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# Awareness of medicolegal aspects among dental practitioners of India: A comparative study

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Abstract---Statement of the Problem:In today's era there has been a tremendous change in the doctor patient's relationship leading to litigationswhich the medical and dental professionals have to face in their day to day practice. This trend is very disturbing and doctors find themselves standing on crossroads, as to how to proceed with patient's treatment and care. Thus it is vital that all doctors and healthcare workers should be aware of the medical ethics and law. Purpose:The present study aimed to assess the knowledge and attitude of dental professionals practicing in India towards the awareness of medicolegal aspects. Materials and Method: In the present study, a self-administered closed-ended questionnaire was designed to conduct a cross-sectional study. It was distributed among 1077 dentists in various states of India. The questionnaire comprised 26 questions regarding knowledge and attitude of dentists towards

awareness of medicolegal aspects. Frequency distribution and chisquare test along with paired t-test were used to compare the data obtained between the BDS and MDS dentists along with comparision on the basis of their age group and years of experience. Results: Awareness of medicolegal guidelines was seen in 76.7% MDS and 45.3% BDS dentists. 38% BDS and 79% MDS were aware that medicolegal issues comes under Consumer Protection Act (CPA). Regarding redressal in consumer courts 10% BDS and 51% MDS were aware about it. 13% BDS and 15% MDS were exposed to medicolegal awareness in their BDS and MDS curriculum. Conclusion: It was seen that awareness of medicolegal aspects among dental professionals has increased with age, experience and qualification. Most respondents believed medicolegal aspects should be taught in undergraduate and postgraduate courses. Also, it was found that there was poor awareness regarding medicolegal courses available in India.

**Keywords---**medicolegal aspects, judicial aspects, litigation, lawsuits, law.

### Introduction

Advancement of medical and dental sciences along with increasing awareness of human rights and changing moral principles of the society frequently puts the medical, dental and other health care workers in dilemma during their daily clinical practices. There is an ever growing anxiety between health care professionals and patients due to increasing cases of harassment, complaints and litigation against doctors, which has become an issue of paramount concern (1). This growing distress can be attributed to poor doctor patient communication skills and failure to solve issues arising in their practice along with corporatization and commercialization of medical and dental profession(2).

It is widely believed that legal and ethical deliberation are fundamental to medical and dental practice for patient care and management. Medical and Dental profession comes under a framework bounded by law and official regulations of the governing and regulatory bodies. Medical and Dental Professionals should have the capbility to recognize the various legal and ethical issues that may arise in the daily working along with a fair understanding and decision-making skills to resolvethese issues (3). Doctors should be aware of the nature of these obligations and fulfill them to best of their abilities. Hence it is crucial for the medical and dental professionals to be be aware of the medico legal ethics and law related to their field and to abide by them to safeguard the interest of both patient and the doctor (4).

Fewstudies have been conducted to assess the level of knowledge and understanding of the dentists on awareness of medicolegal aspects in India. However, study comparing qualification, age and experience of dentists with respect to medicolegal awareness pan Indiahad not been done. Hence the present

study was undertaken to assess the knowledge and attitude of dental professionals on awareness of medicolegal aspects in various states of India.

### **Materials and Method**

The present study was done in various states of India. The study was conducted for a period of six months. A total of 1273registered dentists were included in the study. However, out of these, only 1077 dentists took part in the study [674 Bachelor of Dental Surgery (BDS) and 403 Master of Dental Surgery (MDS)] Inclusion Criteria – Dental Professionals registered in State Dental Council Exclusion Criteria – Dental Professionals who were not interested in participating in the study

A full description of the study protocol was submitted to the ethical review committee of the institute, however, as there would be no pressure on the respondents to participate in the survey and their anonymity would be maintained, no formal ethical approval was necessary. Informed consent was given by each respondent included in the study. A self-administered questionnaire was designed consisting of 26 questions. It was divided into three categories, namely, general information, knowledge of rules and attitude of the dentists toward medicolegal aspects. The dentists were approached in person or through e-mail. They were requested to fill the questionnaire and submit / mail it back within a week's time. The data thus collected was subjected to statistical analysis.

Statistical Analysis - Frequency distribution and chi-square test along with paired t-test were used to compare the data obtained. The data was entered into Statistical Package for the Social Sciences (SPSS) version 25 software (SPSS Inc., Chicago III, USA) for assessment. A value of <0.05 was considered significant.

## Results

A self-structured close-ended questionnaire was prepared and was distributed among1077participants (674 BDS and 403 MDS). (Table 1, Table 2, Table 3) Awareness of medicolegal guidelines was seen in 76.7% MDS and 45.3% BDS. Least awareness(39%) in 20-25 year age group and most (74%) in 35-45 year age group was observed. On the basis of experience least awareness of 25% in 0-5 years experience group and most awareness of 71% in more than 15 years experience group was found.

38% BDS and 79% MDS were aware that medicolegal issues comes under Consumer Protection Act (CPA). Respondents in 20-25 years were least aware (22%) whereas 35 years and above age group were most (73%) aware. Least awareness of 4.5% in 0-5 years experience group and most awareness of 82% in more than 15 years experience group was found.

Regarding CPA affecting professional freedom 30% BDS and 68% MDS felt it did so. Most respondents (87%) in more than 45 years age group felt freedom was curbed whereas least respondents (19) in 20-25 years age group thought so.On

basis of experience least respondents 23.5% were in 0-5 years group and most 57% were in 10 to 15 years experience group was found.

Regarding readdressal in consumer courts 10% BDS and 51% MDS were aware. Least awareness (16%) was seen in 35-45 year age group and most awaresness (43%) was seen in 25-35 year age group. Least respondents 1% in 10 to 15 years experience group and most 47% in 5 -10 years experience group were found . Irrespective of age, qualification and experience respondents felt consent form is necessary.Most respondents took consent before starting a procedure (71%BDS and 92% MDS).Most (99%) respondents in 25-35 year age range and least (67%) in 20-25 year age group took consent.Irrespective of experience respondents took consent before stating the procedure.

Consent form in local language was obtained by 25% BDS and 68% MDS respondents.Most (89%) in 20-25 year age group and least (42%) respondents in more than 45 years age grouptook consent in local language.On basis of experience least respondents 14% in 0-5 years experience group took consent in local language. Writen consent was found to be time consuming by 73% BDS and 64% MDS. Most respondents (85%)in 20-25 year age range and least (60%) in 25-35 year range felt it is time consuming. Most respondents 82% in 0-5 year experience group whereas least 58% in 5-10 year age group felt so.

20.3% BDS and 45.7% MDS respondents were aware that one copy of the consent form should be given to the patient, if asked for. Most (74%) were in age range of 35-45 years and least (39%) in 20-25 yearage range. On basis of experience least respondents 25 % in 0-5 years and most 71 % in more than 15 years experience group was found. While taking case history, drug allergywas noted by100% BDS and 95% MDS. Irrespective of age and experience, drug history was noted by most participants. All available treatment modalities were explained by 79% BDS and 92% MDS. Most (97%)respondentsin 25-35 year age range and least (72%) respondentsin 35-45 year age range explained it. On basis of experience most respondents 99% were in 10-15 year age group and least51 % in more than 15 years experience group.

Success and failure rate of the chosen treatment was discussed by 40% BDS and 60% MDS respondents whereinmost (64%) in 25-35 year age group and least (32%) in 35-45 year age group were found. On basis of experience, most 76% in 5 to 10 years and least 27% in more than 15 years experience group. It was found that 83% BDS and 93% MDS explained about the procedures, duration and costs associated with the dental treatments. Most (99%) respondents in 25-35 year age range and least (78%) respondents were in 35-45 year age range. Irrespective of experience it was explained by most respondents.

Complication of Local Anaesthesis (LA) was explained by 30% BDS and 57% MDS. Most (59%)respondents were in more than 45 years age group and least (31%) were in 35-45 year age group. On basis of experience most 69 % in 5 to 10 years and least 18 % in 0-5 years group were seen. Only 41% BDS and 69% MDS were aware that delay in treatment/ negligence is punishable. Most awareness (95%) was seen in 25-35 year age group and least awareness (20%) in 35-45 years age group. On basis of experience least respondents 25% were in more than 15 years

group and most aware 95% in 5 -10 years group were seen. 82% BDS and 97% MDS maintained information secrecy and privacy of patient. Most (97%) in more than 45 years age range and least (80%) in 25-35 years age group did so. Irrespective of experience all participants maintained secrecy and privacy of patient.

13% BDS and 15% MDS were exposed to medicolegal awareness in curriculum of which most (23%) were in 25-35 year age range and least(3%) in more than 45 years age range. Irrespective of experience most participants were not exposed to medicolegal knowledge in their curriculum. 18% BDS and 51% MDS explained harmful effects of radiography. Most respondents (35%) were in 20-25 year range and least (26%) were in 35-45 year age range. On basis of experience least 15 % were in 10-15 years and most 53% were in 5 to 10 years experience group. 42% BDS and 74% MDS updated themselves on medicolegal ethics. Most respondents (74%) were in 35-45 year group whereas only (28%) in 20-25 years age group updated themselves. On basis of experience we found least respondents 11.5% in 0-5 years and most 80.3 % in 10 -15 years group upadated themselves.

Most believed medicolegal aspects should be taught in undergraduate course. We found there was poor awareness regarding medicolegal courses available in India. CME/CDE was attended by 19% BDS and 31% MDS participants. Most (55%) in more than 45 year age range and least (4%) in 35-45 years age group did so. Irrespective of experience on an average only 24% participants had attended the CME/CDE. Also, it was noted that there was an almost equal level of knowledge between male and female dentists.

## **Discussion**

Medical ethics has developed as a new discipline which acts as a "connecting link between theory and practice. The aim is to bring excellence in patient care by identifying, analysing, and resolving the issue that may arise in clinical practice. The medical and dental professionals are bound by laws and official regulations (5). Knowledge and awareness among dental health professionals about medicolegal guidelines is laws is very low. This may land them in legal trouble and disputes, hence it becomes all important to explain in detail to the patients about their diagnosis, treatment modalities, costs, complications associated with procedures and to routinely obtain informed consent for every treatment (6).

A self-administered questionnaire was used in our study as it allows us to gather large amount of data quickly and economically. Our study had 1077 participants, which was higher than those of Rai et al(5) study that had a sample size within the range of 200-300. Our study further divided respondents based on their qualifications, age, gender and experience which is not reported to have been done previously combining all four parameters.

We took Dental Professionals registred in State Dental Councils (both BDS and MDS) from different states of India, Rai et al(5)took interns and postgraduate students of a medical college in a city. Singh et al(7) included medical and dental professionals in a city, Swapna et al(8) took BDS, MDS, interns, and postgraduate students in her study. Radhika Tet al (9) and Prasad et al (10)

included MDS, BDS faculty and PG trainees, Baheti et al(1) included dental students consisting of final year, interns, postgraduates and faculty.

In our study, awareness of medicolegal guidelines was seen in 76.7% MDS and 45.3% BDS. Awareness on basis of age group, gender and experience was noted. Compilation of all the four parameters has not been reported in any previous studies. 38% BDS and 79% MDS were aware that medicolegal issues comes under Consumer Protection Act (CPA), which was similar to the study conducted by Swapna et al (8). Regarding CPA affecting professional freedom our result was dissimilar to the study conducted by Singh et al(7). Regarding readdressal in consumer courts 10% BDS and 51% MDS were aware, which was similar to the study conducted by Swapna et al (8).

Most respondents took consent before starting a procedure (71% BDS and 92% MDS). Consent form in local language was obtained by 25% BDS and 68% MDS respondents. Writen consent was found to be time consuming by 73% BDS and 64% MDS. 20.3% BDS and 45.7% MDS respondents were aware that one copy of the consent form should be given to the patient, if asked for. It was which was similar to the study conducted by Heywood R et al(11) and Kotrashetti et al(12). We also observed that irrespective of experience consent was taken before starting the procedure and was considered time consuming by most respondents, however there was low awareness on giving the copy to the patient. This result has not been reported by any previous study.

While taking case history, drug allergy was noted by most participants irrespective of age, gender and experience which was similar to the study conducted by Sikka et al (13). All available treatment modalities were explained by 79% BDS and 92% MDS. Success and failure rate of the chosen treatment was discussed by 40% BDS and 60% MDS respondents Only 41% BDS and 69% MDS were aware that delay in treatment/ negligence is punishable which was similar to the study conducted by Astekar et al (14). It was found that 83% BDS and 93% MDS explained about the procedures, duration and costs associated with the dental treatments, which was similar to the study conducted by Swapna et al(8) Our study showed Irrespective of experience it was explained by most respondents which was not reported in any other study.

Complication of Local Anaesthesis (LA) was explained by 30% BDS and 57% MDS which was similar to the study conducted by Baheti et al (1). 82% BDS and 97% MDS maintained information secrecy and privacy of patient which was similar to the study conducted by Swapna et al (8). Irrespective of experience all participants maintained secrecy and privacy of the patient which was not reported in any other study. 18% BDS and 51% MDS explained harmful effects of radiography, which was similar conducted by Baheti et al(1). Results regarding exposure to medicolegal awareness in curriculum, updating on medical ethics were similar to the studies conducted by Dash et al(15). Most believed medicolegal aspects should be taught in undergraduate course and poor awareness regarding medicolegal courses available in India. Less participation in CME/CDE was seen in our study which was similar conducted by Senthilkumar et.al(16). The limitation of the present study was that there was unequal distribution of respondents from each state.

### Conclusion

Our study revealed that awareness of medicolegal aspects among dental professionals increased with age, experience and qualification. Also, there is a need to update our existing knowledge on the same, irrespective of our presentdesignation. The dental professional should provide quality dental care to the best of their ability and thus prevent themselves from unnecessary law suits thereby serving the society.

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Table 1- Comparison of Knowledge and attitude of dental professionals with their Qualifications on awareness of medico-legal aspects using Chi square Test

			Qualif		Chi	P value	
		В	DS	M	DS	square	
		Count	Column	Count	Column		
			N %		N %		
Consent form necessary	NO	159	23.60%	34	8.40%	39.374	<0.001
	YES	515	76.40%	369	91.60%		
Awareness of medicolegal guidelines	NO	369	54.70%	94	23.30%	101.60 6	<0.001
	YES	305	45.30%	309	76.70%		
IS consent form time consuming	NO	181	26.90%	146	36.20%	10.481	0.001
	YES	493	73.10%	257	63.80%		
Take consent before starting	NO	196	29.10%	34	8.40%	63.993	< 0.001
	YES	478	70.90%	369	91.60%		
consent form in local language	NO	503	74.60%	130	32.30%	186.86 7	<0.001
	YES	171	25.40%	273	67.70%		
one copy to patient if asked	NO	537	79.70%	219	54.30%	77.351	< 0.001
	YES	137	20.30%	184	45.70%		
update oneself on ML ethics	NO	390	58.00%	104	26.10%	102.97 4	<0.001
	YES	282	42.00%	295	73.90%		
ML comes under CPA	NO	414	61.60%	84	21.10%	165.51 1	<0.001

	YES	258	38.40%	315	78.90%		
consumer courts address	NO	605	90.00%	196	49.10%	222.19	<0.001
issues						3	
	YES	67	10.00%	203	50.90%		
CPA affect professional freedom	NO	472	70.20%	127	31.80%	149.83 7	<0.001
nocuom	YES	200	29.80%	272	68.20%		
delay of treatment/negligence	NO	399	59.40%	123	30.80%	81.665	< 0.001
punishable	YES	273	40.60%	276	69.20%	01.000	0,001
explain complication of Local	NO	470	69.90%	171	42.90%	76.42	< 0.001
anesthesia	YES	202	30.10%	228	57.10%	10112	0.001
success/failure rate of dental	NO	403	60.00%	160	40.10%	39.642	< 0.001
treatment explained to	YES	269	40.00%	239	59.90%	5775.1	3,000
all available treatment modalities	NO	139	20.70%	32	8.00%	29.927	<0.001
	YES	533	79.30%	367	92.00%		
explain harmful effects of radiation	NO	552	82.10%	197	49.40%	127.85 9	<0.001
	YES	120	17.90%	202	50.60%		
procedure/duration/cost of	NO	116	17.30%	29	7.30%	21.36	< 0.001
treatment	YES	556	82.70%	370	92.70%		
information/secrecy of patient details	NO	124	18.50%	14	3.50%	49.806	<0.001
•	YES	548	81.50%	385	96.50%		
take drug allergy history	NO	0	0.00%	23	5.80%	39.587	< 0.001
	YES	672	100.00	376	94.20%		
ML taught in curriculum	NO	583	86.80%	340	85.20%	0.5	0.479
	YES	89	13.20%	59	14.80%		
should be taught in Under graduate	NO	325	48.40%	106	26.60%	49.46	<0.001
	YES	347	51.60%	293	73.40%		
attended CDE/CME	NO	545	81.10%	274	68.70%	21.496	<0.001
,	YES	127	18.90%	125	31.30%		
aware of any courses on ML in India	NO	672	100.00	393	98.50%	10.162	0.001
- 33-30	YES	0	0.00%	6	1.50%		

Table 2- Comparison of Knowledge and attitude of dental professionals with their years of Experience on awareness of medico-legal aspects using Chi square Test

			EXPERII	ENCE						Chi	P
		0-5 Y			5-10	1	0-15	>15	YEARS	squ	value
				YI	EARS	Yl	EARS			are	
		Count	Colu	Co	Colu	Co	Colu	Co	Colu		
			mn N	un	mn N	un	mn N	un	mn N		
			%	t	%	t	%	t	%		
Consent form necessary	NO	62	25.40	1	0.30	0	0.00	13	48.50	300	<0.00
		100	%		%	0.0	%	0	%	.71	1
	YES	182	74.60	33	99.70	23	100.0	13	51.50		
Awareness of	NO	183	% 75.00	10	32.00	96	0% 41.00	8 78	29.10	139	<0.00
medicolegal guidelines	NO	103	%	6	32.00	90	41.00 %	10	29.10 %	.70	1
medicolegai guidelines			70	0	70		70		70	2	1
	YES	61	25.00	22	68.00	13	59.00	19	70.90		
	120	0.1	%	5	%	8	%	0	%		
IS consent form time	NO	44	18.00	14	42.30	85	36.30	58	21.60	53.	< 0.00
consuming			%	0	%		%		%	412	1
	YES	200	82.00	19	57.70	14	63.70	21	78.40		
			%	1	%	9	%	0	%		
Take consent before	NO	99	40.60	1	0.30	0	0.00	13	48.50	322	<0.00
starting			%		%		%	0	%	.19	1
	TVDO	1.45	FO. 40	20	00.70	00	100.0	10	E1 E0	6	
	YES	145	59.40	33	99.70	23	100.0	13	51.50		
consent form in local	NO	210	% 86.10	16	48.60	13	0% 56.40	13	% 48.50	101	<0.00
language	NO	210	%	10	46.00 %	2	%	0	46.30 %	.23	1
language			/0	1	70		/0		70	1	1
	YES	34	13.90	17	51.40	10	43.60	13	51.50		
			%	0	%	2	%	8	%		
one copy to patient if	NO	244	100.0	16	48.60	18	79.10	16	61.90	194	< 0.00
asked			0%	1	%	5	%	6	%	.62	1
										5	
	YES	0	0.00	17	51.40	49	20.90	10	38.10		
			%	0	%		%	2	%	2.50	
update oneself on ML	NO	215	88.50	11	33.70	46	19.70	12	45.90	260	<0.00
ethics			%	1	%		%	2	%	.98 6	1
	YES	28	11.50	21	66.30	18	80.30	14	54.10	0	
	1123	40	%	8	%	7	%	4	%		
ML comes under CPA	NO	232	95.50	11	34.70	10	44.60	48	18.00	339	<0.00
	1.0		%	4	%	4	%		%	.74	1
										1	
	YES	11	4.50	21	65.30	12	55.40	21	82.00		
			%	5	%	9	%	8	%		
consumer courts	NO	178	73.30	17	53.50	23	99.10	21	81.20	158	<0.00
address issues			%	6	%	1	%	6	%	.51	1
	VEC	<b>6</b>	06.70	1 -	46.50	0	0.00	FO	10.00	4	
	YES	65	26.70 %	15 3	46.50 %	2	0.90	50	18.80 %		
CPA affect professional	NO	186	76.50	16	48.60	10	43.30	15	57.10	64.	<0.00
freedom	NO	100	%	0	46.00 %	10	43.30 %	2	%	123	1
necuom	1	1	/0	U	/0	1	/0		/0	140	1 1

	YES	57	23.50	16	51.40	13	56.70	11	42.90		
	1123	31	23.30 %	9	%	2	%	4	%		
delay of	NO	170	70.00	17	5.20	13	58.40	19	74.80	374	<0.00
treatment/negligence	NO	170	%	17	%	6	%	9	%	.82	1
punishable			70		70		70		/0	3	1
panisnable	YES	73	30.00	31	94.80	97	41.60	67	25.20		
	125	13	%	2	94.00 %	91	%	01	%		
explain complication of	NO	199	81.90	10	31.30	14	60.50	19	74.40	184	<0.00
Local anesthesia	110	100	%	3	%	1	%	8	%	.27	1
Local allestificola			70		70	_	70		/0	5	1
	YES	44	18.10	22	68.70	92	39.50	68	25.60	- 5	
	100	'''	%	6	%	72	%	00	%		
success/failure rate of	NO	146	60.10	80	24.30	14	61.40	19	72.90	162	<0.00
dental treatment	NO	140	%	00	%	3	%	4	%	.30	1
explained to patient			70		70	3	/0	_	/0	.50	1
explained to patient	YES	97	39.90	24	75.70	90	38.60	72	27.10	0	
	100	)	%	9	%	)0	%	12	%		
all available treatment	NO	31	12.80	8	2.40	3	1.30	12	48.50	293	<0.00
modalities	110	01	%		%		%	9	%	.99	1
modantics			70		70		70		/0	4	1
	YES	212	87.20	32	97.60	23	98.70	13	51.50	<u>'</u>	
	100	212	%	1	%	0	%	7	%		
explain harmful effects	NO	191	78.60	15	47.10	19	85.00	20	77.10	121	<0.00
of radiography	NO	191	70.00 %	5	%	8	%	5	%	.69	1
or radiography			70	0	70		70		/0	5	1
	YES	52	21.40	17	52.90	35	15.00	61	22.90		
	100	52	%	4	%	00	%	01	%		
procedure/duration/co	NO	29	11.90	5	1.50	53	22.70	58	21.80	73.	<0.00
st of treatment	110	2,5	%		%		%		%	537	1
of of treatment	YES	214	88.10	32	98.50	18	77.30	20	78.20	007	1
	100	411	%	4	%	0	%	8	%		
information/secrecy of	NO	47	19.30	44	13.40	5	2.10	42	15.80	35.	<0.00
patient details	110		%		%		%		%	033	1
patient details	YES	196	80.70	28	86.60	22	97.90	22	84.20	000	
	120	150	%	5	%	8	%	4	%		
take drug allergy	NO	0	0.00	0	0.00	0	0.00	23	8.60	71.	<0.00
history	1.0		%		%		%	-	%	133	1
11101019	YES	243	100.0	32	100.0	23	100.0	24	91.40	100	
			0%	9	0%	3	0%	3	%		
ML taught in	NO	235	96.70	27	84.20	22	97.40	18	69.20	113	<0.00
curriculum			%	7	%	7	%	4	%	.04	1
· <del> </del>			, 3		, ,	-	, ,		, ,	7	_
	YES	8	3.30	52	15.80	6	2.60	82	30.80		
			%		%		%	"-	%		
should be taught in	NO	142	58.40	55	16.70	11	48.90	12	45.10	119	<0.00
Under graduate			%		%	4	%	0	%	.09	1
					, ,		, ,			5	
	YES	101	41.60	27	83.30	11	51.10	14	54.90		
			%	4	%	9	%	6	%		
attended CDE/CME	NO	176	72.40	25	76.60	17	75.50	21	80.80	5.1	0.163
			%	2	%	6	%	5	%	29	
	YES	67	27.60	77	23.40	57	24.50	51	19.20		
			%		%	]	%		%		
aware of any courses on	NO	243	100.0	32	98.20	23	100.0	26	100.0	13.	0.003
andre of any courses on	110		100.0	02	20.20	20	100.0	40	100.0	10.	0.000

ML in India			0%	3	%	3	0%	6	0%	608	
	YES	0	0.00	6	1.80	0	0.00	0	0.00		
			%		%		%		%		

Table 3- Comparison of Knowledge and attitude of dental professionals with their Age on awareness of medico-legal aspects using Chi square Test

					AC	ЗE				Chi	P
		2	0-25	2	5-35	3	5-45		>45	sq	valu
		Co	Colu	Co	Colu	Co	Colu	Co	Colu	uar	e
		u	mn	u	mn	u	mn	u	mn	e	
		nt	N %								
Consent form	NO	62	20.7	1	0.50	96	24.6	34	19.9	58.	<0.0
necessary			0%		%		0%		0%	50	01
										6	
	YES	23	79.3	21	99.5	29	75.4	13	80.1		
		7	0%	5	0%	5	0%	7	0%		
Awareness of	NO	18	61.2	10	49.1	10	26.1	72	42.1	89.	<0.0
medicolegal guidelines		3	0%	6	0%	2	0%		0%	37	01
										1	
	YES	11	38.8	11	50.9	28	73.9	99	57.9		
		6	0%	0	0%	9	0%		0%		
IS consent form time	NO	44	14.7	86	39.8	13	34.3	63	36.8	49.	<0.0
consuming			0%		0%	4	0%		0%	97	01
	YES	25	85.3	13	60.2	25	65.7	10	63.2		
		5	0%	0	0%	7	0%	8	0%		
Take consent before	NO	99	33.1	1	0.50	96	24.6	34	19.9	83.	<0.0
starting			0%		%		0%		0%	33	01
										8	
	YES	20	66.9	21	99.5	29	75.4	13	80.1		
		0	0%	5	0%	5	0%	7	0%		
consent form in local	NO	26	88.6	10	49.1	19	48.6	72	42.1	15	<0.0
language		5	0%	6	0%	0	0%		0%	4.7	01
										09	
	YES	34	11.4	11	50.9	20	51.4	99	57.9		
			0%	0	0%	1	0%		0%		
one copy to patient if	NO	29	100.	10	49.1	24	62.1	10	63.2	18	<0.0
asked		9	00%	6	0%	3	0%	8	0%	9.1	01
										6	
	YES	0	0.00	11	50.9	14	37.9	63	36.8		
			%	0	0%	8	0%		0%		
update oneself on ML	NO	21	72.1	11	51.9	10	25.7	68	40.0	15	<0.0
ethics		5	0%	1	0%	0	0%		0%	1.8	01
										76	
	YES	83	27.9	10	48.1	28	74.3	10	60.0		
			0%	3	0%	9	0%	2	0%		
ML comes under CPA	NO	23	77.9	11	53.3	10	27.2	46	27.1	20	<0.0
		2	0%	4	0%	6	0%		0%	5.4	01
										67	

	a			10		0.0		10		I	I
	YES	66	22.1 0%	10 0	46.7 0%	28 3	72.8 0%	12 4	72.9 0%		
consumer courts address issues	NO	23	77.9 0%	12 2	57.0 0%	32 6	83.8 0%	12 1	71.2 0%	55. 30 9	<0.0 01
	YES	66	22.1 0%	92	43.0 0%	63	16.2 0%	49	28.8 0%		
CPA affect professional freedom	NO	24 0	80.5 0%	10 0	46.7 0%	23 7	60.9 0%	22	12.9 0%	21 1.9 52	<0.0 01
	YES	58	19.5 0%	11 4	53.3 0%	15 2	39.1 0%	14 8	87.1 0%		
delay of treatment/negligence punishable	NO	17 0	57.0 0%	11	5.10 %	31 2	80.2 0%	29	17.1 0%	39 3.5 05	<0.0 01
	YES	12 8	43.0 0%	20 3	94.9 0%	77	19.8 0%	14 1	82.9 0%		
explain complication of Local anesthesia	NO	20	68.1 0%	99	46.3 0%	27 0	69.4 0%	69	40.6 0%	65. 96 6	<0.0 01
	YES	95	31.9 0%	11 5	53.7 0%	11 9	30.6 0%	10 1	59.4 0%		
success/failure rate of dental treatment explained to patient	NO	14 9	50.0 0%	77	36.0 0%	26 4	67.9 0%	73	42.9 0%	67. 23 2	<0.0 01
	YES	14 9	50.0 0%	13 7	64.0 0%	12 5	32.1 0%	97	57.1 0%		
all available treatment modalities	NO	33	11.1 0%	6	2.80	10 7	27.5 0%	25	14.7 0%	71. 76 2	<0.0 01
	YES	26 5	88.9 0%	20 8	97.2 0%	28 2	72.5 0%	14 5	85.3 0%		
explain harmful effects of radiography	NO	19 5	65.4 0%	14 2	66.4 0%	28 8	74.0 0%	12 4	72.9 0%	8.0 15	0.04 6
<b>G</b> 1	YES	10 3	34.6 0%	72	33.6 0%	10 1	26.0 0%	46	27.1 0%		
procedure/duration/co st of treatment	NO	31	10.4 0%	3	1.40	86	22.1 0%	25	14.7 0%	54. 03 3	<0.0 01
	YES	26 7	89.6 0%	21 1	98.6 0%	30 3	77.9 0%	14 5	85.3 0%		
information/secrecy of patient details	NO	48	16.1	43	20.1	41	10.5 0%	6	3.50	27. 82 5	<0.0 01
	YES	25 0	83.9 0%	17 1	79.9 0%	34 8	89.5 0%	16 4	96.5 0%		
take drug allergy history	NO	0	0.00	0	0.00	0	0.00	23	13.5	12 4.5 75	<0.0 01

	YES	29	100.	21	100.	38	100.	14	86.5		
		8	00%	4	00%	9	00%	7	0%		
ML taught in	NO	28	96.3	16	77.1	30	78.9	16	96.5	72.	<0.0
curriculum		7	0%	5	0%	7	0%	4	0%	80	01
										8	
	YES	11	3.70	49	22.9	82	21.1	6	3.50		
			%		0%		0%		%		
should be taught in	NO	14	48.3	53	24.8	16	41.9	71	41.8	30.	<0.0
Under graduate		4	0%		0%	3	0%		0%	01	01
										3	
	YES	15	51.7	16	75.2	22	58.1	99	58.2		
		4	0%	1	0%	6	0%		0%		
attended CDE/CME	NO	22	76.8	14	65.9	37	95.6	77	45.3	18	<0.0
		9	0%	1	0%	2	0%		0%	4.5	01
										36	
	YES	69	23.2	73	34.1	17	4.40	93	54.7		
			0%		0%		%		0%		
aware of any courses	NO	29	100.	21	100.	38	98.5	17	100.	10.	0.01
on ML in India		8	00%	4	00%	3	0%	0	00%	57	4
										9	
	YES	0	0.00	0	0.00	6	1.50	0	0.00		
			%		%		%		%		