

Medical, Legal and Social Problems Faced by Medical Officers Working in Primary Health Centers

Jeeveswararao Bagadi¹, Lakshmi Sativada²,
Kiran Kanth Vudayana³, Kulkarni.V.P⁴, Bhargavi Sampathirao⁵

¹Associate Professor, Forensic Medicine and Toxicology, NRIIMS, Tagarapuvalasa, Visakhapatnam, Andhra Pradesh, ²Assistant Professor, Department Of Ophthalmology, GEMS, Srikakulam, Andhra Pradesh, ³Associate Professor, Department Of Dermatology, GEMS, Srikakulam, Andhra Pradesh, ⁴Professor, Social and Preventive Medicine, NRIIMS, Visakhapatnam, Andhra Pradesh, ⁵Tutor, Forensic Medicine and Toxicology, NRIIMS, Visakhapatnam, Andhra Pradesh.

How to cite this article: Jeeveswararao Bagadi, Lakshmi Sativada, Kiran Kanth Vudayana et. al. Medical, Legal and Social Problems Faced by Medical Officers Working in Primary Health Centers. Indian Journal of Forensic Medicine and Toxicology 2022;16(4).

Abstract

Healthcare facilities are getting costly, and becoming non-accessible for the poor. The medical officers working in primary health centers are facing medical, legal and social problems by lack of resources and infrastructure. This study was conducted on 150 primary health centers during the period of six months from July -December 2021 in and around Srikakulam district of Andhra Pradesh. Medical professionals are facing problems mostly due to primary health centers are located far away from headquarters. Improving primary health care facilities in rural areas may give good results in health care system.

Key words: Primary health centers, Autopsy, Medico legal, Social.

Introduction

Every profession has several obligations and responsibilities. Medical profession is unique and different from other professions because of need of scientific knowledge, technical skills and understanding of human being for providing necessary patient care. Medical negligence is a concern, but it is obvious that no doctor wishes to harm their patient. Today, those involved in saving in other's life themselves at risk because of increasing rates of assaults on medical professionals

or litigations and some doctors have faced violence at the workplace.

Annually there is 110% increase in the number of medical negligence cases in India. In medical profession, success cannot be guaranteed in every case, as it depends on several factors which are beyond doctor's control. Moreover, medicine is ever changing science. There can awareness about rights of the patient, vulnerability of medical profession for litigation is increasing day by day. Successful clinical practice is balance between medico-legal requirements

Corresponding Author: Kulkarni V.P, Professor, Department of Social and Preventive Medicine, NRIIMS, Visakhapatnam, A.P.

E-mail: vedkulkarni@rediffmail.com

and excellence in patient care. Moreover, healthcare professionals have many ethical, moral and legal obligations. Medical Negligence, Disaster in patient-physician relationship, Inadequate documentation, Lapses in data storage and Method of consent process are some of Medico- Legal aspects. A survey among doctors from different specialties showed knowledge gaps in obtaining informed consent.¹

Good medical practice requires that medical graduates can demonstrate in practice knowledge and understanding of the law.²Public health infrastructure has been referred to as “the nerve center of the public health system.³ According to a report as of 2019 there was an estimated shortage of 600000 doctors and 2 million nurses in the country. The report also stated that in India there is 1 bed for 2239 persons, which is way lesser than WHO recommendation of 3 beds per 1000 population.³

The healthcare facilities are highly skewed towards urban areas observed that while about 70% of India’s population lives in rural areas, only 20% of hospital beds are located in rural areas.³Primary Health Centers are the bedrock of rural health services and play a prominent role in the production of healthcare services in rural areas of the country.³

One of the biggest problems in rural India is that the public health facilities are facing difficulty in attracting and holding on the presence of quality and trained medical professionals may be due to lack of basic facilities in rural areas³. Even if the manpower

is there, their participation level in healthcare production is lower than the required due to deficient supply, insufficient equipment, poor monitoring, etc. as a result the major proportion of India’s population, even the poor, choose expensive healthcare services largely provided by unregulated private sector.³

Every doctor under law has to serve his patient and cannot refuse treatment making the health care services more complicated. Also as defined under law, every doctor has to fulfill certain legal requirements during his service by compulsion or voluntarily. Apart from routine and usual clinical cases, a doctor will come across certain Medico-Legal problems at one time or the other during the practice of his/her profession.⁴

The main problem in primary health centers to execute medico legal issues is not possible because they are not recognized as medico legal centers.

Material and Methods

A cross sectional questionnaire based survey was conducted in Primary Health Centers in Srikakulam district in the state of Andhrapradesh. All the medical officers participated. The information collected included Age, Sex, Workplace, Recreation facilities, Interpersonal relationships, Medical facilities, Basic amenities, Medicolegal issues, Preventive measures taking for medical negligence were recorded in this study. Approval of institution ethics committee was obtained prior to the study.

Table 1: Perception of participants about recreational facilities at headquarter town (n=150)

S. No	Recreation	Satisfactory	Unsatisfactory
1	Garden, gymnasium	71(47.2%)	79 (52.8%)
2	Schools	49(32.8%)	101(67.2%)
3	Travel time from head quarter	<2 hrs 84(55.7%)	>2hrs 66(44.3%)

Table 2: Basic Amenities and medico legal facilities in Primary health centers

S. No	Factors	Yes	No
1	Provision for triage in mass disaster	99(65.71%)	51(34.28%)
2	Regular Biomedical waste collection	114(75.71%)	36(24.28%)
3	Availability of Color coding bin for bio medical waste	135(90%)	15(10%)
4	Specialist doctors	25(17%)	125(83%)
5	Blood bank distance	<10 KM 121(81%)	> 10 KM 29(19%)

S. No	Factors	Yes	No
6	Tertiary care centre	<10 KM 117(78%)	>10 KM 33(22%)
7	Ambulance services	130(87%)	20(13%)
8	Equipped Ambulance	105(81%)	25(19%)
9	Autopsy center	>10 km 135(90%)	<10km 15(10%)
10	Preservation facilities for ML evidences, Skin Marking pencils	51(34.28%)	99(65.71%)

Table 3: Medico legal issues and availability of medico legal certificates

S. No	Factors	Yes	No
1	Domestic violence + Child abuse + Poison cases	90(60%)	60(40%)
2	Cooperation of patients for Consent in medico legal cases	116(77%)	34(22.85%)
3	Recording of Dying Declaration	30(20%)	120(80%)
4	Issuing of Drunkenness Certificate	15(10%)	135(90%)
5	Availability of Certificates for willing and unwilling Autopsy, Specialized form for PLWH, proformas for sexual offences	24(15.78%)	126(84.28%)
6	Availability of Card for referral center, MCCD Certificate	129(86%)	21(14%)
7	Maintaining of medico legal Registers	109(72.85%)	49(27.14%)

Table 4: Medical negligence and preventive measures

S. No	Factors	Yes	No
1	Primary health centers recognized as medico legal centers	0(0%)	150(100%)
2	Violent against medical negligence	24(15.71%)	126(84.28%)
3	Security guard at Primary health centers	105(70%)	45(30%)
4	Medical Indemnity Insurance	34(22.85%)	116(77.14%)
5	In brought dead cases : -Refer to higher center+ ECG + Death declaration + Police intimation + MLC registration	60(40%)	90(60%)
6	Patient satisfactory survey	62(41.42%)	88(58.57%)

Table 5: Measures taking to prevent medico legal problems

S. No	Factors	
COPRA :(consumer protection act)		
1	Education, Communication, Relations with patients	64(42.85%)
2	Not taking Measures	86(57.14%)
MTP : (Medical termination of pregnancy)		
1	Conducting 58(38.57%)	Not Conducting 92(61.42%)
2	Measures taken 49(85.18%)	Measures Not taken 9(14.82%)
HOTA: (Human organ transplant act)		
1	Registered 3(2%)	Not Registered 147(98%)

Observations and Discussion

General characteristics of study participants:

In present study, 103(68.5%) participants were more than 35 years of age out of which 84(56%) of participants were male and 66 (44%) of participants were female.

Majority of participants 79(52.8%) complained about lack of recreation facilities like malls, gardens, gymnasiums at their headquarter town. Majority of participants 101(67.2%) felt that schools were of not satisfactory standards at their head quarter town.

Most of the participants 100(67%) felt that they had satisfactory social interaction in their neighborhood. Majority of participants 120(80%) felt that they have satisfactory relationship with Lower cadre employees like ANM, MSW,UDC etc. whereas 60(40%) participants complained of unsatisfactory relations with local politicians.92(61.4%) participants complained of political pressure while discharging duties. This pressure was in the form of command for priority in treatment, prompt and fast treatment, pressurizing for giving fitness certificates, age certificates etc.67(44.3%) of participants had to travel more than 2 hours per day to reach their head quarters.

Regarding storage of medical record, almost (n=135)90% doctors believed that the records of medico-legal cases must be maintained till the judgment of the case. But these results vary slightly from the study on medico-legal awareness amongst health professionals in Sudan where 94.5% agreed that hospitals must maintain records until the case is judged.⁵ legally, physician written records carry more weight than patient's recollections. According to Medical Council of India medical records should maintain 3 years from commencement of treatment.⁶ Record Storage facility is absent in (n=81)54% of primary health centers where 63%of medico legal records are unsafe among stored. This may be due to fewer funds provided by the government for the healthcare system to maintain.⁷

In our study n=114(75.71%) of primary health centers maintain biomedical waste collection and 90% among them are having color coding bins for bio medical waste. This study contrast with Divya

rao et. al.⁸ where 50%of doctors only have enough knowledge for biomedical waste management. The waste generation rate ranges between 0.5 and 2.0 kg bed-1 day-1. At many places, authorities are failing to install appropriate systems for a variety of reasons, such as non-availability of appropriate technologies, inadequate financial resources and absence of professional training on waste management.⁹

Specialists are not available in (n=125)% 83% of primary health centers. Now irrespective of the ability to pay people in India increasingly seek private healthcare even for minor illness like cold fever diarrhea due to non availability of doctors.^{10, 3}

Only (n=15)10% of primary health centers located very near to blood banks and tertiary care centers. (n=130)87% primary health centers have ambulance services where 81% are well equipped for Basic Life Support and Advanced Life Support. This may be due to 108 ambulance services provided by the government. Basic Life Support ambulances have an oxygen cylinder, blood pressure apparatus and a stethoscope. In Advanced Life Support ambulances, in addition to the above equipment, there is a defibrillator monitor, electrocardiogram, syringe pump, pulse ox meter, resuscitation kit, suction machine, and nebulizer.¹¹

Among medico legal cases 60 %(n=90) cases are like domestic violence, child abuse and poison cases, and (n=116)77.14% of doctors believed that patients are very much cooperative for giving consent.

Majority (n=120)80% of medical officers are not recording dying declarations. That means 80% of medical officers was not aware of this concept. A dying declaration forms a basis for conviction without any corroborative evidence if it is reliable and truthful. A dying declaration recorded by a competent magistrate has a significant reliability or acceptability than oral evidence or a dying declaration recorded by the investigating officer. This study contrasts with padmakumar.K et.al which shows 32.50 per cent graduates were not aware of this concept.¹²

Drunkness certificates are not being issued in (n=135)90%of primary health centers may be due to ethanol testing becomes a medico legal issue ,special documentation and specimen handling are required

and the clinical laboratory often does not have firsthand knowledge that the ethanol test result will become a medico legal issue ¹³.

Very few (n=15)10% of primary health centers are located less than ten kilometers distance to the autopsy centers. In (n=114)75.71% of primary health centers there is no facilities to preserve medico legal evidences and skin marking pencils. Government has to put efforts to increase facilities in primary health centers.

In (n=126) 84.28% of primary health centers there are no medico legal certificates like consent for autopsy, forms for PLWH and proformas for sexual offence cases. But in (n=129) 85.71% of primary health centers there is card for referral center MCCD certificates and medico legal registers are maintained by (n=109)72.85%of primary health centers.

Violence against medical negligence is very less (n=24)15.71%. This may be because (n=105)70% of primary health centers there is good security guards. This study contrast with Richa singh et. al. where 75% of doctors face violence at workplace .¹

In (n=116)77.14% of medical officers working in primary health centers they do not know about medical indemnity insurance.

As the supreme court the services provided by the medical profession under consumer protection act (COPRA)¹⁴ the doctors should follow preventive measures but only (n=64)42.85% doctors following and under MTP act 1971 trained doctors can conduct MTP in primary health centers ¹⁴ but only (n=58)38.57% doctors are conducting MTPs and most of them are following (85.18%) measures under MTP act. Most of the doctors n=90 (60%)are not following measures for brought dead cases only 40% doctors following measures like taking ECG ,informing police . and most of the medical officers in primary health centers s(58.57%) patient satisfactory survey not done .

Under the human organ transplantation act 1994 the registration of hospitals must for the removal of organs.¹⁴ but only n=3(2%) of primary health centers registered and n=147(98%) are not registered for this.

All primary centers 100 % (n=150) primary health

centers are not recognized as medico legal centers.

Conclusions

1. Majority of Primary health centers are located far away from Head quarters.
2. Most of the doctors working in Primary health centers are facing problems with lack of recreation facilities and high standard schools.
3. Majority of the doctors in Primary health centers have unsatisfactory relations with local politicians.
4. Most of the Primary health centers are maintaining Medico legal registers but lack proper record storage facility.
5. Satisfactory number of Primary health centers are following proper waste disposal under the guidelines of Biomedical waste management
6. All most all Primary health centers have ambulance services but very few have Specialists doctors.
7. As no Primary health center is recognized as a Medico legal center there is no facilities to preserve medico legal Evidences and lack Medico legal certificates & proformas and not issuing drunkenness certificates.
8. Most of the doctors are unaware of medical indemnity insurance and the concept of recording Dying declaration.
9. Most of the Primary health centers are located very far to autopsy centre and blood bank facilities.
10. Hardly 2% of Primary health centers are registered under Human Organ Transplant Act [HOTA].

Suggestions and Recommendations

1. The Government should make some principals to decrease the pressure on medical officers by politicians
2. Training program need to focus on empowering the health care professionals on biomedical waste management with broad scope and practical knowledge in all aspects.⁸
3. Health facilities should be developed in rural sector by establishing labs blood banks

and appointing specialist doctors for better quality of medical professional to serve masses¹⁵

4. A coordinate approach between national rural health mission and state medical services may give good results.¹⁵
5. Urgent need to educate the medical professionals on medical indemnity insurance by conducting seminars.
6. Government should recognize primary health centers as medico legal centers to prevent medico legal problems.
7. Organ donation awareness programs should be conducted to register primary health centers under HOTA.

Acknowledgement: I am thankful to Dr kulakarni Professor Department of social and preventive medicine, NRIIMS, for giving valuable suggestions during the study period.

Conflict of interest: None

Source of Funding: Self

Ethical Clearance: Taken from Ethical committee, NRIIMS.

References

1. Richa Singh et. al. Knowledge, practices and attitude of healthcare professionals towards medico-legal aspects in clinical practice: Results of a questionnaire based survey. *MedPulse - International Journal of Gynaecology*, ISSN: 2579-0870, Online ISSN: 2636-4719, Volume 11, Issue 2 August 2019; 45-50.
2. Mahesh Jambure et. al. A study on Awareness and Knowledge about Medico Legal Issues among Interns and Post Graduate Students. *International Journal of Current Medical and Applied Sciences*, 2017, December, 17(1); 09-12.
3. Akif Mustafa et. al. Is quality and availability of facilities at Primary Health Centers (PHCs) associated with healthcare-seeking from PHCs in rural India: An exploratory cross-sectional analysis. *Clinical Epidemiology and Global Health* 9 (2021); 293-298.
4. Naseel N. Gurupur et. al. Challenges faced in handling the medico-legal cases in a selected teaching hospital Gurupur, NN et. al. *Int J Community Med Public Health*. 2019 Sep;6(9):3771-3775.
5. Tabitha elizabeth thomas et. al. Awareness of Medico-Legal Issues among Medical College Health Professionals. *Medico-legal Update*, January-March 2020, Vol.20, No.1; 505-509.
6. Joseph Thomas. Medical records and issues in negligence. *Indian Journal of Urology* July-September 2009; 384-388.
7. Challenges faced by the Indian healthcare system-Mr Satyendra Johari-BW Business world.2020 Aug 21.
8. Divya Rao, et. al. Biomedical Waste Management: A Study on Assessment of Knowledge, Attitude and Practices among Health Care Professionals in a Tertiary Care Teaching Hospital *Biomedical & Pharmacology Journal*, September 2018. Vol. 11(3); 1737-1743.
9. A D Patil et. al. Health-care waste management in India October 2001 *Journal of Environmental Management* 63(2):211-220.
10. Toa Bagchi et. al. Non-utilization of public healthcare facilities during sickness: a national study in India *J Public Health (Berl.): From Theory to Practice* (2022) 30:943-951.
11. Mohit Sharma et. al. Emergency Medical Services in India: The Present and Future Article in *Pre hospital and disaster medicine*: Vol. 29, No. 3;1-4.
12. Padmakumar.K et. al, Awareness of Medico Legal Aspects of Clinical Practice and Common Medico Legal Issues among Medical Graduates, *Indian Journal of Forensic Medicine & Toxicology*, January-March 2021, Vol. 15, No. 1;217-222.
13. Robert H. Williams et. al. Medicolegal Issues and Specimen Collection for Ethanol Testing. *Laboratory Medicine*, Volume 30, Number 8 August 1999.
14. Medicolegal issues : guidelines to medical officers - NHSRC <http://qi.nhsrccindia.org>.
15. Avneesh Kumar et. al. Health Infrastructure in India: Critical Analysis of Policy Gaps in the Indian Healthcare Delivery, Occasional Paper July - 2012 <http://www.vifindia.org>.