Complaint-Legal Process	57	31.15
2	Inform, Take advice and Complaint to Doctor	52	28.42
3	Complaint-Not Specified	27	14.75
4	Complaint to higher authority	11	6.01
5	Consumer Protection Authority	10	5.46
6	Complaint in Health Ministry	2	1.09
7	Obtaining help from CM Helpline/Government Schemes	2	1.09
8	Take action (not specified)	1	0.55
Focusing on Treatment:			
9	Taking patient to other doctor/hospital	13	7.10
Seeking Social Support:			
10	Taking advice from elders, relatives, and friends	6	3.28
Emotional Reactions:			
11	Feeling Angry	3	1.64
12	Resort to Physical Violence	2	1.09
13	Difficulty in comprehending about the situation	2	1.09
14	Engaging Media	1	0.55
15	Fear of complaint in anticipation of worsening treatment	1	0.55
16	Feeling bad about situation	1	0.55

No Action/experience:			
17	Will not/Cannot take action	14	7.65
18	Doctors do not do mistake.	4	2.19
19	Not experienced incident of Negligence/Malpractice	5	2.73
20	Not Aware	3	1.64
Mentioned about Positive Experiences:			
21	Positive experience in hospital	1	0.55
	Total	219	119.68

When asked about how the respondent would react if they got to know if incident of Medical Malpractice/Negligence occurred to themselves or any of their family members, they came up thinking of diverse reactions. Majority i.e., 57 respondents (31.15%) mentioned that they would proceed for police complaint and resort to legal process. 52 respondents (28.42%) shared that they would inform, take advice and complaint to the treating doctor first, followed by 27 respondents (14.75%) mentioning that they would file complaint but not specified where.

Other reactions mentioned by the respondents were taking patient to other doctor/hospital (7.10%), complaint to higher authority (6.01%), approaching Consumer Protection Authority (5.46%), taking advice from elders, relatives and friends (3.28%), feeling angry (1.64%), resort to physical violence (1.09%), complaint to health ministry (1.09%), obtaining help from CM Helpline/government schemes (1.09%) , difficulty in comprehending about the situation (1.09%), engaging media (0.55%), feeling bad about situation (0.55%), fear of complaint in anticipation of worsening treatment (0.55%) and taking action (0.55%).

14 respondents (7.65%) shared that they would not and cannot take action in such cases. 2.73% did not share reaction as they had not experienced incident of medical malpractice/negligence. 4 respondents (2.19%) mentioned that doctors do not make mistake and 1 respondent shared that they had positive experience in the hospital. These reactions were showcased as seeking redressal, social support, emotional reactions and no action for the incident.

[E] Awareness of Respondents on Law/Legal Rights of Consumers:

As explained in detail in the introduction and methodology chapters, in case of medical negligence or malpractice, the complaint can be made resorting to the civil law, criminal law and the consumer protection law. While this research focuses on the Consumer protection law, this section of the findings includes the awareness of respondents on Law and legal rights of Consumer. It also assesses the awareness of respondents about the Consumer Protection Law with respect to the different provisions of the Consumer Protection Act, 2019.

Table 40: Whether Patient/Immediate Family member can formally complain in case of Medical Negligence/Malpractice

Sr. No.	Response	Frequency	Percentage (%)
1	Yes	160	87.43
2	No	22	12.02
3	No Response	1	0.55
	Total	183	100

More than 4/5th respondents i.e. 87.43% respondents agreed that the patient or immediate family member can formally complain in the cases of Medical Negligence/Malpractice. 22 respondents i.e., 12.02% mentioned that complaints cannot be filed in such cases.

Table 41: Place where Medical Service Users can file a complaint in case of Medical Negligence/Malpractice (multiple response)

Sr. No.	Place of Complaint	Frequency	Percentage (%)
1	Criminal Court	6	3.28
2	Civil Court	17	9.29
3	Consumer Forum	47	25.68
4	Police	10	5.46
4	All of the Above	67	36.61
5	None	18	9.84
6	No Response	21	11.48
	Total	186	101.64

When the respondents were asked where a complaint of Medical Malpractice or Negligence can be filed, majority i.e., 67 respondents (36.61%) shared that the complaint can be filed at Criminal, Civil and Consumer Forum - all the places. It was followed by 47 respondents (25.68%) mentioning that it can be filed at Consumer Forum. 17 respondents (9.29%) shared that the complaint can be filed at civil court, followed by 6 respondents (3.28%) mentioning the place of complaint to be Criminal Court. 10 respondents mentioned that police complaint can be filed.

It was found out that 18 respondents (9.84%) mentioned that the complaint cannot be filed in such cases and 21 respondents did not provide any response including 20 not aware about the same.

Table 42: Whether respondent know of any case where complaint of Medical Malpractice/Negligence was filed:

Sr. No.	Response	Frequency	Percentage (%)
1	Yes	28	15.30
2	No	154	84.15
3	No Response	1	0.55
	Total	183	100

Out of all the respondents more than 3/4th respondents i.e., 154 respondent (84.15%) did not know anyone filing a complaint of medical malpractice. 28 respondents (15.30%) mentioned that they know the case where medical malpractice/negligence was filed by someone.

Table 43: Incident where the respondent or any known person filed case of Medical Malpractice/Negligence

Sr. No.	Incident	Frequency	Percentage (%)
1	Negligence in/Failed Surgical Procedure	6	3.28
2	Overcharging /Not returning deposit money	2	1.09
3	Death due to negligence	2	1.09
4	Compensation to patient	2	1.09
5	Treatment by unqualified doctor	1	0.55
6	Wrong advice by doctor	1	0.55
7	Compelling patient/caregiver to purchase medicine from particular hospital to obtain commission	1	0.55
8	Death due to oxygen for other tests	1	0.55
9	Death of critical patient due to power cut	1	0.55
10	Negligence in Pre-dialysis Care	1	0.55
11	Insisting Cesarean Birth than normal delivery	1	0.55

12	Hospital keeping dead patient for overcharging	1	0.55
13	Without informing about the progress of patient, directly handed over dead body during COVID	1	0.55
14	Doctor suspended	1	0.55
15	Hospital sealed	1	0.55
16	Doctor filing case on patient	1	0.55
17	Not Applicable	154	84.15
18	No response	8	4.38
	Total	186	101.64

While 154 respondents (84.15%) did not know about any such case, 28 other respondents did mention the incidences where the case of medical negligence/malpractice was filed. Negligence during or failure of surgical process (6 respondents;3.28%), overcharging or not returning deposit money (2 respondents; 1.09%), death due to negligence (2 respondents; 1.09%), paying compensation to patients (2 respondents; 1.09%) were the cases shared by the respondents. The other incidents shared by 1 respondent (0.55%) each are treatment by unqualified doctor, wrong advice by doctor, compelling patient/caregiver to purchase medicine from particular hospital for commission, death due to oxygen for other tests, death of critical patient due to power cut, negligence in pre-dialysis care, insisting C-section delivery, hospital keeping dead patient for overcharging, handing over the dead body during COVID without informing family of patient, doctor suspended, hospital sealed. 1 respondent (0.55%) also shared that doctor filed the case on patient. No response was received by one respondent. 7 respondents (3.83%) shared that they knew about the case but did not specify about the incident.

Table 44: Whether the respondents know the case where compensation was paid to patients

Sr. No.	Response	Frequency	Percentage (%)
1	Yes	56	30.60
2	No	126	68.85
3	No Response	1	0.55
	Total	183	100

More than half i.e., 126 respondents (68.85%) shared that they did not know about any case where the compensation was paid by the medical practitioner/hospital to the patient. However, 56 respondents (30.60%) shared that they were aware about the case where patients were compensated.

Table 45: Medium of Information about the incident of compensation being paid to patients (Multiple Response)

Sr. No.	Source of Information	Frequency	Percentage (%)
1	Newspaper	23	12.57
2	Television	16	8.74
3	Told by Friends/Relatives	13	7.10
4	Personal Experience	6	3.28
5	Other	4	2.19
6	Social media	1	0.55
7	Article	1	0.55
8	No Response	1	0.55
	Total	183	100

When the respondents were asked about the medium through which they received an information about the compensation being paid to the patients, similar trend was observed as the medium of information about the cases of medical malpractices. Majority i.e., 23 respondents (12.57%) shared that they received information from newspaper. Television was another medium of information for 16 respondents (8.74%). Friends and relatives were the

medium for 13 respondents (7.10%) and 6 respondents (3.28%) personally experienced the incident. The other medium of information being personally observed, learnt from the talks at private hospitals etc. From both the tables explaining the data of the medium of information for knowledge of medical malpractice/negligence or any case where compensation was awarded, the newspaper and television was highlighted as widely known medium amongst the rural population coming to the public healthcare for the treatments. These mediums can be utilized for the social workers to generate widespread awareness about this issue and redressal mechanisms.

From the table mentioned below onwards, the table row highlighted, is the correct answer for the question included in the interview schedule at the time of the data collection.

Table 46: Awareness about Consumer Protection Law

Sr. No.	Response	Frequency	Percentage (%)
1	Yes	92	50.27
2	No	90	49.18
3	No Response	1	0.55
	Total	183	100

When asked about whether the respondent know about the consumer protection law, the study revealed the ratio of awareness and non-awareness to be 1:1. Half of the respondents i.e., 92 respondents (50.27%) shared that they knew about the Consumer Protection Law and 90 respondents (49.18%) mentioned they did not know about the same. 1 respondent did not respond. While responding to this, one of the respondents shared that ***“People fear complaining. Small people are silenced. They accept their mistake even when it was someone else's mistake.”***

The results found by the researcher was significantly lower than as mentioned in the study titled **Medical Negligence-An Analytical Study focusing on Legal, Ethical and Clinical Perspectives** by the author **Prakash (2016)**. There were 86.66% of the respondents aware of the Consumer Protection Act, 1986. The study is also mentioned in the Review of Literature Chapter.

Table 47: Awareness of the Year of enactment of the Consumer Protection Act (COPRA)

Sr. No.	Year of Enactment	Frequency	Percentage (%)
1	1980	4	2.19
2	1986	7	3.83
3	1995	4	2.19
4	2001	8	4.37
5	No Response	160	87.44
	Total	183	100

Out of all the respondents, 7 respondents (3.83%) knew the correct year of enactment of Consumer Protection Act. The rest of the respondents mentioned 1980 (4 respondents; 2.19%), 1995 (4 respondents; 2.19%) and 2001 (8 respondents; 4.37%). 160 respondents (87.44%) respondents shared that they were not aware/not responded for the same.

Table 48: Awareness on Year of recent Amendment in COPRA

Sr. No.	Year of Amendment	Frequency	Percentage (%)
1	2012	2	1.09
2	2015	3	1.64
3	2016	4	2.19
4	2019	5	2.73
5	No Response	169	92.35
	Total	183	100

More than 90% of respondents i.e., 169 respondents did not know and responded about the year of amendment. However, 5 respondents (2.73%) shared the correct year of amendment in COPRA to be 2019. Other respondents provided incorrect answers to this question.

Table 49: Awareness on Objectives of COPRA

Sr. No.	Objectives of COPRA	Frequency	Percentage (%)
1	To protect the Rights of Consumers	7	3.83
2	To safeguard consumer against different types of exploitation such as defective goods, deficient services and unfair trade practices	3	1.64
3	To provide simple, speedy and inexpensive machinery for redressal of consumer's grievances	3	1.64
4	All of the Above	128	69.95
5	No Response	47	25.69
	Total	183	100

The objective of COPRA is to protect the rights of consumers was shared by 7 respondents (3.83%). 3 respondents (1.64%) mentioned the objective to safeguard consumer against different types of exploitation such as defective goods, deficient services and unfair trade practices; and to provide simple, speedy and inexpensive machinery for redressal of consumer's grievances each.

More than half i.e., 128 respondents (69.95%) correctly shared that all three of the above were the objectives of COPRA. 1/4th respondents i.e., 47 respondents (25.14%) were not aware and responded about the same.

Table 50: Whether the Medical Facility is considered as ‘Service’ under COPRA

Sr. No.	If Medical Facility is considered as ‘Service’	Frequency	Percentage (%)
1	Yes	151	82.51
2	No	7	3.83
3	No Response	25	13.66
	Total	183	100

The majority i.e., 151 respondents (82.51%) agreed that obtaining medical facility is considered as availing ‘service’ under the Consumer Protection Act, 7 respondents (3.83%) disagreed to the same. 25 respondents (13.66%) did not respond for the same. Medical facilities can be considered as the service as per section 2 (42) as per the Consumer Protection Act, 2019. The medical sector earlier was not included as the service as per the Consumer protection act, 1986. It was after the landmark judgement of Indian Medical Association and V. P. Shantha and others; it was included under the definition of services. Even when the 2019 act had passed, there was lot of debate as to whether it will be included as ‘service’ or not which then was concluded as medical facility being considered as ‘service’.

Table 51: Whether a patient can be considered as ‘Consumer’ of medical field

Sr. No.	If patient can be considered as ‘Consumer’	Frequency	Percentage (%)
1	Yes	148	80.87
2	No	16	8.74
3	No Response	19	10.39
	Total	183	100

According to Section 2 (7) (ii) of the act, “consumer” means any person who- “hires or avails of any service for a consideration which has been paid or promised or partly paid and partly promised, or under any system of deferred payment and includes any beneficiary of such service other than the person who hires or avails of the services for consideration paid or promised, or partly paid and partly promised, or under any system of deferred payment, when such services are availed of with the approval of the first mentioned person, but does not include a person who avails of such service for any commercial purpose.”

When asked whether the patient can be considered as consumer to which, more than 3/4th i.e., 148 respondents (80.87%) agreed that the patient is considered as ‘Consumer’ of Medical Field and 16 respondents (8.74%) disagreed. 18 respondents shared that they were not sure whether patient can be considered as Consumer or not.

Table 52: Whether COPRA restore justice to the Victims of Medical Negligence

Sr. No.	If COPRA restore justice to victims of Medical Negligence	Frequency	Percentage (%)
1	Yes	141	77.05
2	No	9	4.92
3	No Response	33	18.04
	Total	183	100

When asked whether the Consumer Protection Act is a machinery where justice to the victims of medical negligence can be restored to which majority i.e., 141 respondents (77.05%) agreed and 9 respondents (4.92%) disagreed. 33 respondents (18.04%) did not respond to the same.

Table 53: Awareness on who can file a complaint in the cases of Medical Negligence (multiple responses)

Sr. No.	Complainant	Frequency	Percentage (%)
1	Patient	26	14.21
2	Family members of patient	56	30.60
3	More than one patient having same interest collectively	47	25.68
4	Voluntary Consumer Association	47	25.68
5	Central Government or State Government	27	14.75
6	Central Authority	26	14.21
7	All of the Above	99	54.10
8	None of the Above	5	2.73
9	No Response	20	10.93
	Total	353	192.9

A multiple response question was asked to the respondent on who can file a complaint in the cases of medical negligence where the following responses were given by the respondents- Patient (26 respondents;14.21%), family members of patient (56 respondents; 30.60%), more than one patient having same interest collectively (47 respondents; 25.68%), voluntary consumer association (47 respondents; 25.68%), central government or state government (27 respondents; 14.75%), Central Authority of COPRA (26 respondents; 14.21%) and all of the above (99 respondents; 54.10%). According to section 2 (5) of the Consumer Protection Act, 2019, all of the above mentioned parties can complain.

5 respondents (2.73%) shared that complaints cannot be filed by any of the above and 20 respondents (10.93%) were not aware/responded of the same.

Reflecting on the power dynamics of society, one respondent while answering this shared that, ***“Those who are capable only can complain. We are small people; how can we complain. Who will listen to our complaints.”***

Table 54: Awareness on who can file complaint in case if the patient is ‘Minor’ (multiple response)

Sr. No.	Complainant	Frequency	Percentage (%)
1	Parents	52	28.42
2	Guardian	3	1.64
3	Either of these	103	56.28
4	Complaint cannot be filed	5	2.73
5	No Response	20	10.93
	Total	183	100

Out of all the respondents, when asked who can file complaint in the case of Minor patient to which 52 respondents (28.42%) mentioned ‘Parents’, 3 respondents (1.64%) shared ‘guardian’ and total 103 respondents (56.28%) told that either of these can file complaint.

5 respondents (2.73%) shared that in case if the patient is minor, complaint cannot be filed. 20 respondents were not aware about the same.

Table 55: Awareness on who can file complaint in case if the patient is ‘Mentally Unsound’ (multiple response)

Sr. No.	Complainant	Frequency	Percentage (%)
1	Parents	49	26.78
2	Guardian	4	2.19
3	Either of these	103	56.28
4	Complaint cannot be filed	6	3.28
5	No Response	1	11.48
	Total	183	100

Approximately 1/4th i.e., 49 respondents (26.78%) mentioned ‘Parents’, 4 respondents (2.19%) mentioned ‘Guardian’ and 103 respondents (56.28%) shared either of these can file complaint if the patient is mentally unsound. 6 respondents shared that the complaint cannot be filed, and 21 respondents (10.93%) shared that they were not aware about the same.

Table 56: Awareness on whether legal representatives file complaint in case of death of patient

Sr. No.	Complainant	Frequency	Percentage (%)
1	Yes	157	85.79
2	No	4	2.19
3	No Response	22	12.02
	Total	183	100

Majority respondents i.e., 157 respondents (85.79%) agreed that the legal heir/legal representatives can file complaint in the cases of death of patient due to negligence and 4 respondents (2.19%) disagreed to the same. 22 respondents (12.02%) were not aware about the same.

Table 57: Whom to approach if the patient doesn't have means to file complaint (Multiple Response)

Sr. No.	Means of filing Complaint	Frequency	Percentage (%)
1	Self	16	8.74
2	Concerned Voluntary Organisation	61	33.33
3	Legal Aid Services of District	75	40.98
4	Any Well-wisher	21	11.48
5	All of the above	6	3.28
6	Complaint cannot be filed	2	1.09
7	No Response	32	17.48
	Total	213	116.39

A multi-response question was asked to the respondents that who can be approached if the patient does not have enough means (resources) to file the complaint to which majority i.e., 75 respondents (40.98%) mentioned 'Legal Aid Services', 61 respondents (33.33%) shared 'concerned Voluntary Organization', 21 respondents (11.48%) shared that any well wisher can be approached. 16 respondents (8.74%) shared that complainant can do legal process by himself/herself. All of the above resources can be approached were mentioned by 6 respondents (3.28%).

32 respondents (17.48%) shared that they were not aware about the same and 2 respondents mentioned that the complaint cannot be filed.

Table 58: Awareness on form of making a complaint.

Sr. No.	Form of Making Complaint	Frequency	Percentage (%)
1	Verbal	15	8.20
2	Written	123	67.21
3	Both	17	9.29
4	No Response	28	15.3
	Total	183	100

The majority of the respondents i.e., 123 respondents (67.21%) correctly shared that written complaint shall be filed and 15 respondents (8.20%) mentioned verbal complaint is sufficed. 17 respondents (9.29%) mentioned that both written and verbal complaints can be filed. 28 respondents (15.3%) were not aware of the same.

Table 59: Whether consumer can file complaint against pharmaceutical dealer for selling unsafe drugs without prescription.

Sr. No.	Whether complaint can be made	Frequency	Percentage (%)
1	Yes	151	82.51
2	No	6	3.28
3	No Response	26	14.21
	Total	183	100

When the respondents were asked whether a complain can be filed against pharmaceutical dealer for selling unsafe drugs without prescription, to which 151 respondents (82.51%) shared correctly that complaint can be filed. However, 6 respondents (3.28%) disagreed. 25 respondents (13.66%) were not aware about the same.

To this, one respondent shared that ***“When the medicines are given in government hospital at lesser rate, still in private same medicine are sold at higher rate. Which is wrong.”***

Table 60: Awareness on meaning of ‘Consumer Dispute’

Sr. No.	Consumer Dispute	Frequency	Percentage (%)
1	When a patient/immediate caregiver alleges medical service provider for indulging medical malpractice	54	29.51
2	When a patient/immediate caregiver files a complaint and the medical service provider denies the allegation contained in the complaint	43	23.50
3	Both	85	46.45
4	No response	1	0.54
	Total	183	100

According to Section 2 (8) of the Consumer Protection Act, 2019, "consumer dispute" means a dispute where the person against whom a complaint has been made, denies or disputes the allegations contained in the complaint.

43 respondents i.e. 23.50% were aware about the true meaning of ‘Consumer Dispute’ in context of medical malpractice/negligence to be ‘when a patient/immediate caregiver files a complaint and medical service provider denies the allegation contained in the complaint’.

However, 54 respondents (29.51%) shared ‘when a patient/immediate caregiver alleges medical service provider for indulging medical malpractice’ to be ‘Consumer Dispute’.

Majority of the respondents (85 respondents; 46.45%) mentioned both are the meaning of the same.

Table 61: Awareness of Rights of patients as consumers (Multiple Response)

Sr. No.	Rights of Patient	Frequency	Percentage (%)
1	Right to be protected against hazardous goods or services	6	3.28
2	Right to be informed about details of treatment	8	4.37
3	Right to be assured and have access to treatment	9	4.92
4	Right to be heard	7	3.83
5	Right to seek redressal	7	3.83
6	Right to consumer awareness	7	3.83
7	All of the above	147	80.33
8	No Response	27	14.76
	Total	218	119.13

The respondents were asked about the rights of patients as consumers where they mentioned following rights- Right to be protected against hazardous goods or services (6 respondents; 3.28%), Right to be informed about details of the treatment (8 respondents; 4.37%), Right to be assured and have access to treatment (9 respondents; 4.92%), Right to be heard (7 respondents; 3.83%), Right to seek redressal (7 respondents; 3.83%), Right to consumer awareness (7 respondents; 3.83%) and all of the above (147 respondents; 80.33%). 27 respondents (14.21%) were not aware and responded about the same. These rights are included in the COPRA, 2019 under section 2 (9) as the ‘consumer rights’.

According to a respondent, ***“compensation by the government should be given when the act of negligence occurs. We have to go many a times to the forums for fighting the case of medical negligence, and they will not listen what we have to say because of corruption. The doctors protect other doctors. We should coerce (dhamkavvu) the doctors who was negligent and have to make him accept his mistake.”***

Table 62: ‘Deficiency’ in medical services

Sr. No.	Deficiency in Medical Service	Frequency	Percentage (%)
1	Any act of negligence knowing or unknowingly by any such person which causes loss or injury to the consumer	4	2.19
2	Deliberate withholding of relevant information by such person to the consumer	4	2.19
3	Both	134	73.22
4	None	9	4.92
5	No response	32	17.49
	Total	183	100

‘Any act of negligence by knowingly or unknowingly by any such person which causes loss or injury to the consumer’ is considered as ‘deficiency’ in medical services was agreed by 4 respondents (2.19%). Same number of respondents agreed to ‘deliberate withholding of relevant information by such person to be the consumer’ was a deficiency. Majority i.e. 134 respondents (73.22%) agreed to the both the incidents.

9 respondents shared that none of the above were considered as deficiency in medical services and 31 respondents (16.94%) were not aware about the same.

Section 2(11), the definition of ‘deficiency’ includes (i) any act of negligence or omission or commission by such person which causes loss or injury to the consumer; and (ii) deliberate withholding of relevant information by such person to the consumer. This explanation forms the basis for the medical negligence to be covered under the scope of the Consumer Protection Act.

Table 63: ‘Harm’ to consumer in relation to product liability

Sr. No.	‘Harm’ in relation to product liability	Frequency	Percentage (%)
1	Personal Injury, illness, or death	3	1.64
2	Mental agony, trauma, or emotional distress owing to personal injury or illness	2	1.09
3	Both	148	80.87
4	No Response	30	16.4
	Total	183	100

According to Consumer Protection Act Section 2(22), and in context of medical malpractice, 3 respondents (1.64%) shared Personal injury, illness or death and 2 respondents (1.09%) shared mental agony, trauma, or emotional distress owing to personal injury and both (148 respondents; 80.87%) were considered as ‘Harm’ in relation to product liability. 30 respondents (16.4%) were not aware of the same.

Table 64: Mental harm be considered along with physical harm as ‘injury’ with respect to COPRA

Sr. No.	Response	Frequency	Percentage (%)
1	Yes	151	82.51
2	No	3	1.64
3	No Response	29	15.85
	Total	183	100

Most of the respondents i.e., 151 respondents (82.51%) knew that mental harm is considered along with physical harm as ‘injury’ with respect to COPRA. 3 respondents (1.64%) disagreed to it and 29 respondents (15.85%) were not aware whether mental harm is considered as injury or not.

Table 65: ‘Unfair Trade Practices’ with respect to medical services in COPRA (multiple response)

Sr. No.	Unfair Trade Practices	Frequency	Percentage (%)
1	Not issuing bill or cash memo or receipt for medical services rendered	1	0.55
2	Non-compliance with the prescribed standards by pharmaceutical industry	1	0.55
3	Providing drug/medicine without prescription where it is necessary	0	0
4	Doctor selling sample medicine to patients	1	0.55
5	All of the above	152	83.06
6	None of the above	2	1.09
7	No response	28	15.3
	Total	185	101.1

Most of the respondents i.e., 152 respondents (83.06%) agreed to following practices were ‘unfair trade practices’- (1) Not issuing bill or cash memo or receipt for medical services rendered, (2) non-compliance with prescribed standards by pharmaceutical industry, (3) providing drug/medicine without prescription where it is necessary and (4) doctor selling sample medicine to patients. 28 respondents (15.30%) were not aware about the unfair trade practices.

Table 66: Time bar for filing complaint in Consumer Forum

Sr. No.	Time Bar for filing complaint	Frequency	Percentage (%)
1	Immediately	52	28.42
2	1 year	84	45.90
3	2 years	2	1.09
4	3 years	0	0
5	4 years	0	0
6	No Response	45	24.59
	Total	183	100

Out of all the respondents, only 2 respondents (1.09%) were aware that the complaint of medical malpractice/negligence can be filed within 2 years of the incident. The majority i.e., 84 respondents (45.90%) and 52 respondents (28.42%) shared that complaints can be filed within 1 years and immediately respectively. 45 respondents (24.04%) were not aware about the time-bar for filing complaint or not responded.

Table 67: Whether complaint can be made in case if Medical Services availed Free of Cost

Sr. No.	Complaint in case of Free of Cost Treatment	Frequency	Percentage (%)
1	Yes	119	65.03
2	No	20	10.93
3	Yes, but in Civil Court	8	4.37
4	No Response	36	19.68
	Total	183	100

8 respondents (4.37%) knew correctly that when the free of cost treatment is availed, complaint for medical malpractice can be filed at Civil Court. Majority i.e., 119 respondents (65.03%) shared that complaint can be made at COPRA and 20 respondents (10.93%) shared that complaint cannot be filed. 36 respondents (19.68%) mentioned that they were not aware about whether complaint can be filed when medical services are availed free of cost.

Table 68: Punishment under COPRA if medical malpractice/negligence by the medical practitioner is proven (multiple response)

Sr. No.	Punishment	Frequency	Percentage (%)
1	Imprisonment	18	9.84
2	Paying compensation for the loss or injury suffered or reimbursement of damage	29	15.85
3	Fine	25	13.66
4	Discontinue providing medical services	49	26.78
5	All of the above	8	4.37
6	Any of the above- depends on the case	36	19.67
7	No Response	39	21.32
	Total	204	111.48

Less than 1/5th i.e., 29 respondents (15.85%) correctly shared that if negligence/malpractice by the medical practitioner is proven, he/she can be punished by order of paying compensation for the loss or injury suffered or reimbursement of damage. Rest of the punishment as agreed by respondents were imprisonment (18 respondents; 9.84%), fine (25 respondents; 13.66%), discontinue providing medical services (49 respondents; 26.78%), all of the above (8 respondents; 4.37%), any of the above (36 respondents; 19.67%), and no response (39 respondents, 21.32%).

Table 69: Time Duration for appeal from District to State forum

Sr. No.	Time bar for appeal	Frequency	Percentage (%)
1	30 days	97	53.01
2	45 days	10	5.46
3	60 days	8	4.37
4	90 days	13	7.10
5	No Response	55	30.06
	Total	183	100

The study findings showed that only 10 respondents (5.46%) knew that the correct time duration for appeal to be 45 days. The majority i.e., 97 respondents (53.01%) shared this time duration to be 30 days, 8 respondents (4.37%) mentioned 60 days and 13 respondents (7.10%) shared it to be 90 days. 55 respondents (30.06%) were not aware about the same.

Table 70: Time Duration for appeal from State to Central Forum

Sr. No.	Time bar for appeal	Frequency	Percentage (%)
1	30 days	85	46.45
2	45 days	16	8.74
3	60 days	10	5.46
4	90 days	15	8.20
6	No Response	57	31.15
	Total	183	100

In contrast to the above question, the majority i.e., 85 respondents (46.45%) mentioned the correct time duration for appeal from state to central forum to be 30 days. 45 days, 60 days and 90 days were the other time duration agreed by 16 respondents (8.74%), 10 respondents (5.46%) and 15 respondents (8.20%) respectively. 57 respondents (31.15%) were not aware or not responded about the same.

Table 71: Measures that can be taken under COPRA if the medical service providers do contempt of court.

Sr. No.	Measure	Frequency	Percentage (%)
1	Imprisonment	31	16.94
2	Fine	8	4.37
3	Both	49	26.78
4	Either of the above three	46	25.14
5	None	5	2.73
6	No Response	44	24.05
	Total	183	100

When in the order issued by the Consumer Dispute Redressal Forum, if the forum has ordered the medical service providers to pay compensation to the complainant, but if the order is not complied to, it is considered as the ‘Contempt of Court’. In that case, the consumer forum can take the measure of Imprisonment or Fine or Both or either of the above three.

‘Imprisonment’ as a measure in case of contempt of court was agreed by 31 respondents (16.94%), and ‘fine’ was agreed by 8 respondents (4.37%). 49 respondents (26.78%) shared that both measures can be taken.

1/4th i.e., 46 respondents (25.14%) correctly shared that either imprisonment or fine or both can be ordered in case of contempt of court. While 44 respondents (24.05%), were not aware about any measure, 5 respondents (2.73%) stated that none of the measures can be taken in case of contempt of court order.

Table 72: Awareness of whose responsibility is it to produce evidence in complaint of medical malpractice.

Sr. No.	Response	Frequency	Percentage (%)
1	Medical Practitioner	15	8.20
2	Patient or immediate Caregiver	125	68.31
3	Both	7	3.83
4	No Response	36	19.68
	Total	183	100

Majority i.e., 125 respondents (68.31%) rightly said that the burden of proof in the complaint of medical malpractice lies with the patients/caregivers, while only 15 respondents (8.20%) and 7 respondents (3.83%) mentioned that it lies with medical practitioner and both respectively. 19.68% were not aware of it.

Table 73: Awareness of Cell which is attached with each district commission and state commission for the mediation of case.

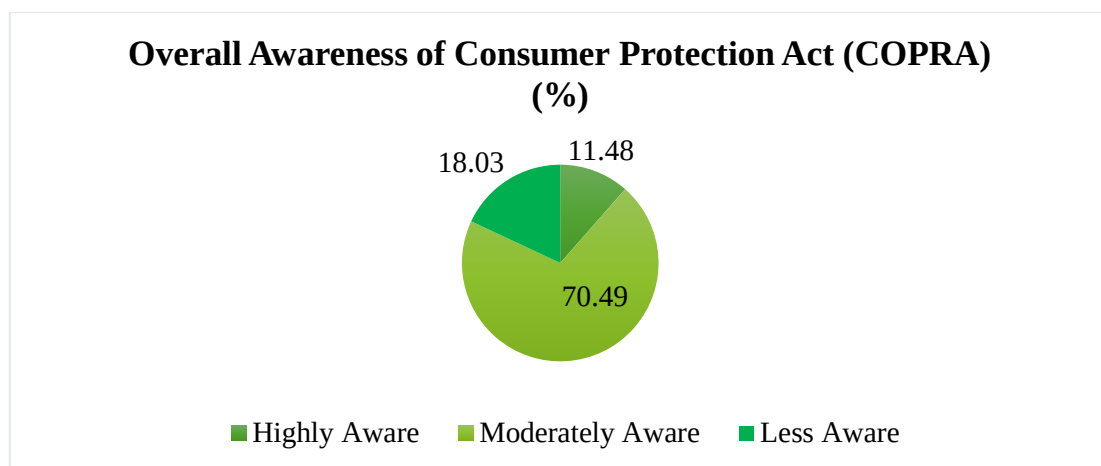
Sr. No.	Response	Frequency	Percentage (%)
1	Consumer Mediation Cell	16	8.74
2	Consumer Settlement Cell	23	12.57
3	Consumer Redressal Cell	40	21.86
4	No Response	104	56.83
	Total	183	100

The respondents were asked about the cell that is attached with each district and state commission for the mediation of Consumer Grievances to which, less than 1/10th i.e., 16 respondents correctly stated it to be 'Consumer Mediation Cell'. Other respondents shared it to be 'Consumer Settlement Cell' (23 respondents; 12.57%) and 'Consumer Redressal Cell' (40 respondents; 21.86%). More than half i.e., 104 respondents (56.83%) stated that they were not aware about the name of such cell for the mediation of Consumer Grievances.

Table 74: Table showing Overall Awareness of Respondents on Consumer Protection Act

Sr. No.	Awareness	Frequency	Percentage (%)
1	Highly Aware	21	11.48
2	Moderately Aware	129	70.49
3	Less Aware	33	18.03
	Total	183	100

To assess the overall awareness of the respondents, for every correct answer, a score of 1 was assigned and for every incorrect answer, a score of 0 was assigned. The respondents scoring 0-9 scores, were considered as less aware, score of 10-19 was considered as moderately aware and score of 20-28 was categorized as highly aware.



Based on the analysis of the correct responses by the respondents on the Awareness of the Consumer Protection Law, the study revealed that the majority i.e., 129 respondents (70.49%) were 'moderately aware' about COPRA. It was followed by 33 respondents (18.03%) who were 'less aware', and 21 respondents (11.48%) were 'highly aware' about COPRA.

[F] Views of Respondents about Evidence which can help as a Valid Defense against Medical Negligence/Malpractice:

In this section, the respondents were informed about different evidence in context to Medical practice and they had to agree/disagree to whether the evidence can help the complainant to serve as a valid defense against Medical Negligence or Malpractice.

Table 75: Views of respondents about evidence which can help as a valid defense against medical negligence/malpractice

Sr. No.	Particulars	Agree	Disagree	Not sure	No Response
75.1	Qualified expert's opinion for the case for which complaint has been filed.	144 (78.69%)	12 (6.56%)	26 (14.21%)	1 (0.55%)
75.2	Written records of diagnosis, treatment, and payment	154 (84.15%)	6 (3.28%)	22 (12.02%)	1 (0.55%)
75.3	For diagnosis of medical ailment, adopting more than one method or multiple laboratory tests	137 (74.86%)	13 (7.10%)	32 (17.49%)	1 (0.55%)
75.4	Medical Practitioner taking necessary precautions while treating the patient	77 (42.08%)	79 (43.17%)	26 (14.21%)	1 (0.55%)
75.5	If patient/family members have given consent despite mentioning possible mishap.	47 (25.68%)	107 (58.47%)	28 (15.30%)	1 (0.55%)
75.6	Putting forth strong arguments or evidence to prove/disprove medical negligence/malpractice.	124 (67.76%)	28 (15.30%)	30 (16.39%)	1 (0.55%)
75.7	Undue delay beyond prescribed time bar in filing the complaint with valid reasons can be condoned by the consumer forum.	109 (59.56%)	38 (20.77%)	35 (19.13%)	1 (0.55%)

Qualified Expert's Opinion:

Majority of the respondents (144 respondents; 78.69%) agreed that if the qualified expert's opinion is sought for proving medical malpractice, it can help the complainant. 26 respondents (14.21%) mentioned that they were not sure about it and 12 respondents (6.56%) disagreed for qualified expert's opinion to be helpful to complainant.

Written Records:

Majority of the respondents (154 respondents; 84.15%) agreed that written records of diagnosis, treatment, and payment can serve as a valid defense, whereas 22 respondents (12.02%) and 6 respondents (3.28%) were not sure and disagreed to the same respectively.

Adopting more than one method or multiple laboratory tests for Diagnosis of Medical Ailment:

Majority of the respondents (137 respondents; 74.86%) agreed, 32 respondents (17.49%) were not sure, and 13 respondents (7.10%) disagreed that adopting more than one method or multiple laboratory tests for the diagnosis of medical ailment can be useful evidence for the complainant. It is important to note here that, by adopting more than one method, the medical practitioner exercises more diligence in proper diagnosis of the medical ailment which may not serve as a valid defence for the complainant.

Medical Practitioner taking necessary precautions:

There was a mixed response received from the respondents wherein 77 respondents (42.08%) agreed, 26 respondents (14.21%) were not sure and 79 respondents (43.17%) disagreed that when medical practitioner takes necessary precautions, it serves as a valid defence for the complainant. However, 'breach of duty of care' is one of the essential element to prove medical negligence. If medical practitioner takes necessary precautions while treating the patient, any adverse event cannot be considered as a medical negligence or malpractice.

Patient/Caregivers have given consent despite mentioning possible mishap:

It was revealed from the finding that majority of the respondents (107 respondents; 58.47%) mentioned that if the patient or family members have given consent despite mentioning the possible mishap, it cannot serve as evidence favouring the complainant. 47 respondents (25.68%) agreed to it and 28 respondents (15.30%) were not sure whether it is evidence or not.

Putting forth strong arguments or evidence to prove/disprove medical negligence/malpractice:

Majority i.e., 124 respondents (67.76%) agreed that putting forth strong arguments or evidence to prove or disprove medical negligence or malpractice serve as valid evidence. However, 30 respondents (16.39%) were not sure, and 28 respondents (15.30%) disagreed to the same.

Undue delay beyond prescribed time bar in filing the complaint with valid reasons can be condoned by the consumer Forum:

Majority i.e., 109 respondents (59.56%) agreed, 38 respondents (20.77%) disagreed, and 35 respondents (19.13%) were not sure that undue delay beyond prescribed time bar in filing the complaint with valid reasons can be condoned by the consumer forums.

Effects of Incident of Medical Malpractice on patient and the caregivers:

Table 76: Respondents' views on effect of the Incident of Medical Malpractice on patient and care givers

Sr. No.	Impact	Frequency	Percentage (%)
1	Negative/Adverse Impacts-Not Specified	67	36.61
2	Psychological Impacts	34	18.58
3	Emotional Impacts	34	18.58
4	Financial Impacts	32	17.49
5	Impacts on the Family	16	8.74
6	Not Aware	15	8.20
7	Physical Impacts	13	7.10
8	Filing case to obtain Justice	11	6.01
9	Difficulty in Acceptance of Situation/Helplessness	8	4.37
10	No Response	8	4.37
11	Reduces/Breach of Trust on Medical Practitioner/Hospital	5	2.73
12	Only Those who have suffered knows the actual impact	3	1.64

13	Social Impacts	2	1.09
14	Does not affect	2	1.09
15	Tendency of leaving a situation on Luck	1	0.55
16	Seeking Elders' Advice	1	0.55
17	Time Consuming process	1	0.55
18	Regret for being Uneducated	1	0.55
	Total	254	138.80

An open-ended question asking about the effect of the incident of medical malpractice on patient and the caregivers was asked to the respondents. Majority i.e., 67 respondents (36.61%) mentioned that it has negative impacts but did not specify any effect. It was followed by 34 respondents (18.58%) mentioning 'Psychological Impacts' and 'Emotional Impacts' each. 32 respondents (17.49%) shared that it creates 'financial impacts' on the family where the patient who has suffered from medical malpractice is main or important breadwinner for the family.

16 respondents (8.74%) shared that it impacts the family as a whole. 13 respondents (7.10%) mentioned about the 'physical impacts.' The other impacts that were shared by the respondents were filing case to obtain justice (11 respondents; 6.01%), difficulty in acceptance of situation/helplessness (8 respondents; 4.37%), reduces/breaches the trust on medical practitioner or hospital (5 respondents; 2.73%), Social Impacts (2 respondents; 1.09%), tendency of leaving a situation on luck (1 respondent; 0.55%), seeking elders' advice (1 respondent; 0.55%), time consuming process (1 respondent; 0.55%) and regret for being uneducated (1 respondent; 0.55%).

2 respondents (1.09%) respondents mentioned that the medical malpractice does not affect the patient or the family. 15 respondents (8.20%) were not aware about the same and 8 respondents (4.37%) did not give any response for the same.

[G] Opinion of Respondents about Social Workers' Role in Medical Malpractice/Negligence:

This was the last section of the interview schedule where the respondents were asked about their views about the role of social workers in Medical Malpractice/Negligence.

Table 77: Whether respondents believe that Social Workers can play important role in preventing the cases of medical negligence/medical malpractice.

Sr. No.	Response	Frequency	Percentage (%)
1	Yes	158	86.34
2	No	12	6.56
3	No Response	13	7.1
	Total	183	100

When the respondents were asked whether the social workers can play important role in the prevention of medical malpractice and negligence and the restoration of justice where most i.e., 158 respondents (86.34%) replied affirmatively. 12 respondents (6.56%) shared that social workers do not have any role to play in medical malpractice. 10 respondents (5.46%) shared that they were not aware about it and 3 respondents (1.64%) did not respond presented as 'no response'.

Table 78: Response on the Role that the Social Workers can play in the incidences of Medical Malpractice/Negligence

Sr. No.	Role of Social Workers	Frequency	Percentage (%)
1	Take Action and provide help-Not Specified	73	39.89
2	Provide Information and Guidance	31	16.94
3	Help in Legal Process for obtaining Justice and Compensation	25	13.66
4	Advocate and become Voice for Patients and Families	15	8.20
5	Spread awareness on Patients' Rights and Redressal Systems	14	7.65
6	Enquire, understand and investigate the case	12	6.56
7	Suggest further Steps	7	3.83
8	Take action against Malpractice	7	3.83
9	Use of Media, Social Media	6	3.38
10	Resource Mobilisation	4	2.19
11	Help maintaining transparency in Treatment Process	3	1.64
12	Support in obtaining treatment requirement for victim	3	1.64
13	Conducts Campaigns/Strikes	3	1.64
14	Partial help by Social Workers	3	1.64

15	Take Precautions against Malpractice	2	1.09
16	Formation of Support Groups	2	1.09
17	Depends on Victim's Socio-economic conditions	2	1.09
18	Haven't received help yet	1	0.55
19	Save life	1	0.55
20	Serve as a Witness	1	0.55
21	Economic Assistance	1	0.55
22	Write a book on Topic	1	0.55
23	Labour Work	1	0.55
24	Institutional Support	1	0.55
25	Multisectoral Efforts	1	0.55
26	No Response	29	15.85
	Total	249	136.07

When asked about the respondents' expectations about the contribution of social workers in Medical Negligence/Malpractice, majority i.e., 73 respondents (39.89%) told that the social workers can take action and help the victims. 31 respondents (16.94%) mentioned that they can provide information and guidance. 25 respondents (13.66%) shared that the social workers can help in the legal process for obtaining justice and compensation.

The other roles as shared by the respondents were advocacy and becoming voice for Patients and Families (15 respondents; 8.20%), spread awareness on Patients' rights and redressal systems (14 respondents; 7.65%), enquire, understand and investigate the case (12 respondents; 6.56%), suggest further steps (7 respondents; 3.83%), take action against medical malpractice (7 respondents; 3.83%), Use of media including social media (6 respondents; 3.38%), resource mobilisation (4 respondents; 2.19%), help in maintaining transparency in treatment process (3 respondents; 1.64%), support in obtaining treatment required for victim (3 respondents; 1.64%), conducting campaigns and strikes (3 respondents; 1.64%), partial help (3 respondents; 1.64%), taking precautions against medical malpractice (2 respondents; 1.09%), formation of support groups (2 respondents; 1.09%), depends on victim's socio-economic conditions (2 respondents; 1.09%). Other roles are as follows that were shared by 1 respondent (0.55%) each

that are save life, serve as a witness, economic assistance, write a book on the topic, labour work, institutional support and multisectoral efforts.

One of the respondents shared that they haven't received any help from social workers yet. 7 respondents (3.83%) were not aware about the same. 11 respondents (6.01%) did not respond and for 11 respondents (6.01%) it was not applicable.

Highlighting the role of **Advocacy** by Social Workers, one of the respondents mentioned that ***"They can help people's complaint to be heard at appropriate authority. If no one listens to us, the social work institutions can come forward and help people."***

One Respondent emphasized on the **Prevention** part and said, ***"They can ensure that the patients get good treatment, improvement, and suggestions. They can also appeal in courts and provide guidance."***

Emphasizing on the importance of **Convergence** between different fields one Respondent shared, ***"They can help, talks with doctor, proper investigate about the case. Social workers, NGOs and Consumer Forums, all can work together."***

Suggestions by the Respondents:

Many respondents shared about their concerns when asked for their suggestions, which are, provision of good facilities for patients family members to stay, providing good treatment and information by the doctors and the medical staff, the behaviour of the medical staff shall be appropriate, allowing more than one accompanying patient, important role that the social worker shall play in guiding the patients for appropriate treatments.

Lot of patients highlighted that there are economic factors that are important in the medical field these days. According to one respondent, ***"Humanity is extremely important. Doctors now a days greed for money. They don't think of their patients, but of money."*** Another respondent shared that ***"Doctors want to study in Government colleges but want to practice in Private hospital. People should be attracted to government."***

There were few respondents who believed that one shall NOT complain about the Medical Malpractice cases considering the important role that the doctor plays in patients' lives. On the similar lines, one of the respondents shared that ***"one should not complain about the negligence because the life and death is in the hands of almighty and hence, even if we***

complain, we have already lost the patient. There are two gods: one is almighty, and second is doctors.”

One of the respondents also shared that *no doctor does malpractice intentionally, it is their unintentional mistake.*

The respondents also mentioned that due to participating in the interview process with the researcher, their awareness about the topic of Medical Malpractice and Consumer Protection Law Increased. They also expected that the Social Workers in general and researcher in particular should play active role in the prevention of Medical Malpractice and restoration of Justice. One of the respondents mentioned that *“The researcher can spread awareness. If people like researcher come forward and give such incidents in media and newspaper, write book, the awareness can be spread. There is more need to spread awareness in the villages.”*

The respondent was an ex-army person and was injured once. *Due to mistake in the surgery, the thimmer bone is damaged for which he had to spend Rs. 15-16 lacs of rupees. He shared that if he had met a social worker earlier, he would have been saved.*

To **Conclude** this Part I of Data Analysis and Interpretation, let us once again go through the Major Findings of data collection from the Medical Service Users. Total 183 respondents were interviewed for the purpose of Data Collection from Two Public Healthcare Institutions located in Central Gujarat: Civil Hospital, Ahmedabad (94 respondents) and Sir Sayajirao General Hospital, Vadodara (89 respondents). Out of all the respondents, 46 were Patients and 137 were Caregivers. Majority of the respondents were of 18-35 years of Age, Male, belonging from Joint Family and hailing from Central Gujarat. The respondents also completed their schooling. However, most of the respondents belonged to lower economic strata of the society as their family income was less than 50,000 rupees. It can be interpreted that most of the respondents were Below the Poverty Line.

Coming to the two important concepts included in the research, most of the respondents (89.62%) were highly aware about the **Medical Malpractices**, 7.10% were Moderately Aware and 3.28% were less aware about the same. It becomes crucial to highlight that 22.95% respondents either themselves or their known persons had experiences of Medical Malpractices.

About the **Consumer Protection Act (COPRA)**, most of the respondents (70.49%) were moderately aware, 18.03% were less aware and only 11.48% were highly aware about the

legislation and its provisions. Hence, it can be interpreted that, even while coming from the lower strata of the society, the experiences of the Medical Malpractices are often heard or experienced by the respondents and hence, they were more aware of these incidents. The access to newspaper, other print and online media also plays significant role in spreading awareness of such cases. In addition, the incidences are such that were commonly understood by the respondents. But the Consumer Protection Act, being a subject of Law and technical in nature, respondents were moderately aware about the same.

Hence, while preparation of Module of Social Work Intervention, the efforts will be made to enhance the awareness of respondents on the legal aspects of the Medical Malpractice which is simpler for a layman to understand. It is also significant to note that, the respondents collectively had a much to contribute to the research looking at the informal views, suggestions and opinions as highlighted in this chapter.

In the next Part i.e., Part II, the data analysis and Interpretation of the Data Collection from the Medical Service Providers is presented.