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ASSESSMENT OF AWARENESS ABOUT CONSUMER PROTECTION ACT AMONG PRIVATE DENTAL PRACTITIONERS IN BANGALORE CITY, INDIA – A CROSS SECTIONAL SURVEY

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ABSTRACT

Background : In India, the Consumer Protection Act (CPA) of 1986 was enacted for better protection of the interests of consumer grievances. It was on 13th November 1995 that the honorable supreme court of India delivered judgment on application of consumer protection act, 1986 to the medical/dental profession. The dental profession has come under pressure due to globalization and liberalization; therefore, now is the time to think well and to set our priorities right, both individually and collectively. Hence, this study aims to assess the awareness of Consumer Protection Act among private dental practitioners in Bangalore city.

Objectives: To assess the awareness of COPRA among private dental practitioners in Bangalore city and to associate this awareness with gender, duration of practice, degree of the practitioner and type of practice.

Materials and methods: A cross sectional questionnaire survey was conducted among private dental practitioners in Bangalore city. A total of 355 private dental practitioners were surveyed. The questionnaire comprised of 21 questions about the awareness of consumer protection act. Statistical analysis was done using Chi-square test.

Results: A total of 66.8% reported to be aware of consumer protection act. Amongst them, dentists with MDS degree showed more awareness as compared to dentists with only BDS degree. Male dentists are more aware compared to females. Dentists with less than 5 years of experience are more aware than the ones with longer years of experience.

Conclusion: Considering the present scenario, private dental practitioners with MDS degree are more aware of consumer protection act as compared to BDS. We must upgrade our knowledge on consumer protection act at all levels of our profession.

KEYWORDS: Private dental practitioners, Awareness, Consumer Protection Act

INTRODUCTION

Ministry, medicine and law grew from medieval guilds that were established in universities centuries ago. Entrance in to these fields was controlled through the awarding of educational credentials. Early dental practitioners were itinerant barbers, and the road to professional status moved from apprenticeship to education through the establishment of professional schools.[1] With the increasing commercialization of all spheres of life, all the professions have come under the public scrutiny. Earlier the role and the service provided by the medical professional were considered noble and charitable. But today with the increase in medical negligence and malpractices this profession is looked upon with doubt and contempt. The deterioration in the standard of patient care is considered to be due to interest in the monetary gains.[2] A dentist is a healthcare professional providing care for the patient, as a physician do. As a result of recent advancements in dentistry, dental profession has touched the same heights as the medical and other allied professions. [3] The profession of dentistry also has seen unprecedented change during the last century. We have moved from a paternalistic view of medicine in which the dentist decided what was best for the patient. Today, however, there is a new alliance

between the dentist and patient, based on co-operation rather than confrontation, in which the dentist must 'understand the patient as a unique human being'.[4] When patients seek care from any health care provider they expect to receive the best care from a professional and ethical practitioner.[1]Patients are sometimes dissatisfied with the treatment they receive from their dentists. In most cases, such dissatisfaction can be resolved between the patient and the dentist but in few occasions the patient turns to a legally competent body which can judge whether the complaint is reasonable and if necessary, takes subsequent action against the dentist.[5] Law in the sphere of dentistry is an established concept in developed countries but remains in its infancy in India. As India steadily sheds its tag of being a developing nation and promises to be a world leader in the years to come, it is a matter of time before we fall prey rightfully or wrongfully to an ever-evolving legal framework for the health care industry including dentistry.[6]There has been increase in the number of patients challenging the dentist's authority over treatment planning and consent issues in the past few years. Disputes range from inadequate and inappropriate treatments to serious problems of medical malpractice and negligence. Thus, while providing the oral healthcare services a dentist has to follow certain set of standards in maintaining records of almost all the activities related to the management of patient. Failure to exercise such practice could invite litigation in the name of malpractice.[3] The Government of India recognized the need to protect consumers from unscrupulous elements, and enacted several laws for the purpose. Legislations such as the Sale of Goods Act, Dangerous Drugs Act, Agricultural Produce Act, Indian Standards Institution (Certification Marks) Act, Prevention of Food Adulteration Act, etc. protect consumer interests to some extent. However, these laws require that the consumer initiate action by way of a civil lawsuit, which can be a lengthy and time-consuming legal process, not to mention the high monetary costs.[7]

CONSUMER PROTECTION ACT [8, 9,10,11,12]

The Consumer Protection Act, 1986 that came into force on15th April 1987 is a welfare legislation mainly titling towards the consumer. In India, the Consumer Protection Act (CPA) of 1986 was enacted for better protection of the interests of consumer grievances. Consumers can file their complaints, which will be entertained by the quasi-judicial bodies referred to as consumer forums. These consumer forums have been empowered to award compensation to aggrieved consumers for the hardships they have endured. Dental negligence can cause the dentist to face litigation, if the service has been paid for. However, the onus is on the patient to prove not only that he is the victim of negligent service but also has suffered damage in the process.[15] Regarding the civil medical liability, there are some universal conditions that need to coexist in order for a professional to be liable for malpractice; they are required not only in certain national law systems but are generally recognized by the international literature and law practice:

1. **The duty of care** – the medical professional obligation, relative to a validly established professional-patient relationship;
2. **The standard of care** – represented by guidelines or a certain niveau recognised by the majority of practitioners;
3. The **disrespect of that duty and/or negligence** regarding the standard of care and/or maleficent medical activity;
4. A **harm or injury** to the patient;
5. **Causation**[16]

Throughout the world, patients have become more aware of their right-legal literacy supplemented by modern legislation which has made the society increasingly compensation–oriented and India is no exception. Complaints from patients about dental treatment are on the increase internationally.[7] Doctors' duties to their patients are clear. They must decide whether or not to undertake the case; they must decide what treatment to give, and they must take care in the administration of that treatment. A breach of any of these duties gives the patient a right to action for negligence.[18] Knowledge about medical ethics is very much required among the health care professionals as it is the moral principles in dealing with each other, their patients and the state. The dental profession has come under pressure due to globalization and liberalization; therefore, now is the time to think well and to set our priorities right, both individually and collectively. Studies on awareness among dental health professionals about laws related to the Consumer Protection Act (CPA) have rarely been

reported in literature. Hence, this study was undertaken with an aim to assess the awareness of Consumer Protection Act among private dental practitioners.

AIM OF THE STUDY

To assess the awareness of Consumer Protection Act among private dental practitioners in Bangalore city

OBJECTIVES OF THE STUDY

- To associate the awareness of COPRA among private dental practitioners in Bangalore city with gender.
- To associate the awareness of COPRA among private dental practitioners in Bangalore city with duration of practice.
- To associate the awareness of COPRA among private dental practitioners in Bangalore city with degree of the practitioner and type of practice (private practitioner or combined).

METHODOLOGY

A cross-sectional questionnaire survey was carried out among private dental practitioners in Bangalore city, India from September to October 2014 with an aim to assess their awareness about the Consumer Protection Act. The list of private dental practitioners was obtained from the Indian dental association website of Bangalore branch.

Organization and Administration Workout

1. **Ethical clearance:** The study proposal was approved by institutional review board of Vydehi Institute of Dental Sciences and Research centre, Bangalore.
2. **Informed consent:** The purpose and details of the study was explained to the study participants and verbal consent was then obtained from them.

Inclusion criteria

- Private dental practitioners in Bangalore city
- Private dental practitioners who are also working in teaching institutions were included

Exclusion criteria

- Private dental practitioners who are not willing to participate
- Dentists whose clinics were closed on the day of the visit

Sample size determination

A pilot study was conducted among 50 dental practitioners in Bangalore city to validate the questionnaire and to determine the sample size. The data of the pilot study was not included in the main survey. The sample size was determined based on the results of the pilot study using the formula;

$$\frac{Z^2 \times P(1-P)D}{E^2}$$

Where Z = 1.96 (from standard normal distribution), E = 10% of P = 0.062, P= 0.62 (proportion of sample aware of COPRA based on pilot study results) , Q = 1-P = 0.38 (proportion of sample unaware of COPRA), Design effect (D) = 1.5. The sample size was calculated as 353.03 but was rounded off and the final sample size was taken as 355.

Questionnaire design

A close ended self-administered, structured questionnaire, written in English was used. The advantage of using a close-ended questionnaire was that it reduced recall bias and such questions were easy to analyze and could achieve a quicker response from the subjects. The questionnaire was validated through a pretested survey and it was used to collect demographic data and data on the awareness and practices regarding CPA among all the participants. A pilot study was conducted on 50 dental practitioners in Bangalore city to validate the questionnaire and to determine the sample size. Face validity was checked by asking experts to scrutinize the questions, while content validity was checked by ensuring that the questions covered all the areas of knowledge mapped out by initial objective. Cronbach's α obtained was 0.84.A questionnaire consisting of

21 questions was used for this study. Questions were framed in such a way that they cover various aspects of Consumer Protection Act. It was based on awareness, objectives and applicability of CPA, location of consumer forums, conditions where patient can sue a doctor, time period for a patient to sue a doctor, maximum compensation that can be claimed, and questions relating to consent in daily practice.

Method of data collection

Private dental practitioners were selected using simple random sampling technique. The study participants were given the questionnaire on the day of visit by a single investigator. The participants were asked to respond to each item according to the response format provided in the questionnaire. A full explanation was given to the participants on how to fill in the questionnaire, after which every participant was given 20 minutes time to fill the questionnaire. They were told not to refer any books or internet for any help. The questionnaire was collected within twenty minutes immediately by the investigator. It was later checked by the investigator in case any of the questions were left unanswered. All correct answers were considered as YES and wrong answers were considered as NO and also the questions which were left unanswered were taken as option NO. After assessing these questions findings and observations were tabulated and analyzed.

Statistical analysis

The data was analyzed using SPSS version 15(SPSS Inc. Chicago, Illinois). Chi-square test was applied with p value ≤ 0.05 considered to be statistically significant.

RESULTS

The distribution of the study subjects based on their gender, level of education, type of practice and duration of practice is demonstrated in Table 1.Majority of study subjects were male BDS private dental practitioners with an experience between 1-10 years. 45.1% and 54.9% of the study subjects were females and males respectively. 54.4% of the study subjects were BDS and 45.6% were MDS participants. Majority of the study subjects (56.3%) were having experience of less than 10 years. 63.7% of the study participants were private dental practitioners and 36.3% were private dental practitioners who were also teaching in dental institutions.

Characteristics		Number (n)	Percentage (%)
Gender	Female	160	45.1
	Male	195	54.9
Age	21-30 yrs	92	25.9
	31-40 yrs	235	66.2
	41-50 yrs	24	6.7
	Above 50 yrs	4	1.1
Level of education	BDS	193	54.4
	MDS	162	45.6
Type of practice	Both (academic & private)	129	36.3
	Private	226	63.7
Duration of practice in yrs	1-10	266	74.9
	11-20	82	23.1
	21-30	2	0.6
	>30	5	1.4

Table 1: Distribution of study subjects based on age, gender, level of education, type of practice and duration of practice.

Characteristics		Awareness (n)	p value
Gender	Female	108(67.5%)	0.789
	Male	129(66.2%)	
Level of education	BDS	106(44.7%)	0.001*
	MDS	131(55.3%)	
Duration of practice	1-10 yrs	205(86.5%)	0.001*
	10-20 yrs	26(11%)	
	20-30 yrs	1(0.4%)	
	>30 yrs	5(2.15)	
Type of practice	Both (academic&private)	105(44.3%)	0.001*
	Private	132(55.7%)	

*** Statistically significant**

Table 2 : Awareness according to age, gender, level of education, duration of practice and type of practice.

Out of 355 participants, 66.8% were aware of consumer protection act and 33.2% were unaware of the act. Majority of study subjects were in the age group of 31-40 years. In the present study, males had a slight higher awareness of CPA compared to females which was not statistically significant (p=0.789). However, regarding level of education, MDS participants had higher awareness of CPA compared to BDS (p<0.05). According to years of experience in this field,

dentists with 10 years of experience and less were more aware of COPRA (Table 2).

Questions	Level of education		Total (n=237)	p value
	BDS (n=106)	MDS (n=131)		
Objectives of COPRA	57(29.5%)	80(49.4%)	137(38.6%)	0.258
Can a consumer lodge a complaint without the presence of a lawyer	84(43.5%)	107(66%)	191(53.8%)	0.638
Location of consumer dispute redressal forum	44(22.8%)	42(25.9%)	86(24.2%)	0.133
Can a patient sue a doctor for rejecting an emergency case	59(30.6%)	83(51.2%)	142(40%)	0.229
Can a patient sue a doctor for rejecting a medically compromised case	67(34.7%)	93(57.4%)	160(45.1%)	0.203
Doctors /hospitals insured are liable or non liable	53(27.5%)	83(51.2%)	136(38.3%)	0.039*
Doctors who do not charge their patients at all(even registration fee) are liable under COPRA or not	38(19.7%)	46(28.4%)	84(23.7%)	0.906
At which level a compensation claim not exceeding 20 lakhs is made	60(31.1%)	66(40.7%)	126(35.5%)	0.340
Maximum time period within which the patient can sue the doctor	55(28.5%)	79(48.8%)	134(37.7%)	0.194

*** Statistically significant**

Table 3: Questionnaire analysis of awareness among study population according to the level of education.

Table 3 shows the questionnaire analysis of awareness among study population based on the level of education. Regarding the objectives of consumer protection act, 38.6% of the MDS participants and 28.2% of BDS participants were aware of settlement of disputes within 90 days of complaint. 42.5% of BDS participants and 24.2% of dentists with MDS degree were unaware of the location of consumer dispute redressal forums. It was also surprising to note that majority of the participants were unaware of the location of the consumer forum in their own area. In response to a question, can a consumer lodge a complaint without the presence of a lawyer, private dental practitioners with MDS degree (66%) was more aware as compared to dental professionals with only BDS degree.

Questions	Level of education		Total (n=237)	p value
	BDS (n=106)	MDS (n=131)		
Do you explain the diagnosis, prognosis, and treatment plan to patient	70(36.3%)	78(48.1%)	148(41.7%)	0.305
Do you always take a written consent from patients	43(22.3%)	62(38.3%)	105(29.6%)	0.297
For a patient 15 years of age, consent for examination is taken from	91(47.2%)	112(69.1%)	203(57.2%)	0.939
What should be done to informed consent after treatment is over	81(42%)	89(54.9%)	170(47.9%)	0.150
Type of consent obtained from illiterate patient	49(25.4%)	64(39.5%)	113(31.8%)	0.687

Table 4 : Awareness of consent in daily practice

Only 33.2% of the dental professionals knew that a doctor can sue a patient with respect to payment or services. MDS participants had a higher awareness of CPA compared to BDS when asked whether hospitals or doctors paid by an insurance firm for treatment of client are liable liable under COPRA which was statistically significant with p=0.039. It was interesting to find that only 23.7% of the study participants were aware that doctors who do not charge their patients at all are not liable under COPRA and only 35.5% were aware at which level a compensation claim not exceeding 20 lakhs is made. The maximum time period within which a patient can sue the concerned doctor with evidence was reported correct only by 28.5% of BDS and 48.8% of MDS participants (Table 3). Approximately 50% of the dental professionals reported that they

explain the diagnosis, prognosis and treatment plan to the patients but only 29.6% of the study participants take written consent from the patients prior to the start of any procedure. Majority of the subjects knew that for a patient under 15 years of age, consent for examination is taken from parent or guardian. The type of consent obtained from an illiterate patient is verbal consent and thumbprint as reported by 25.4% of BDS and 39.5% of MDS participants.When it was asked what should be done to informed consent after treatment, around 47.9% of the participants were aware that it should be preserved by the dentist. It was seen that MDS participants were more aware of the consent in daily practice compared to BDS practitioners (Table 4). Responses to various questions by the study participants based on gender were also seen. Male participants were more aware of the objectives of the Consumer Protection Act as compared to females. In general male practitioners were more aware regarding the act. A statistically significant result was seen (p=0.021) among private practitioners who are also teaching in a dental school was seen when asked whether doctors/ hospitals paid by insurance firm for treatment of client are liable or non-liable under COPRA. Similarly, when asked maximum time period within which a patient can sue a doctor, a statistically significant result was obtained. The responses to various questions by the study participants based on duration of practice were asked. A statistically significant result (p=0.046) was obtained when asked the question, "At which level a compensation claim not exceeding 20 lakhs is made."

DISCUSSION

The enactment of the Consumer Protection Act, 1986, is a milestone in the history of socio-economic legislation in India. The Act has considerably consolidated the process of consumer protection and has given rise to new consumer jurisprudence during the past few years. However, awareness among dental health professionals about such laws is observed to be varied. Thus, it becomes important for the dental professionals today to explain patients about their treatment needs, expenditure and risks involved and routinely obtain consent for all procedures.[4]

The present study was conducted to assess the awareness of consumer protection act among private dental practitioners in Bangalore city, India. It was seen that a majority of subjects were aware of the existence of CPA, however, the basic awareness regarding rules and regulations was found to be low. Out of 355 participants, 66.8% were aware of consumer protection act. More than 90% of the study subjects in the study reports of Shenoy *et al.*[20] had awareness regarding CPA, as compared to other studies. In a study done by Prasad et al 84.8% were aware about CPA.[22]Quantitative information regarding awareness in terms of percentage of subjects was not provided in the study findings of Singh *et al*.[8]A statistically significant association was found when the level of education of the subjects (undergraduates, postgraduates) was compared with the awareness levels in two studies,[4,8] whereas, in the remaining two studies it was insignificant.[19,22]The findings of the present study clearly show the difference in the awareness level between BDS and MDS participants. This might be due to the reason that with increase in knowledge, awareness also increases. In the present study, the level of awareness about CPA was higher among males compared with females which were not statistically significant, however, only one study found a statistically significant association between awareness levels and gender. [22]The study done by Prasad *et al* in Ghaziabad [4] showed that females had slightly higher awareness. Awareness according to the type of practice, such as private practitioners, showed a higher awareness score. A statistically significant difference compared with combined practitioners (private &academic) was also seen. That may be related to the higher socio-economic level of the patients seeking treatment from the private sector. A more number of dentists in private practice (DPP) were aware of CPA, as compared to dentists in teaching institutions (DTI), in the study reports of Sikka *et al.*[1]Moreover, it was observed in the study reports of Singh et al,[8] that private practitioners showed higher awareness scores compared to academic and combined practitioners, with a statistically significant difference (P = 0.00). It was also observed that professionals within 1-10 years of experience in dentistry were more aware of consumer protection act. This may be due to the fact that the expanding patient population is becoming more

knowledgeable and aware of their rights, consequently taking action by contacting the consumer forum to lodge their complaints. If any patient suffers from the same symptoms as a result of treatment received from any of the mentioned professionals, a claim for compensation could be carried out. But surprisingly in this study only 35.5% were aware at which level compensation claims of different amounts are made. Three studies provided information regarding the maximum time period in which the patient could sue a doctor. [4,19,20] The present study showed that 37.7% of the study participants were aware of the consumer protection act. Only 18% of the subjects in the study reports of Prasad *et al*.[4] and 23.2% of the subjects in the study findings of Sikka *et al*.[19] answered correctly in terms of the maximum time period in which a patient could sue a doctor. This was in contrast to study by Shenoy *et al*,[20] wherein, more than 70% of subjects knew the correct time period. Literature reviews (Al-Ammar& Guile, 2000; Avramova & Yaneva, 2011; Kotrashetti,Kale, Hebbal, & Hallikeremath, 2010) regarding obtaining consent in dental practice have shownthat most dentists agree as to the importance of consent before performing any dental procedures.[26] In the present study approximately 50% of the dental professionals reported that they explain the diagnosis, prognosis and treatment plan to the patients in contrast to the study done by Ramya Shenoy *et al* in Karnataka, India.[20] Almost 90% of the subjects were taking some type of consent before conducting any dental procedure in one of the studies.[4] It was found that the majority of the subjects were aware of the fact that for a patient under 15 years of age, consent for examination is taken from a parent or guardian, which was in contrast to the study findings of Shenoy *et al*.[20] The studies indicate that theoretically most dentists are aware of their ethical, legal and moral obligations to take consent from their patients, but in practice many fail to do so.[26]

CONCLUSION

Public awareness of medical and dental negligence in India is growing. Hospital managements are increasingly facing complaints regarding facilities, standards of professional competence and appropriateness of therapeutic and diagnostic methods. [5] Considering the present scenario, dental professionals with MDS degree have more awareness of consumer protection act compared to other BDS dental professionals. So, we must upgrade our knowledge on consumer protection act at all levels of our profession and change our attitude by inculcating a practice to spread the message of consumer protection act for delivering quality dental care.[4] Nowadays people are very aware of their rights and laws involving any wrong done to them. Sometimes they misuse these rights to sue the dentist. Once a dentist gets involved in litigation, it will eventually affect the reputation no matter if the dentist wins the case. However genuine cases of the negligence should be avoided with correct diagnosis and treatment planning and good communication. Further, this can be prevented by taking written informed consent prior to the treatment, maintenance of all records of the patient and general awareness of the dentist. This will prevent medico legal trouble for the dentist.[9] Dental law and dental ethics is an inevitable addition to the practise of dentistry. A sign of a mature society is one where the consumer or client is given the legal right to question and has an established framework in which to do so. This is as much protection for the client as it is for the dental professional. It's only prudent we ready ourselves. Dental law is here to stay.[6]

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