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PATIENTS' PERCEPTION REGARDING MEDICAL TREATMENT IN THE CONTEXT OF CONSUMER PROTECTION IN INDIA.

*Renu Sobti**

With the bringing of medical profession under the purview of Consumer Protection Act there is great fear in the medical community that they might get unnecessarily harassed because cases of genuine medical failures will increasingly be labelled as those of medical negligence. Present study is based on the hypothesis that misunderstanding between patients and doctors can be minimised if there is greater communication between them. The study examines whether there is satisfactory level of communication between doctors and patients; It also examines the extent of awareness of patients about consumer protection measures available to them and the extent to which patients who are dis-satisfied with the medical services are prepared to take advantage of consumer protection measures. The study also make suggestions in this regard.

With the change in the societal values the patient-doctor relationship has undergone a substantial metamorphosis. With the growing commercialisation of the medical profession, consumerism and the education of the people, the expectations of patients from the doctors have increased. Not only do they look upon medical practitioner as a saviour but also provider of a service purchased for a price. As a result medical failures are being increasingly perceived and labelled as cases of medical negligence.

Legally speaking, when a patient comes to doctor for treatment and the doctor accepts the task, an implied contract comes into effect leading to creation of an obligation to perform medical duties and attendant tasks with reasonable care. Any breach of this duty is liable to be called medical negligence.

A LEGAL CONTRACT

It may be noted that relationship between the doctor and the patient is also legally recognised as that of a contractual nature because its foundation lies in a consent and a contract emerging therefrom. The consent in a contract between a doctor and a patient may be expressed or implied. A consent by a patient may either be given by himself or any person on his behalf.

A contractual patient-doctor relationship is established when the patient makes a request for medical examination, diagnosis, opinion, advice or treatment and the doctor undertakes to provide these. There are situations when a request by the patient is not necessary, for example, treatment of an infant, where the parents make the request or that of a victim of accident. The sanctity of such a relationship safeguards the interest

*Senior Lecturer, Shradhanand college, University of Delhi, Alipur, Delhi.

doctors) constitute 'service' as defined under Section 2(1)(0) of the Act, since 'consideration' has been paid by the patient to the hospital for availing the services. It was also held that the legal heirs of the deceased are also considered as consumers and they are covered under the Act.

The judgement of the National Commission sparked off a country-wide controversy. While some people were in favour of the decision and asked for inclusion of even free medical services provided by government hospitals to be within the purview of the Consumer Protection Act, 1986, others criticized the decision. The issue was extensively debated upon in the media, in technical scientific journals (medical and non-medical), and in seminars and conferences. There was also a considerable debate on the impact of the implementation of the CPA to medical services on the patient-doctor relationship. The entire medical profession was disturbed by the judgement of the National Commission. The Indian Medical Association (IMA) vigorously opposed it (IMA, 1994). Members of the medical profession were of the view that if the medical services came under the CPA, the patient-doctor relationship would be affected (Ravindran, 1993); doctors would always be in a state of fear psychosis. They would then ask their patients to go in for all sorts of investigations, consultation, and take medical indemnity insurance, which would mean considerable increase in cost of treatment and this would invariably be a burden on the patient (Chari, 1993). Since under this Act patients are likely to proceed against doctors in courts of law, doctors would decline to accept high-risk cases for treatment, thus denying medical care to the really needy patients (Goyal, 1992).

The points given in favour were that it was in this forum that a victim could get

compensation (Saraf, 1992); and that the medical professions became totally commercialised (Jindal, 1993) and it was no longer a noble profession (Mehta, 1992) and the medical professional were conducting themselves without any sense of fear of liability against negligence and malpractice (Saraf, 1992) and that the doctors were increasingly indulging in malpractice (Bal, 1992).

Even the various High Courts and the State Commissions were having different views on this aspect. In certain cases it was held that medical services are covered under the Act⁶ whereas the contrary view was that such services are not covered under the Act.⁷

Finally, the matter went to the Supreme Court; and its landmark judgement⁸ on November 13, 1995, brought the whole debate to a close. It affirmed that the services rendered to a patient, both medicinal and surgical, are covered under the Consumer Protection Act, 1986. It is thus that the entire medical profession has come under the purview of the CPA.

THE PRESENT STUDY

The judgement of the Supreme Court has major repercussions. On the one hand, there are possibilities of benefits in the form of speedy decisions, in-expensive justice, simple procedures, relief to the victim in the form of compensation, improved quality of patient care and doctors becoming more careful. On the other hand, there are possibilities of adverse effects which include increased cost of treatment, defensive medical practice, refusal to attend serious patients, especially in case of emergency, and deterioration in the 'humane' relationship between the doctor and the patient. Besides; it is likely that cases of medical failure are labelled as cases of medical negligence because it will always be open to question,

what constitutes standard of reasonable care.

However, in spite of all this, fact remains that the relationship between the patient and the doctor is sacred and sacrosanct. Concerted efforts need to be made to minimise conflict between doctors and patients and their relatives.

In the literature available one factor playing an important role in this regard relates to communication between patient and doctor. Better communication and informing the patient about various options available for treatment and involving them in the decision making process reduces chances of disputes. Similarly, if the patients are satisfied with medical services chances of conflict become minimal. Present study aims at examining both these issues by conducting empirical investigation of the perception of Indian patients regarding satisfaction with medical services and availability of information about illness and treatment.

The study also examines the extent of awareness of patients about consumer protection measures available to them and the extent to which patients who are dissatisfied with the medical services are prepared to take advantage of consumer protection measures. The findings are likely to help medical profession reorient itself so that number of disputes could be minimised. In this content study makes of comparison between the patients of Government and private hospitals.

METHOD

The present study is based on a survey conducted on the patients receiving medical services from various private and government health institutions operating in the metropolitan city of Delhi. Considerations for selecting Delhi for this study were that

besides having all the three levels of the Consumer Forums, set up under the Consumer Protection Act at the District, State and the National level, Delhi also has the Union Ministry of Civil supplies, Consumer Affairs and Public Distribution located at Krishi Bhavan, which is the central controlling authority, responsible for policy formulations and administration of matters related to the CPA.

Delhi has about 20 voluntary consumer organisations which are engaged in safeguarding the interests of consumers. (GOI, 1993). Delhi is also the headquarters of the Medical Council of India, a statutory body responsible for registration of doctors, medical education and maintenance of medical ethics as well as of the Indian Medical Association, which looks after the interests of the doctors. Being a major metropolitan city and the capital of India, it also has a wide variety of health institutions (both government and private) providing medical services to patients, not only residing in Delhi, but also coming from other parts of India as well. Therefore, Delhi representing a cross section of society, all economic and social groups, was selected for the study.

Sample

Given the research objectives, the present study has been conducted with the help of survey of a sample of patients, doctors and experts. The sample of patients was taken from both government and private health institutions.

Selection of Health Institutions.

The sample was taken from both private and government health institutions by using multi-stage convenience sampling method. In the first stage, various institutions were selected and in the second stage, subjects for interview were identified.

Selection of Government Health Institutions

There are 43 health institutions that provide health services with almost all types of specialties. These hospitals were categorised into five groups, depending upon the administrative control namely, hospitals primarily run and maintained by : 1 Central Government, 2. Government of National Capital Territory of (NCT), Delhi, 3. Municipal Bodies of Delhi, 4. Employees State Insurance Corporation (ESI), and 5. Autonomous Bodies like All India Institute of Medical Sciences (AIIMS).

A total of five institutions were selected (one institution from each category), covering representation from all major government health institutions.

Selection of Private Health Institutions

No definitive list of private health institutions was available. However, according to the list available in the form of a directory published by the Delhi Medical Association, there were 453 private hospitals and nursing homes in Delhi in 1993. Five institutions (one institution from each of the five zones, viz., North, South, East, West and Central) were selected by using convenience sampling method.

Selection of Patients

Patients were selected by keeping in mind that the sample represents five major specialities, viz., medicine, surgery, obstetrics and gynaecology, paediatrics, and orthopaedics. Age, sex, education, occupation, and income were the chief considerations, which helped in selecting respondents. It was decided to select 100 patients from each of the above mentioned five specialities so that 500 patients could be approached. The study covered patients

who were receiving services in the out-patient departments (OPDs).

Sample Size

For the final analysis, 540 patients were interviewed.

Development of Questionnaire

The survey was conducted through personal interview. The direct, structured and non-disguised questionnaires were used to collect the information. The questionnaire included questions on demographic characteristics as well as respondents' opinion. The questionnaire contained questions on whether the doctors provided adequate information about illness and treatment, reasons for patients' dissatisfaction, level of their awareness about the CPA and role of the CPA in getting the redressal of patients' grievances.

Pre-testing of Questionnaires

A pilot survey was conducted in January, 1996, by selecting 50 patients from different strata of life on the basis of age, sex, educational qualification and income. The purpose of pre-test was to check on the wording, sequence, order the relevance of the questions to the present study. Every question was thoroughly examined. Based on the analysis of their responses, suitable modifications were made in the questionnaires. Earlier, the questions relating to implications of the CPA for the patient-doctor relationship had been included in the patients' questionnaire; however, analysis of responses of the pre-test showed that majority of the patients were not even aware about the CPA. Therefore, these questions were dropped.

Survey

The survey was conducted during the period

of March, 1996 to April, 1997. All the patients were approached personally in the health institutions where they were receiving the medical services. They were told about the study and requested to fill in the information asked in the questionnaire. As expected, some patients on the pretext of lack of time did not agree to co-operate. To most of the

patient-respondent, questions were read out and responses were recorded, while some respondents filled in the information themselves. In the case of some patients of government hospitals and of free wards of private hospitals, the questions had to be explained in Hindi and their responses were recorded in questionnaire.

Table 1 : Information about illness and Treatment Provided by Doctors

Information about :	No. of Patients (percent)				
	Illiterate N=66	Up to higher secondary N=164	Graduate N=216	Post-graduate and professionally qualified N=94	Total N=540
Illness	64 (97)	158 (96.3)	212 (98.1)	92 (97.9)	526 (97.4)
Options available	6 (9.18)	28 (17.1)	6 (2.0)	4 (4.3)	44 (8.1)
Possible side-effects	12 (18.2)	26 (15.9)	30 (13.9)	18 (19.1)	86 (15.9)
Time required for recovery	8 (12.1)	24 (14.6)	10 (4.6)	6 (6.4)	48 (8.9)
Causes of illness	0 (0)	8 (4.9)	6 (2.8)	4 (4.3)	18 (3.3)
Treatment given	2 (3)	10 (6.1)	16 (7.4)	4 (4.3)	32 (5.9)
Unforeseen consequences and risks involved	2 (3)	4 (2.4)	8 (3.7)	4 (4.3)	18 (3.3)
Future life style to be adopted	0 (0)	2 (1.2)	4 (1.9)	6 (6.4)	12 (2.2)

RESULTS

Information about Illness and Treatment Provided by Doctors

Patients' opinions about information about their illness, options available for treatment, possible side-effects and complications, time required for recovery, causes of illness, treatment given, unforeseen consequences and risks involved, and future lifestyle expected, are analysed according to the patients' educational qualifications, in order to determine whether there is any difference on the part of doctor in so far as they provide information to the patients having differing educational qualifications.

As shown in Table 1, a large majority of patients in all the four educational categories, viz., illiterate (97 percent), up to higher secondary (96.3 percent), graduate (98.1 percent), and post-graduate and professionally qualified (97.9 percent) reported that doctor provided them information regarding their illness. However, regarding the other aspects of information, it is evident from the Table that doctors were not providing

adequate information : options available (8.1 percent), possible side-effects (15.9 percent), time required for recovery (8.9 percent), causes of illness (3.3 percent), treatment given (5.9 percent), unforeseen consequences and risks involved (3.3 percent) and future lifestyle to be adopted (2.2 percent).

Thus, there is no significant difference in the attitude of doctors to patients having different educational background so far as the provision of information about the illness and treatment is concerned.

Further, there seems to be a communication gap between the doctors and the patients. It appears that doctors consider patients as laymen and do not provide adequate information to patients. This gap needs to be bridged and doctors should provide adequate relevant information to patients about their treatment.

Perception as to the Necessity of Information regarding Treatment

As shown in Table 2, a whopping majority of patients (97.4 percent) felt the necessity of

Table 2 : Perception as to the Necessity of Information regarding Treatment

Particulars	No. of patients (percent)				
	Illiterate N=66	Up to higher secondary N=164	Graduate N=216	Post-graduate and professionally qualified N=94	Total N=540
Patients feel the necessity of asking appropriate line of treatment	60(90.9)	162 (98.8)	212 (98.1)	92 (97.9)	526 (97.4)
Actually asked about the appropriate line of treatment	56(84.8)	156 (95.1)	212 (98.1)	94(100)	518(95.9)

asking the appropriate line of treatment and its unforeseen consequences and an overwhelming majority of patients (95.9 percent) actually asked the doctor regarding the appropriate line of treatment. When this aspect is analysed according to the education level of the patients, there does not seem to be much difference in the categories, up to higher secondary (98.8 percent), graduate (98.1 percent) and post-graduates and professionally qualified (98 percent). But, in the case of illiterate patients, such number is a little less (91 percent) which implies that in comparison to other three categories, illiterate patients seem to feel somewhat less the need to ask the doctors about the line of treatment. Similarly, in the case of actually asking the doctor, the percentage of patients who had actually asked the doctor was found to be increasing with the increase in their education level : illiterates (84.8 percent), up to higher secondary (95.1 percent), graduates (98.1 percent) and post-graduate and professionally qualified patients, (100 percent). Thus, educational qualifications do make some difference in the patients in getting the desired information from the doctors.

Patients' Satisfaction over Doctor's Response to Queries

Patients' satisfaction over the doctor's

response towards their queries is shown in Table 3. Of all the patients who actually queried the doctors, only 39.4 percent were satisfied with the doctors' response towards their queries regarding treatment. However, majority of the patients (61 percent) were not satisfied with the doctors' response towards their queries. Moreover, as the education level of patients rises, they seem to be more and more dissatisfied with the doctors' response. qualified patients were satisfied. The satisfied patients having qualifications. A large majority of the illiterate category of patients (71.4 percent) seem to be satisfied, while not many (29.8 percent) of post-graduates and professionally up to higher secondary and graduation were 48.7 percent and 28.3 percent respectively.

The level of satisfaction was measured on a four-point scale ranging from 'highly satisfied' to 'highly dissatisfied'. As the response in 'highly satisfied' was negligible and in 'highly dissatisfied' was none, these categories were combined with the nearest categories on the scale. As a result of this meager two categories namely, 'satisfied' and 'dissatisfied' emerged and are shown in the Table 3.

PATIENTS' AWARENESS ABOUT GRIEVANCE REDRESSAL UNDER CPA

The patients' awareness about getting redressal of grievances against deficiency

Table 3 : Patient's Satisfaction over Doctor's Response to Queries

Particulars	No. of Patients (percent)				
	Illiterate N=56	Up to higher secondary N=156	Graduate N=212	Post-graduate & Professionally Qualified N=94	Total N=518
Satisfied with the doctors' response to their queries	40 (71.42)	76 (48.72)	60 (28.30)	28 (29.79)	204 (39.38)
Dissatisfied with doctors' response to their queries	16 (28.57)	80 (51.28)	152 (71.70)	66 (70.21)	314 (60.62)

Table 4 : Awareness of Patients about CPAC -

Particulars	No. of Patients (percent)				
	Illiterate N=66	Up to higher secondary N=164	Graduate N=216	Post-graduate and professionally qualified N=94	Total N=540
Aware about the CPA	Nil	18(11.0)	38(17.60)	54(57.40)	110 (20.40)
Not aware about the CPA	66(100)	146(89.0)	178(82.40)	40(42.6)	430 (79.6)

in medical services under the CPA is shown in Table 4. It is evident from the Table that not many patients (20.4 percent) were aware about the Consumer Protection Act, -1986, while, a large majority of the patients (80 percent) were still unaware.

Analysing this aspect on the basis of educational qualification of patients, Table 4 shows that none of the illiterate patients was aware about the CPA. Only a handful of patients (11 percent) having qualification up to higher secondary, a few graduate patients (17.6 percent) and more than half of the post-graduates and professionally qualified patients (57.4 percent) were aware of the CPA. Thus, as the education level increased, the percentage of patients who were aware about the CPA went up, but still, there was a wide gap in the awareness level of the patients about the CPA. Thus, there is a need to create awareness about the CPA in the public.

Patients' Overall Satisfaction with Medical Services

After getting the responses of patients with respect to various aspects of services provided by doctors and health institutions, a general question was asked about the satisfaction of patients with the services

provided by health institutions, and the responses have been presented in Table 5.

Though the patients expressed dissatisfaction on individual parameters of measuring levels of satisfaction in the previous analysis, it seemed surprising that a large majority of the patients (76.3 percent) reported satisfaction with medical services, in general. Only a few patients (23.7 percent) had reported dissatisfaction.

From the Table, it can be observed that on the basis of educational qualification, there does not seem to be much difference in the satisfaction level of patients.

Patients' satisfaction of government and private health institution is also presented in Table 5. It is evident from the Table that a large majority of patients (89 percent) of private hospitals reported satisfaction with the medical services, while a considerable majority of patients (61.7 percent) of the government hospitals expressed dissatisfaction with the medical services they received.

Action Taken by Dissatisfied Patients

The opinion of the dissatisfied patients about the action taken by them is presented in Table 6.

Table 5 : Patients' Overall Satisfaction with Medical Services -**On the basis of education :**

Particulars	No. of Patients (percent)				
	Illiterate N=66	Upto higher secondary N=164	Graduate N=216	Post-graduate and professionally qualified N=94	Total N=540
Satisfied	52 (78.8)	128 (78)	156 (72)	76 (81)	412 (76.3)
Dissatisfied	14 (21.2)	36 (22)	60 (28)	18 (19)	128 (23.7)

On the basis of nature of health institution :

Particulars	No. of Patients (percent)		
	Government hospitals N=136	Private hospitals N=404	Total N=540
Satisfied	52 (38.3)	360 (89)	412 (76.3)
Dissatisfied	84 (61.7)	44 (11)	128 (23.7)

Patients Dissatisfied and Suffering Specific Damages : As shown in Table 6, out of 128 patients who were dissatisfied, 28 patients (21.9 percent) had suffered specific damages during the treatment. Two patients did not give any response.

Aggrieved Patients Needing Compensation : The number of patients who wanted to get compensation out of those who had suffered specific damages is shown in Table 6. An overwhelming majority of patients (92.9 percent) who had suffered specific damages responded that they would like to get compensation. As, for the 'illiterate' category, none of the patients reported suffering any

specific damage, hence, for this category, responses for this aspect could not be collected. For the other three educational categories of patients, having qualification up to higher secondary (100 percent), graduation (87.5 percent) and post-graduation and professional qualification (100 percent) responded that they would like to get compensation.

Action taken by Patients Suffering Damages : The dissatisfaction expressed by the patients in the form of complaints should cause deep concern to the hospital authorities because in service organisations like hospitals, patients; satisfaction is the

Table 6 : Action Taken by Dissatisfied Patients

Particulars	No. of Patients (percent)				
	Illiterate N=14	Up to higher secondary N=36	Graduate N=60	Post-graduate and professionally qualified N=18	Total and N=128
Patients who were dissatisfied and suffered specific damages during treatment :					
Yes	—	6 (16.7)	16 (26.7)	6 (33.3)	28 (21.9)
No	14 (100)	30 (83.3)	42 (70)	12 (66.7)	98 (76.6)
No response	—	—	2 (3.3)	—	2 (1.5)
Patients who had suffered specific damages and wanted to get compensation :					
	N=0	N=6	N=16	N=6	N=28
Yes	—	6 (100)	14 (87.5)	6 (100)	26 (92.9)
No	—	0 (0)	2 (12.5)	0 (0)	2 (7.1)
Action taken by patients who had suffered specific damages :					
Action taken	N=0	N=6	N=16	N=6	N=28
Nothing	—	—	—	—	—
Complained to hospital authority	—	6 (100)	14 (87.5)	6 (100)	26 (92.9)
Complained to referring doctor	—	—	2 (12.5)	—	2 (7.1)

major contributing factor for optimising operational efficiency. Just to have an idea about how many dissatisfied patients on an average make complaints, a question was asked, and responses collected in this respect are shown in Table 6.

It is evident from the Table that an overwhelming majority of the patients (92.9

percent) made complaints to the hospital authority. While only two out of 28 patients (12.5 percent) made complaints to their doctor. However, there does not seem to be much difference in the attitude of patients in making complaints on the basis of their education qualification.

Table 7 : Patients' Satisfaction with Remedial Measures

Particulars	No. of patients (percent)				
	Illiterate	Up to higher secondary	Graduate	Post-graduate and professionally qualified	Total
	No=0	N=6	N=16	N=6	N=28
Patients satisfaction with the remedial measures, who had taken any action for their dissatisfaction :					
Satisfied with remedial action	Nil	Nil	Nil	Nil	Nil
Dissatisfied with remedial action	Nil	6 (100)	16 (100)	6 (100)	28 (100)

Patients' Satisfaction with Remedial Measures

As shown in Table 7, all the patients who had made complaints were dissatisfied with the remedial measures. Patients reported that it was very difficult to reach the top authorities, and even after making complaints to the higher authorities, no prompt action was taken. Besides, there was no clear-cut procedure to inform the patients of the action taken by the top authorities on their complaints.

Action Proposed by Patients Dissatisfied with Remedial Measures

The responses of the dissatisfied patients regarding the action taken by them is presented in Table 8. A substantial majority of the patients (85.7 percent) expressed that they would like to take legal remedy. Only four out of 28 dissatisfied patients reported that they could approach voluntary organisations or report to some media.

Further, the Table indicates that as the education level of patients rises, more and

more of them like to go in for legal remedy : up to higher secondary (66.7 percent), graduate (87.5 percent) and post-graduate and professionally qualified (100 percent).

Of all the patients, who wanted to take legal remedy, a considerable majority of the patients (75 percent) opined that they would like to take legal remedy under the forums under the CPA. None of the patients wanted to approach the Medical Councils. Patients expressed that the Medical Councils are mainly dominated by doctors and they were not sure of getting redressal from them. Moreover, Medical Council of India cannot provide compensation which majority of patients wanted to get. This is shown by the previous analysis of responses of patients (Table 6). Merely 8.3 percent of patients expressed their desire to approach the Medical Associations and the same percentage of patients desired to approach the Civil Courts for getting redressal of their grievances. 8.3 percent of patients did not give any response to this aspect.

Further, it is evident from the Table that a considerable majority of the patients (66.7 percent) favoured the CPA because of its speedy nature in comparison to the Civil Courts. Another 22.2 percent of patients were in favour of the CPA as it had minimum

procedural formalities to be followed. Further, 11.1 percent of the patients expressed that they wanted to get redressal of their grievance under the CPA for the reason that it was inexpensive.

Table 8 : Action Proposed by Patients Dissatisfied with Remedial Measures

Particulars	No. of Patients (percent)				
	Illiterate N=0	Up to higher secondary N=6	Graduate N=16	Post-graduate and professionally qualified N=6	Total N=28
Patients who were dissatisfied with remedial measures taken by health institution to their complaint; action proposed by them :					
Wanted to take legal remedy	—	4 (66.7)	14 (87.5)	6 (100)	24 (85.7)
Others	—	2 (33.3)	2 (12.5)	0 (0)	4 (14.3)
Patients wanted to take legal remedy under :					
Medical Councils	—	0	0	0	0
Medical Associations	—	0	2 (14.3)	0	2 (8.3)
Civil Courts	—	0	2 (14.3)	0	2 (8.3)
Forums under the CPA, 1986	—	4 (100)	8 (57.1)	6 (100)	18 (75.0)
Non-response	—	0	2 (14.3)	0	2 (8.3)
Patients wanted to take legal remedy under the CPA as it is :					
Speedy	—	2 (50)	6 (75)	4 (66.7)	12 (66.7)
Inexpensive	—	0	2 (25)	0	2 (11.1)
With minimum formalities	—	2 (50)	0 (0)	2 (33.3)	4 (22.2)

Therefore, it appears that people are expecting the CPA to be speedier than any other forum. According to Justice V.B. Eradi, past president of the National Commission, it takes presently, on an average, one or two years to get the redressal, as against 90 days period prescribed by the Act. But still, one or two years time period is much less in comparison to the Civil Courts in which average time period is 8 to 10 years⁹. Thus the government should take steps to increase the efficiency and speed of the CPA so that it is able to meet the 90 days redressal time specified in it.

Perceived Injustice to Patients by Doctors

Patients' responses about some doctors not doing justice to patients while performing their duties, and possible causes for such injustice towards their duties, are presented in Table 9. It can be observed from the Table that a whopping majority of patients (97 percent) were of the opinion that some doctors were not doing justice to their duties.

In order to know whether there is any difference in the opinion of the patients availing the services of government and private hospitals regarding this aspect, an analysis of responses of patients of government and private hospitals has been presented in Table 9.

As shown in Table 9, there does not seem to be any difference in the opinion of patients availing services of government hospitals and private hospitals regarding this aspect. An overwhelming majority of patients (97 percent) in both the government as well as the private hospitals were of the view that some doctors were not doing justice in performance of their duties.

When patients were asked to give the possible reasons for such injustice, a

whopping majority of patients (98 percent) expressed commercialisation as the majority reason. Another major reason according to a large majority of patients (79.4 percent) was that the doctors did not feel the need to provide the information to the patients.

The patients' opinion clearly shows that some doctors are not doing justice to their duties because of their money-mindedness and not realising the importance of providing information to the patients about their illness and treatment. The patients expressed that doctors considered them laymen who could not understand their illness. The doctors did not think it necessary to provide the patients the information desired by them. Thus, the doctors do not provide the adequate information to the patients about their illness and treatment. In the process, the patients are not able to understand how they have to take the treatment, what its side-effects and risks are and what life style they have to follow.

Analysing this aspect from the point of view of patients of government and private health institutions, Table 9 shows that in addition to commercialisation (97 percent) and doctors' not feeling the necessity of providing information to patients (87.9 percent), other major reasons for government doctors not doing justice to the patients include : overburdened with work (84.8 percent) and lack of proper facilities (80.3 percent). However, in the case of the private health institutions, the major two reasons that emerged were as follows : commercialisation (99.5 percent) and doctors' not feeling necessity of providing information to patients (76.5 percent). The percentage of the patients expressing that doctors were overburdened with work (5.1 percent) and there was lack of proper facilities (4.1

Table 9 : Perceived Injustice to Patients by Doctors

Particulars	No. of patients (percent)		
	Government hospitals N=136	Private hospitals N=404	Total N=540
Some doctors are doing injustice to patients in performance of their duties	132 (97.1)	392 (97)	524 (97)
Possible reasons for such injustice	N=132	N=392	N=524
Overburden with work	112 (84.8)	20 (5.1)	132 (25.2)
Resent being called at late hours	10 (7.6)	38 (9.7)	48 (9.2)
Doctors' not feeling the necessity of providing information to patients	116 (87.9)	300 (76.5)	416 (79.4)
Commercialisation	128 (97.0)	390 (99.5)	518 (98.9)
Lack of proper facilities	106 (80.3)	16 (4.1)	122 (23.3)

percent) were only negligible in the case of private hospitals:

Perception regarding Doctors' Professional Accountability

The patients' perception regarding the doctors' accountability are presented in Table 10. More than half of the patients (53 percent) opined that doctors did not feel accountable to any authority for their professional conduct.

An open-ended question was asked to the patients as to which authority doctors were accountable. Examining the responses of the patients, it can be concluded that a majority of patients felt doctors were accountable either to the doctors' body, the hospital authority or to the Civil Courts.

The patients who opined that doctors were not accountable said that doctors should be accountable to general public through some law or to the CPA.

Patients' Grievances against Doctors and Health Institutions

The opinion of the patients about the common causes of their dissatisfaction in bringing a complaint against a doctor or health institution are presented in Table 11.

It is evident from the Table that the most important factor that triggers the complaining behaviour of patients is the improper and unsympathetic behaviour of doctors and hospital staff (95 percent and 97 percent respectively). As regards the reasons related to medical components, a substantially large majority of patients were of the opinion that

Table 10 : Perception regarding Doctors' Professional Accountability

Particulars	Patients	
	Number	Percent
Doctors feel accountable to some authority for their professional conduct	254	47
Doctors do not feel accountable to some authority for their professional conduct	286	53
Total	540	100

wrong diagnosis (94.4 percent), lack of investigative facilities (88.9 percent) and negligence in informing the potential risks, side-effects of drugs and tests (86.3 percent) and unnecessary investigations (85.6 percent) were the main causes of patients' dissatisfaction.

Among the other reasons, a substantial majority of patients (80.4 percent) felt that overcharging was the major reason for their dissatisfaction with doctors and health institutions.

During the interviews the patients expressed the opinion that the charges were not in

Table 11 : Patients' Grievances against Doctors and Health Institutions

Reasons for patients' dissatisfaction	Patients	
	Number	percent
Reasons related to medical components :		
Non availability of doctors when required	132	24.4
Non availability or inadequacy of other para-medical services	444	82.2
Wrong diagnosis	510	94.4
Inadequate treatment	404	74.8
Unnecessary Investigation	462	85.6
Over prescription	332	61.5
Lack of investigation facilities	480	88.9
Failure to advise hospitalisation when indicated by patients' condition	264	48.9
Negligence in informing patients of potential risks and side-effects of drugs and tests	466	86.3
Not willing to have second opinion	76	14.1
Failure to obtain informed consent for procedures with inherent risks	42	7.8
Abandoning or discontinuing treatment without arranging for alternatives	24	4.4

Table 11 (Contd...)

Reasons related to behaviour		
Improper behaviour of the doctor	514	95.2
Improper behaviour of staff	528	97.8
Lack of cleanliness in the premises	476	88.1
Over-charging	434	80.4
Miscellaneous Reasons :		
Jealousy from the medical personnel	6	1.1
Patient instigated by other persons	16	3.0
For blackmailing	0	0.0
General lack of understanding of role and cost of expert opinion as a result of which patient feels that doctor has not done anything except prescribing few medicine and charged so high an amount	84	15.6

commensuration with services provided by health institutions. They added that health institutions had become business houses, highly motivated only by commercial interests. Further, they also complained of inadequate para-medical services, (82.2 percent) and lack of cleanliness in the premises (88.1 percent).

PERCEPTION REGARDING CPA'S ROLE FOR GRIEVANCE REDRESSAL

The opinion of the patients regarding the CPA to be helpful in getting the redressal of their grievances and in checking deficiency in medical services is presented in Table 12.

Table 12 : Perception regarding CPA's Role for Grievance Redressal

Particulars	Patients	
	Number	Percent
Applicability of CPA to medical services would be helpful in getting redressal of patients grievances and in checking deficiency in medical services ?		
Yes	534	98.9
No	6	1.1
Total	540	100

An overwhelming majority of patients (98.9 percent) opined that applicability of the CPA would be helpful in getting redressal of their grievances and in checking deficiency in medical services. They felt that the procedure employed in the CPA was less time-consuming, inexpensive and involved minimum formalities in comparison to the

Civil Courts. Further they expressed that the Medical Council of India was mainly dominated by doctors and could not provide compensation to aggrieved patients. Thus, they found the Consumer Protection Act, 1986, to be beneficial to patients in getting the redressal of their grievances.

CONCLUSIONS

The study has indicated wide communication gap between the doctor and the patient. The study has shown that the doctor do not spend enough time but only up to 5 minutes in examining the patients and do not explain them about the treatment, options available, possible side-effects, risks involved, future life style to be adopted and the cost involved in the treatment and the operation. Moreover, it has been found that the doctors do not explain to the patients about the surgical operation to be done and the risks involved before obtaining their consent, however, the patients wanted to get the adequate information about these aspects. The concept of 'informed consent' is found to be almost non-existent. Furthermore, there was dissatisfaction among the patients with the doctors' response towards their queries about the illness and the treatment. Thus, the doctors are lacking in providing the information to the patients about the illness, line of treatment and the cost involved, which is the root cause of patients' dissatisfaction. Therefore, it is suggested that communication should be improved by considering patients as 'partners' in the process of treatment as has been advocated by the British Medical Association. The patients should be informed about the diagnosis, relevant investigations, necessary drug prescribed and the cost of treatment in a language understandable to them.

It is also suggested that the medical students at the undergraduate levels should be taught the communication skills and its importance. Effective patient-doctor communication can dispel uncertainty and fear and enhance healing and patient satisfaction. Since the main thrust of health care marketers is on patient satisfaction, it can be achieved by adopting 'patient-centered' approach by encouraging patients to ask questions, to

seek a second opinion, and to share responsibility for medical decisions.

Actions Desired to be taken by Dissatisfied Patients : The study has revealed that the dissatisfied patients favoured legal remedy under the Consumer Protection Act, 1986, as they considered it to be speedy, economical and involving minimum formalities in comparison to the Civil Courts.

The level of the patients' awareness about the CPA is not encouraging. Even quite a large number of the post-graduate and professionally qualified patients were found to be unaware of the CPA. As the study revealed that a large majority of patients are grossly ignorant about the existence of various consumer grievance redressal agencies under the CPA, therefore, adequate consumer awareness should be created through consumer education. It is suggested that the Central and the State Consumer Protection Councils should take urgent steps towards creating awareness about the provisions of the CPA. The Central Government should make use of their Information and Broadcasting Department for this purpose. Voluntary consumer organisations should also come forward to supplement the government efforts in various ways, such as putting banners, placing of sign boards, distribution of brochures or through programmes in powerful media like television, and pamphlets giving necessary information about the various consumer forums whereby a consumer can file his complaints against deficiency in medical services.

For this purpose, voluntary consumer organisations need strengthening; and it is, therefore, necessary that the government provide adequate resources to registered voluntary consumer associations. In many

countries where the consumer movement is at an advanced stage, the government provide financial and other support to consumer associations. The government of India should, therefore, evolve a sound policy of extending adequate financial aid to consumer associations. The Ministry of Civil Supplies, Consumer Affairs and Public Distribution of the Government of India, could be entrusted with the task of evolving guidelines for providing financial aid to registered voluntary consumer associations for effectively working for consumer protection.

In addition, the 'no fault' compensation programme, as has been adopted by the USA, Europe and New-Zealand should be adopted in India also to provide a quick, cost-effective and fair means of compensating the victims of medical accidents. In this system, the victim does not have to prove in a court of law but has to pursue the appropriate board that the damage has resulted from someone else's negligence and has occurred in circumstances which qualify within the conditions laid down in the 'no fault' scheme. It could be beneficial to those whose injuries are serious, but do not wish to pursue compensation, because they are unwilling to accept financial risks involved in the process. The necessary condition for a claim to qualify under the 'no fault' scheme is whether the injury could have been prevented by any alternative diagnostic or medical procedure or by performing the procedure differently. In this compensation is paid by the insurance company from a fund equally contributed by the doctor, health institution, patient and the Government.

Notes

1. See: *Md. Aslam v. Ideal Nursing Home*, III (1997) CPJ 81 (NC).
2. *The Concise Oxford Dictionary of Current*

English (1990), 8th ed. (Oxford University Press), p. 794.

3. AIR 1969 SC 128.
4. II(1992) CPJ 764.
5. *Cosmopolitan Hospital and Anr. v. Vasantha P. Nair* (First Appeal No. 48 of 1991) and *Cosmopolitan Hospital and Anr. v. V.P. Shantha and Ors.* (First Appeal No. 94 of 1991) *Consumer Protection Judgements* (CPJ), I (1992), CPJ 302 (NC).
6. See : *M/s Cosmopolitan Hospital & Anr. v. Smt. Vasantha P. Nair*, I (1992) CPJ 302 (NC), *Consumer Education and Research Society v. Dr. Rati Lal Patel & Ors.*, III (1992) CPJ 25 (NC); *B. Shekhar Hedge v. Dr. Sudhanshu Bhattacharya & Anr.*, II (1992) CPJ 449; and *Dr. G.C. Batalia v. The Consumer Disputes Redressal Forum & Anr.*, II (1994) CPJ 523.
7. *Dr. C.S. Subramanaroam v. Kumarasamy and Anr.*, 1994 (3) CPR 403.
8. *Indian Medical Association v. V.P. Shantha*, III (1995) CPJ 1 SC.
9. "Law is Here to Serve the Public: An Interview with Justice V.B. Eradi", *Health for the Millions* (1992), December, Vol. 18, No.6, p.17.

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