

Original Article

**AWARENESS ABOUT CONSUMER PROTECTION ACT AMONG JUNIOR
DOCTORS**

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Introduction

The Consumer Protection Act (CPA) was enacted in 1986 in India which is important milestone in the history of legislation in India giving rise to new consumer jurisprudence. This Act introduced three tier quasi-judicial consumer dispute disposal mechanism i.e. district level, state level and national level for time bound consumer justice.

Before commencement of this act all the disputes related to negligence of doctors or hospitals were filed under the relevant sections of Indian Penal Code to claim the damages or to get the negligent punished. These claims were time consuming and expensive. After the introduction of CPA drastic changes has occurred regarding referring claims to district, state, national forum.

The effective implementation of the CPA commenced since 1990. Large number of consumers and organization started approaching CPA forums for redress of grievances. Act provides for establishment of consumer council to educate the public and creation of authorities for settlement of consumer disputes.

Consumer awareness is emerging in the country, concepts are changing, laws are getting updated and consumers are getting more and more demanding. So it is essential on the part of medical professionals to have updated and adequate knowledge and awareness about CPA to give better services and prevent consumer disputes.

Thus the present study was carried out to know the awareness about CPA among the junior doctors working in Government Medical College, Latur.

Aims and objectives

1. To study awareness about Consumer Protection Act amongst Junior Doctors.
2. To study the areas requiring corrective measures.
3. To make necessary corrective measures to update awareness and knowledge about CPA.
4. To suggest preventive measures.

Material and methods

The present study was undertaken to study awareness of consumer protection act amongst junior medical officers and residents working at Government Medical College, Latur, during 10 February to 20 February 2012. A self administered close questionnaires having 30 questions related to various aspects of CPA having 04 options were administered to all junior medical professional having basic medical graduate qualification i.e. M.B.B.S as a minimum criteria and those who were willing to voluntarily participate in the study. Only those registered PG students and casualty medical officers who joined recently were included and postgraduate qualified staff i.e. medical teachers and doctors who were not willing to participate in study were excluded from study. Information was collected regarding personal characteristics such as age in completed years, sex, qualification and experience in medical profession (in years). Information on awareness about CPA including year of enactment, years of amendment, time limit for disposing off a complaint, amount of court fees charged

&pecuniary jurisdictions, other powers to implement the provisions of the act, appellate authority etc.

The above information was collected by distributing questionnaires during above mentioned period and collected back immediately. The data was analyzed and tabulated as shown in tables. Percentage score was allotted to each respondent depending upon marks obtained out of 30. Each question carried one mark. Marks were converted into percentage. For each variable pertaining to respondents, the mean percentage score was calculated and tabulated in front of each variable.

Scope of CPA

- 1) Under the provisions of Consumer Protection Act, redressal agencies have been established at three different levels. A District Consumer Disputes Redressal Forum is set up at each district headquarter. It has the pecuniary jurisdiction to grant compensation uptoRs. 20 lakhs. A State Consumer Disputes Redressal Commission has been established at the capital of each state. The state Commission has pecuniary jurisdiction to grant compensation from Rs. 20 Lakhs to Rs. 1 Crore. A National Consumer Disputes Redressal Commission has been established at New Delhi. The National Commission has pecuniary jurisdiction to grant compensation of value more than 1 crore. Aggrieved party can appeal against the order of District forum to the State Commission within 30 days of receipt of the order. Similarly any party can appeal against the order of State Commission to the National Commission within 30 days of receipt of the order. The appeal against the order of National Commission will lie before the Supreme Court of India.
- 2) Consumer- Consumer means any person who buy any goods for a consideration which has been paid or promised partlypaid and partly promised or any system of deferred paid (hire, purchase or installment sell) and included any other user of such good when such use is made with the approval of buyer, but does not includes a person who obtains such good for resell or for any commercial purpose. or hires or avails of any services 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 when such service are availed of which the approval of first mentioned person.
- 3) Goods- As defined in the sale of goods act 1930, goods means every kind of movable property other than actionable claims and money.
- 4) Service- Service means service of any description which is made available to potential users but does not include the rendering any service free of charge or under a contract of personal service.
- 5) Consumer dispute- This mean a dispute where a person against whom a complaint has been made, denies or disputes the allegation contained in the complaint.
- 6) Unfair trade practice-
 - a) a) defect- Any fault , imperfection or shortcoming in the quality, quantity, potency, purity or standard which is required to be maintained by or under any law for the time being in force or under any contract expressed or implied or is claimed by the trade in any manner whatsoever in relation in any goods.
 - b. Deficiency- Any fault imperfection shortcoming or inadequacy in quality nature and manner of performance which is required to be maintained by or under any law for the being in force or has been undertaken to be performed by a person pursuance of a contract or otherwise.

Observations and Discussion

In the present study, as our aim was to know awareness about Consumer Protection Act, in junior doctors. We selected only junior doctors for study which included Resident Doctors and Casualty Medical Officers having basic medical graduate qualification i.e. M.B.B.S. Total 74 Doctors participated in this study. A self administered closed questionnaire having 30 questions related to various aspects of CPA having 04 options were distributed to all. Time of thirty minute was allowed to fill the questionnaire. It was collected within thirty minutes immediately. Each question carried one mark. Questions were framed in such way that they should cover various aspect of Consumer Protection Act like - composition of consumer forum, introductory aspect, its procedural aspect and power. Some questions related to Professional Negligence and preventive measures were also includes as they are related to Consumer Protection Act. After assessing these questions findings and observations were tabulated. These tables are analyzed and studied.

Table 1: Sex-wise distribution of awareness about CPA

Sex	Participated	Mean awareness
Male	60	13.18
Female	14	12.14
Total	74	12.99

From above table it is evident that mean awareness score is higher in males then females.

Table 2: Age-wise distribution of awareness about CPA

Faculty	Age	Participated	Mean awareness score
Clinical	24 - 26	20	12.80
	27 - 29	21	12.00
	30 & above	09	13.90
Para And Nonclinical	24 - 26	08	11.75
	27 - 29	10	14.80
	30 & above	06	13.83
Total		74	12.99

From this table it can be concluded that in the Doctors working in clinical faculties having age group of 24 to 26 and 27 to 29 there is marginal difference in mean awareness score where as the Doctors above the age of 30 yrs. are having higher mean awareness score.

Table 3: Department wise mean of awareness about CPA

Faculty	Junior doctor participated	Department wise Mean awareness
Clinical	50	12.72
Paraclinical	21	13.61
Nonclinical	03	13
Total	74	12.99

This table shows that Doctors working in clinical faculties are having comparatively low mean awareness score than para and non-clinical faculties.

In para and non-clinical faculties mean awareness score is comparatively less in age group of 24 to 26 where as it is approximately same in other age groups. It can be concluded that in all faculties as age and experience increases the mean awareness score increases.

Table 4: Awareness about CPA by various aspects (mean scores)

Faculty	Introductory aspect of CPA	Composition, procedures & power of consumer fora.	Negligence & preventive aspect	Total mean score about CPA awareness
Clinical	3.70	5.24	3.76	12.72
Para-clinical	3.95	6.47	3.19	13.61
Non-clinical	2.66	5.66	4.66	12.99
Mean score	3.44	5.79	3.87	13.11

Table 4 depicts the mean awareness score regarding composition of consumer's forum, procedural aspect and power of consumer court was comparatively more than introductory aspect of CPA and professional negligence.

Table 5: Faculty-wise grade of awareness about CPA (as per marks secured)

Branch	<35% (very poor)	35-50% (poor)	51-60% (moderate)	61-75% (good)	>75% (excellent)	Total
Clinical	9 (18%)	27 (54%)	10 (20%)	4 (8%)	0 (0%)	50(100%)
Para & nonclinical	7 (29.16%)	7(29.16%)	6 (25%)	4 (16.66%)	0(0%)	24(100%)
Total	16(21.62%)	34(45.95%)	16(21.62%)	8(10.81%)	0(0%)	74(100%)

From Table No.5 it can be observed that out of 74 doctors, 50 belonged to clinical faculty, whereas 24 to para & non-clinical faculties. It is clear from the table that proportion of doctors belonging to para & non-clinical faculty had moderate to good knowledge(41.66%) compared to clinical faculty(28%).

Table 6: Awareness about medical indemnity insurance:

Awareness about indemnity insurance	Number of doctors	Percentage of awareness
Ever heard	61	82.43%
Not heard	13	17.57%
Total	74	100 %

From Table No.6 it can be observed that out of 74 doctors who participated in study 82.43% (61) Doctors had heard about Medical Indemnity Insurance which is a good sign.

Conclusion

Following conclusions can be drawn about from this study –

1. Mean awareness score is higher in males than females.
2. It can be concluded that in all faculties as age and experience increases the mean awareness score increases.
3. Mean awareness score regarding composition of consumer's forum, procedural aspect and power of consumer court was comparatively more than introductory aspect of CPA and professional negligence.
4. It can be concluded that there is average awareness about Consumer Protection Act amongst junior Doctors.
5. 82.43% Doctors had heard about Medical Indemnity Insurance which is a good sign.

Suggestions and recommendations

- Orientation programs regarding CPA to all PG students are must after taking admission to Post Graduate course.
- Compulsory CME programs should be arranged frequently.
- Make them aware about Medical Indemnity Insurance.

Bibliography

1. Consumer Protection Act, 1986: Bare Act With Short Notes, Universal Law Publishing Co. Lt.;2012.
2. Principles of Forensic Medicine and Toxicology by Rajesh Bardale, Jaypee Brothers Medical Publisher (P) Ltd. I st. edt.2011.P.28.
3. Textbook of Forensic Medicine and Toxicology, Principles and Practice, by KrishanVij, ELISIVIER, III st. edt.2005, P. 519-523.
4. The Essentials of Forensic Medicine and Toxicologyby, Dr. K.S.NarayanReddy, Published by K. Suguna Devi, XV th.edt.P. 27-36.

Annexure

Proforma for the Study

Name –
Age- Yrs. Gender-M/F
Qualification- MO/ JR-I /JR-II
Date Of Passing MBBS- Experience- Yrs:

1. Have you heard about Consumer Protection Act in medical profession?
a. Yes b. No.
2. Are you aware about Medical Indemnity Insurance?
a. Yes b. No.
3. Consumer Protection Act (CPA) was passed by Parliament in -
a. **1986** b. 1988 c. 1992 d. 1995
4. Supreme Court of India included medical services under the ambit of CPA in-
a. 1986 b. 1988 c. **1995** d. 1999
5. The time limit for appeal at various levels is-
a. **30 Days** b. 45 Days c. 60 Days d. 90 Days
6. In CPA a complaint is to be filled within ----- yrs from date on which a case of action has arisen.
a. 01 yrs. b. **02 yrs.** c. 03 yrs d. Any time.
7. The maximum time limit for giving justice to patient in days is-
a. **90** b. 150
c. 200 d. 100
8. IPC for Criminal Negligence is-
a. **304- A** b. 304-B
c. 300 d. 302
9. For false complaint in CPA the complainant shall pay as penalty to opposite party, not exceeding--
a. **Rs, 10,000/-** b. Rs, 25,000/-
c. Rs, 50,000/- d. Rs, 100,000/-
10. District Forum shall refer a copy of complaint to opposite party within -----admission date.
a. 10 days b. 20 days
c. **21 days** d. 30 days.
11. National commission consist of ----- members
a. Two b. Three c. **Four** d. One
12. The appeal for compensation cases which are not satisfied about decision at National Commission Level is-
a. State Commission b. Session Court
c. High Court d. **Supreme Court**
13. If a doctor fails to comply in a CPA compensation cases then punishment is in the form of
a. Imprisonment b. Fine up to 10,000/-
c. **Both a & b.** d. None of above
14. Essential ingredients to prove Negligence are -
a. Duty of doctor b. Improper care in treatment
c. Injury to patient d. **All of above**
15. Who can file a complaint for compensation under CPA-?
a. Patient b. Lawyer of patient
c. State/Central Govt. d. **All of above.**

16. The power of Consumer Court are like-
- a. **Civil Court**
 - b. Criminal Court
 - c. Both Civil & Criminal
 - d. Special power
17. Following is NOT included under COPRA-
- a. Deficiency in treatment
 - b. Deficiency in service
 - c. **Free medical services**
 - d. Misrepresentation of quality
18. Following are defenses against Professional Negligence EXCEPT-
- a. Contributory negligence
 - b. Therapeutic Misadventure
 - c. Medical Maloccurrence
 - d. **Res IpsaLocutor**
19. The risk of litigation against Doctor can be reduced by –
- a. Doctor-Patient relationship
 - b. Meticulous Record keeping
 - c. Maintaining Standard of Medical services
 - d. **All above**
20. State commission has the power to dispose off matters asking compensation amount is-
- a. Not more than 20 lakh
 - b. **20 lakh – 1 crore**
 - c. More than 1 crore
 - d. None of above
21. Which is not correct about consumer court-?
- a. No advocate required
 - b. No court fees to be paid
 - c. **Accused has to be present**
 - d. Decision given within 90 days
22. All the following are the defenses available for a doctor against allegation of negligence except-
- a. Limitations
 - b. **No fees accepted**
 - c. Therapeutic Misadventure
 - d. Res Judicata
23. Product liability refers to-
- a. Liability of Doctor
 - b. Liability of Patient
 - c. **Liability of Manufacturer**
 - d. Liability of Hospital
24. Product liability may be charged against all except—
- a. Manufacturer of drug & appliances
 - b. Seller of drug & appliances
 - c. **Buyer of drug & appliances**
 - d. Doctor using drug & appliances
25. Against alleged Professional Negligence a person can file a case in –
- a. Civil Court
 - b. Criminal Court
 - c. Consumers Court
 - d. **Any one of above.**
26. Who is president of National Commission-?
- a. **Retired Supreme Court Judge**
 - b. Retired High Court Judge
 - c. Retired District Court Judge
 - d. Any one of above
27. Compliant made in District Forum should be charged a fees fixed by
- a. Central Government
 - b. **State Government**
 - c. Central Govt. & State Govt.
 - d. None
28. Recovery of the amount from the apposite party is under control of –
- a. **Collector**
 - b. Member appointed by State Govt.
 - c. Commissioner
 - d. Member appointed by Central Govt.
29. District Forum has same power as are vested in Civil Court-
- a. **I - Class Magistrate**
 - b. II-Class Magistrate
 - c. Tahasildar
 - d. Collector
30. Time limit to dispose off compensation cases at a level of Dist. Forum is-
- a. Within 01 yr.
 - b. **Within 02 yr.**
 - c. Within 03 yr.
 - d. None of above