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Public Opinion on the Medical Negligence and Health Care Facilities in TamilNadu

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Abstract: *Proper health care facilities are necessary for each and every citizen in the country. This paper attempts to understand the level of awareness of medical negligence and the health care facilities that are available in the state.The research method followed is descriptive research. The data is collected through the questionnaire. Convenience sampling method is adopted in the study to collect the data . The sample size of the population is 203. The samples were collected from the general public with a special reference to the Chennai region. The study is to analyse and examine the public opinion on medical negligence and health care facilities in Tamil Nadu with a special reference to the Consumer Protection Act. The independent variables are name, age,gender, occupation,place of residence, marital status of the respondents. The dependent variables are experienced health issues, sector which provide good health care facility,time taken to reach the hospital from your home,how often health checkup done, rating the diagnosis process experienced, difference observed in the facilities provided by the government and private hospitals, hospitals with modern operating room facilities, currently covered health insurance plan introduced by the Tamil Nadu government,conflict with the medical care professionals regarding lack in facilities. The tools used by the researcher for analysis are bar charts,pie charts, and histograms, cluster graphs and chi-square test.*

Keywords: Medical negligence, health care, medical malpractice, diagnosis, compensation

I. INTRODUCTION

Public opinion on medical negligence and healthcare facilities in Tamil Nadu reflects a complex interplay of factors, ranging from socio-economic disparities to systemic challenges within the healthcare infrastructure. As one of the most populous states in India, Tamil Nadu faces significant pressure on its healthcare system, with a diverse population spread across urban and rural areas.

At the heart of the issue lies the perception of medical negligence, which encompasses a wide range of concerns including misdiagnosis, treatment errors, lack of transparency, and inadequate patient care. Instances of medical negligence have often garnered public attention, fueling mistrust in healthcare institutions and professionals. High-profile cases, amplified by media coverage and social media platforms, have heightened public scrutiny and demanded accountability from healthcare providers. Moreover, disparities in access to quality healthcare further compound the issue. While urban centers like Chennai boast advanced medical facilities, rural areas struggle with limited resources and infrastructure. This urban-rural healthcare divide exacerbates inequalities in healthcare outcomes, leaving marginalized communities disproportionately affected by medical negligence. The role of government regulation and oversight is crucial in addressing these challenges. While Tamil Nadu has made strides in implementing healthcare policies and initiatives, gaps in enforcement and monitoring persist. Public perception of healthcare governance often hinges on the perceived effectiveness of regulatory bodies in ensuring patient safety and holding errant practitioners accountable.

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Additionally, cultural factors influence public attitudes towards healthcare delivery. Traditional beliefs and practices intersect with modern medicine, shaping perceptions of both healthcare providers and treatment modalities. This cultural context underscores the importance of culturally sensitive and patient-centered care in addressing public concerns about medical negligence. In light of these complexities, fostering an environment of trust, transparency, and accountability is paramount in improving public opinion on medical negligence and healthcare facilities in Tamil Nadu. Effective communication channels between healthcare providers, regulatory agencies, and the public are essential for building confidence in the healthcare system and ensuring equitable access to quality care for all residents.

OBJECTIVE:

- To analyse and examine the public opinion on medical negligence.
- To find out the health care facilities with reference to the Consumer Protection Act.
- To find out the proposing solutions for the problems.
- To identify the key concerns of this topic.
- To understand the impact of the medical negligence.

II. REVIEW OF LITERATURE

Karunakaran Mathiharan (2002)finds out that medical negligence is predominantly a civil matter , but the death of a patient may sometimes lead to a criminal prosecution . In India usually section 304 A of the Indian Penal Code (IPC) 1860, is used to register a complaint against a medical practitioner for alerted criminal professional negligence. It is concluded that the criminal law now stands any doctor is liable to be arrested despite the fact that there is no element of subjective wrongdoing on his /her part.**Gopinath Shenoy (2018)** says that, in India, a person aggrieved by medical negligence can file a civil or criminal suit, approach the state medical council or file a complaint with a consumer court as per the Consumer Protection Act 1986. Section 2(1)(0) of the Consumer Protection Act 1986, defines the word "service" . In India, as in England, it is well settled that the medical malpractice cases are governed by the general principles of the law of torts. It is concluded that expert evidence plays a very important role in deciding any medico legal case. It is important for doctors to know that what constitutes medical negligence.**Mustaq(2019)** says that , according to the study it states that there are 110% rise in the number of medical negligence cases in India every year and the study also revealed that 90% cases of medical negligence cases in hospitals. Whenever the medical practitioners act falls below the standards of reasonably competent practitioners in his /her field or without reasonable care , skill, knowledge or wilfully acting negligently in treating the patients , there arises the medical negligence. It is concluded that the higher compensation and effective implementation of the charter of patient's rights may helps in curbing medical negligence.**Dr.Gupta B.D (2005) .** To explore the public, patients and the press including visual media have become aware of the CPA(1986) with this came the issues of not only civil negligence but criminal negligence also. In such a case the 1st information report was lodged under Section 304A of the IPC against a doctor . In conclusion , this relation have discussed the various issues of tort , crime, medical profession , guidelines in relation to negligence.**Simran Ahmed and Priyal Chauhan (2021)** to explore the social media posts concerning adoptions of children are absolutely illegal, as they are not protected by law procedure. These posts are unlawful underneath a section 80 and 81 of the Juvenile Justice (care and protection of children) Act , 2015. Iris concluded that with the death toll rising with each passing deal in the covid wave more and more children are becoming orphans , still even in good faith of adopting a child for proper care and affection, one should not take the adoption without following the proper procedures and guidelines..**Karthikeyan (2018)** to explore " To Err is Human " . Negligence can be described as failure to take due diligence which results in injury. It is punishable under various laws such as torts , Indian Contract Act ,CPA, IPC . According to ARM trust , around 52 lakhs medical injuries are recorded every year and 98000 people in the country lose their lives in a year because of medical negligence. On verifying the statistics it is concluded that the legal structure relating to this issue is not up to the mark.**Agarwal.S (2009)** says that the hospital's sole responsibility was "to provide a properly equipped medical facilities " .The patient has the right . The patient has the right to expect acertain standard of care when he puts himself in the hands of the hospital authority or health care providers.Public awareness on medical negligence in India is growing. This concludes with the issue of liability of the hospitals with

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reference to medical negligence and the resulting implications both to the hospitals as well as patients.**Yadav Mukesh (2016)** , in the case highlighted and applied various doctrines like vicarious doctrines like vicarious liabilities, importance of proper and relevant record keeping , timely referral and standard precautions and method of calculation of amount of compensation and factors relevant for computation of compensation. Various doctrines relevant to the cases of medical negligence have been discussed to create awareness and finally it concludes with understanding the factors responsible for high cost of compensation and prevention in future..**Suresh K Pandey and Vidisha Sharma (2019)**,explore the report that 942 cases of medical negligence were decided by the NCDRC from 2002-2018 .Total of 73.3% of the alleged cases of medical negligence were approved and compensation ranged between 2,00,000 to 10 million. It is concluded that it is imperative to take substantial measures to ensure due diligence while performing surgical procedures and follow the provided guidelines and take all necessary measures before performing with the treatment.**Surakshith L.Gowda(2016)** to analyse the prevalence and reasons for litigations of obstetrics and Gynaecology for medical negligence and deficiency in service. To analyse on what grounds negligence was proved and to know whether it was preventable . Totally 1317 cases were found on medical negligence and deficiency in service with reasonable skill and care in diagnosis and treatment, proper documentation and legally valid content , it is not probable but possible to prevent litigation .**Priyanka Pulla (2015)** explored that the doctor's association scored a victory in the implementation of the Medical Protection Act in UP and Tamilnadu . The government of Haryana has promised similar action leading to the state branch of IMA to cancel the strike on 20may. The Medical Protection Act makes attacks on doctors and clinical property punishable by imprisonment of up to 3 years with a penalty of 50000 . Finally as a result, it is concluded that is no legal deterrent to the escalating incidents of violence against doctors.**Bhuvnesh M Kumar (2021)** . The aim of the study is to estimate the prevalence of depression and to assess the factors associated with depression among the elderly age. The overall prevalence of depression was 35.3% . The factors such as female gender, educational status , occupation , type of family , smoking, medical factors like hypertension, cardiac disease etc.. were statistically significant ($P<0.05$).**Brinda.B (2016)** . The study aims to assess the knowledge, attitude and practice regarding dental jurisprudence among the advocates practising in Chennai. The main KAP score of Group 1 was 6.8+-2.1 , Group 2 it was 9+-2.1 , Group3 it was 6.8+-2.4 . Nearly 71% of the advocates handle medico legal case issues of which issues related to unethical practice (31%) were very frequent. The study concludes that almost all the advocates who participated in the study had inadequate knowledge in medical and dental jurisprudence.**Sherif Sarah Stephen (2019)** . The study aims to assess the knowledge and awareness regarding CAN among school children in Puducherry. Majority of the children were aware of the acts constituting CAN. A positive correlation was seen between the age of children and awareness of CAN . Although it is concluded that the children had a good knowledge about CAN , further studies have to be conducted to generalise these findings in Puducherry.**Dahlawi, Saad, et al. (2021)**Medical negligence is an increasing public health concern among healthcare providers worldwide as it affects patient safety. It poses a significant risk of patient injury, disease, disability, or death. The WHO has recognized deficiencies in patient safety as a global healthcare issue to be addressed. This study aimed to analyze various components of medical negligence research literature.**Chandra, Meghana S., and Suresh Bada Math.(2016)**The advent of high compensation awards for medical negligence claims in India has resulted in apprehensive conjecture regarding the impact that such awards may have on the manner in which doctors practice medicine within India and how this consequently translates into rising costs for patients. While some predict a consequent rise in frivolous litigation, others posit the argument that the health sector in India needs to be regulated more stringently[5] and that the fear of large compensation awards will ensure that doctors are not negligent.**B.Gitanjali,S.Manikandan(2011)**World Health Organisation (WHO) celebrated the 30th anniversary of the Model List of Essential Medicines in 2007 and reviewed the progress made over these years. It was noted that there was a need for more medicines specifically developed and tested for use in children.[1] It is estimated that eight million children under five years of age die every year worldwide.**Nataliya Gutorova1, Oleksandr Zhytnyi(2019)**Legal liability for medical negligence should contribute to the protection of patients' rights to life and health. At the same time, unreasonably strict sanctions against physicians should be analyzed much closely. More balanced model of such liability requires serious in-depth research.The aim of the article is to stimulate discussion about the necessity to improve the criminal legislation and judicial practice of criminal liability execution.**R.Parthasarathi and**

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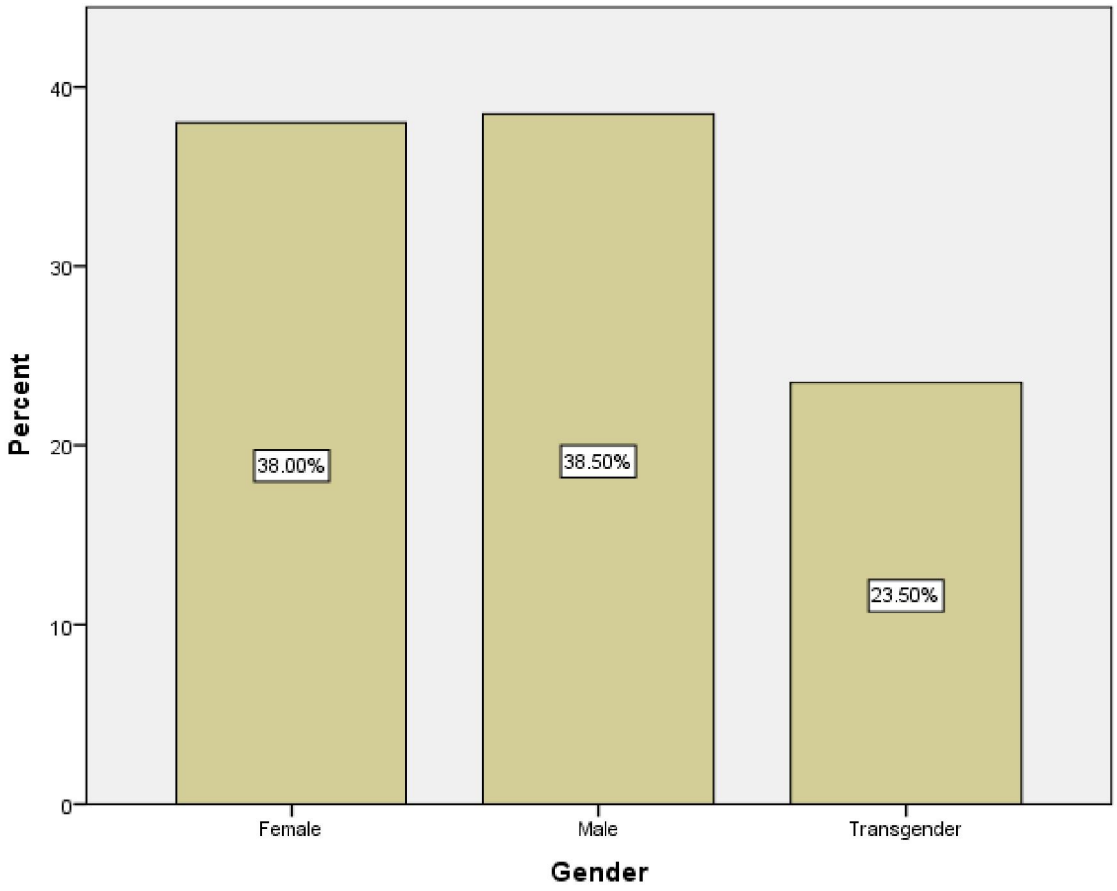
P.Sinha(2016) The Tamil Nadu model of public health is renowned for its success in providing quality health services at an affordable cost especially to the rural people. Tamil Nadu is the only state with a distinctive public health cadre in the district level and also the first state to enact a Public Health Act in 1939.**Boos, Stephen C., and Kristine Fortin.(2014)**Medical neglect occurs when children are harmed or placed at significant risk of harm by gaps in their medical care. This is most likely to occur and to be recognized when families lack resources, commonly due to poverty, and when medical demands are high, such as with complex, severe, and chronic illness.

III. METHODOLOGY

The convenience sampling method is used in collecting the data. The sample size of the population is 203. The independent variables used are age,gender,occupation, marital status,place of residence of the respondents. The dependent variables are experienced health issues, sectors which provide good health care facilities, time taken to reach the hospital from your home , how often health checkup is done, rating the diagnosis process experienced, difference observed in the facilities provided by the government and private hospitals. The tools for analysis are the bar graphs, pie charts, cluster charts using spss software.

IV. ANALYSIS

Figure 1:



Legend: Fig 1 shows the gender of the respondents.

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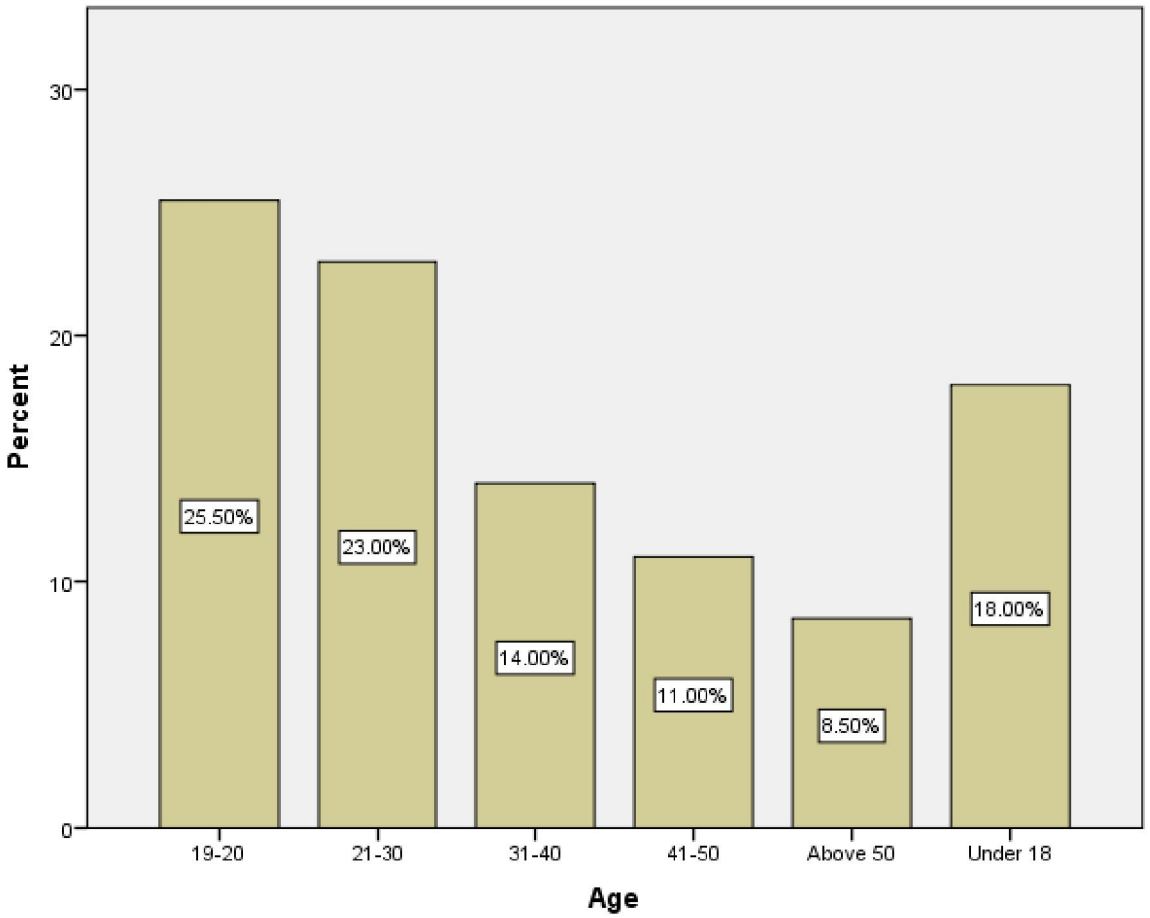
Figure 2:



Legend: Fig 2 shows the age of the respondents.

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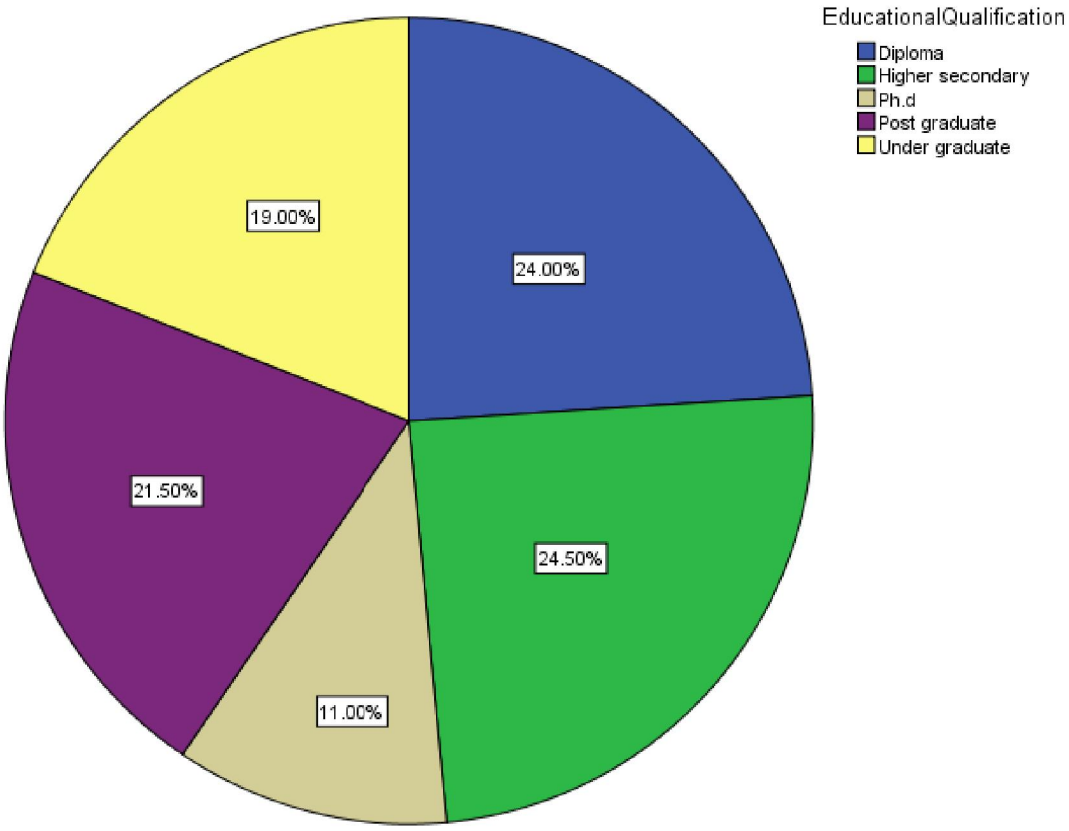
Figure 3:



Legend: Fig 3 shows the education of the respondents.

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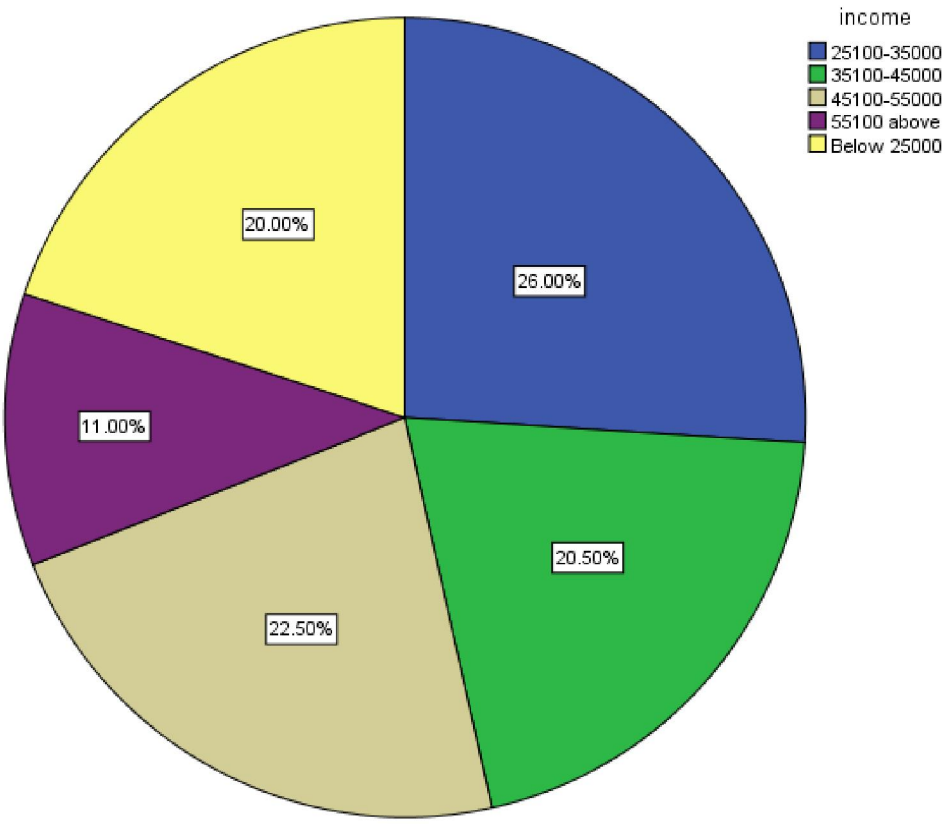
Figure 4:



Legend: Fig 4 shows the income of the respondents.

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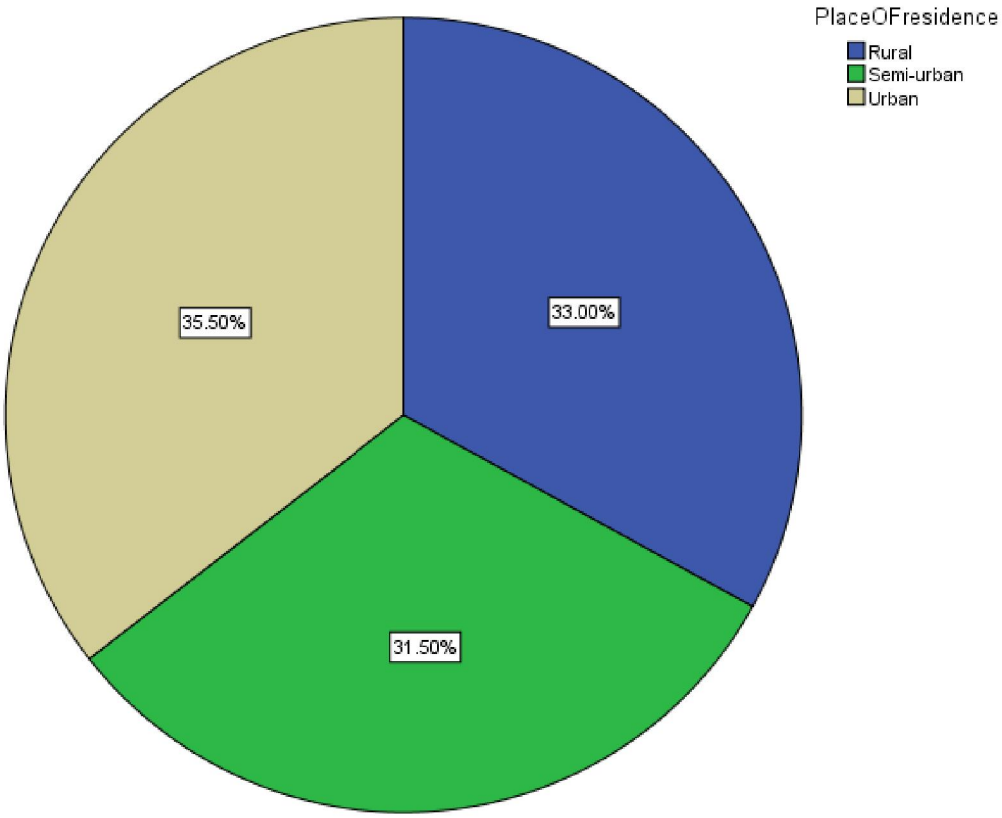
Figure 5:



Legend: Fig 5 shows the residence of the respondents.

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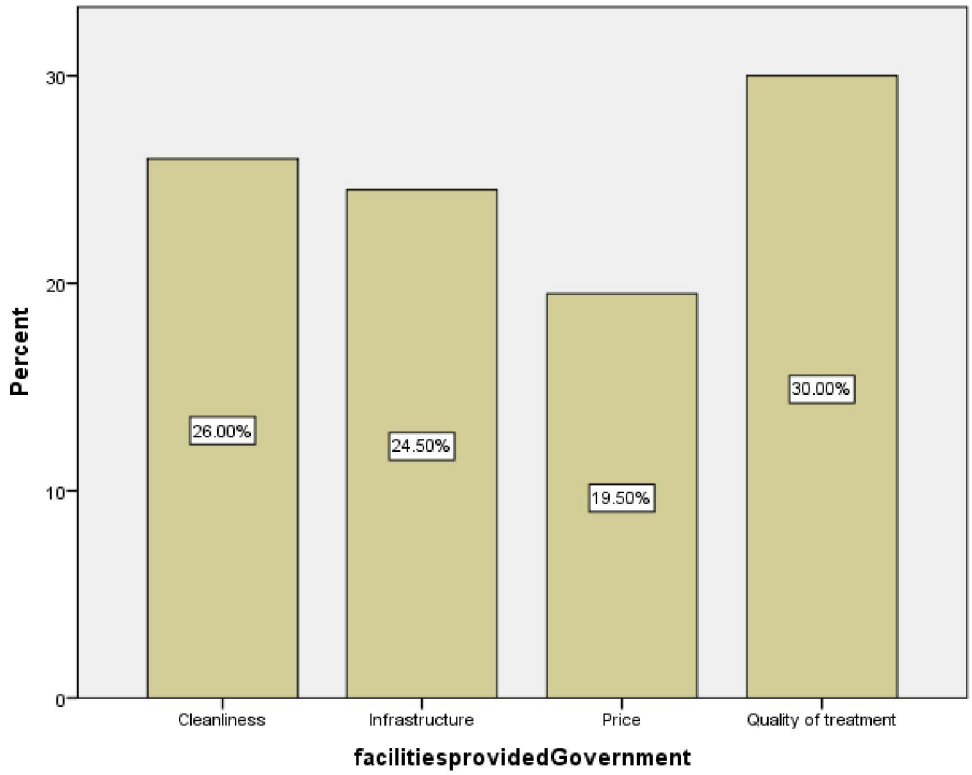
Figure 6:



Legend: Fig 6 shows the hospital facilities of the respondents.

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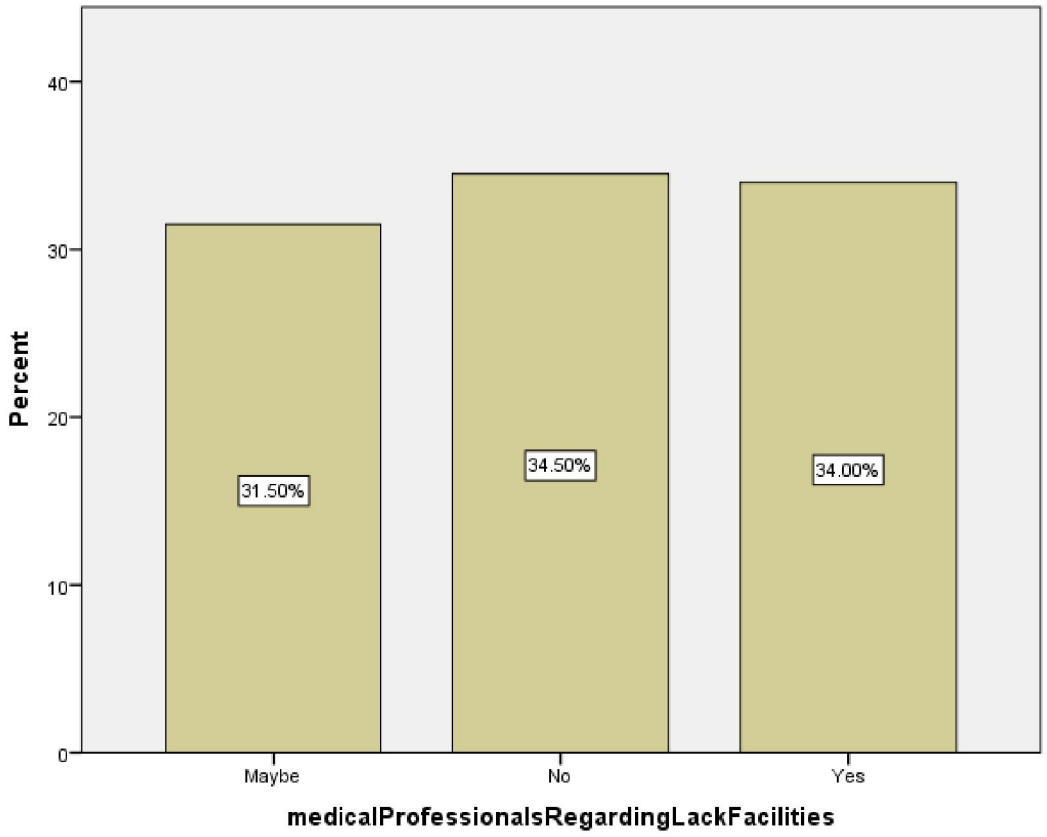
Figure 7:



Legend: Fig 7 shows the medical profession regarding lack of facilities by the respondents.

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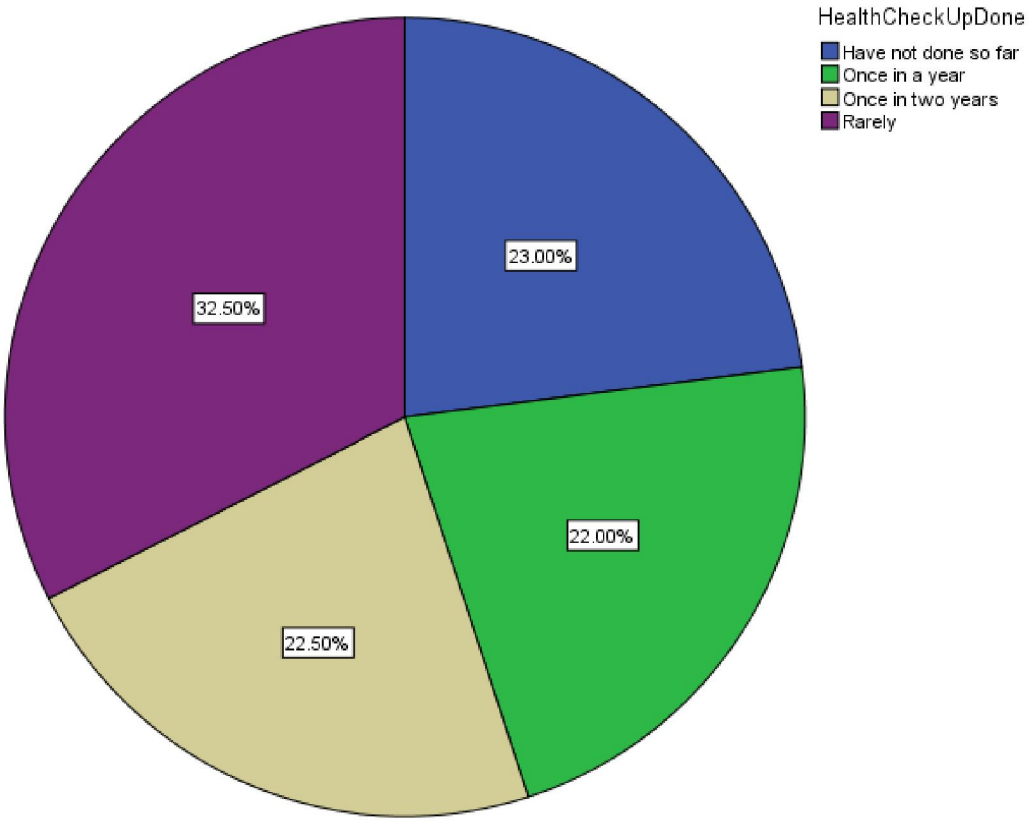
Figure 8:



Legend: Fig 8 shows the health check up done by the respondents .

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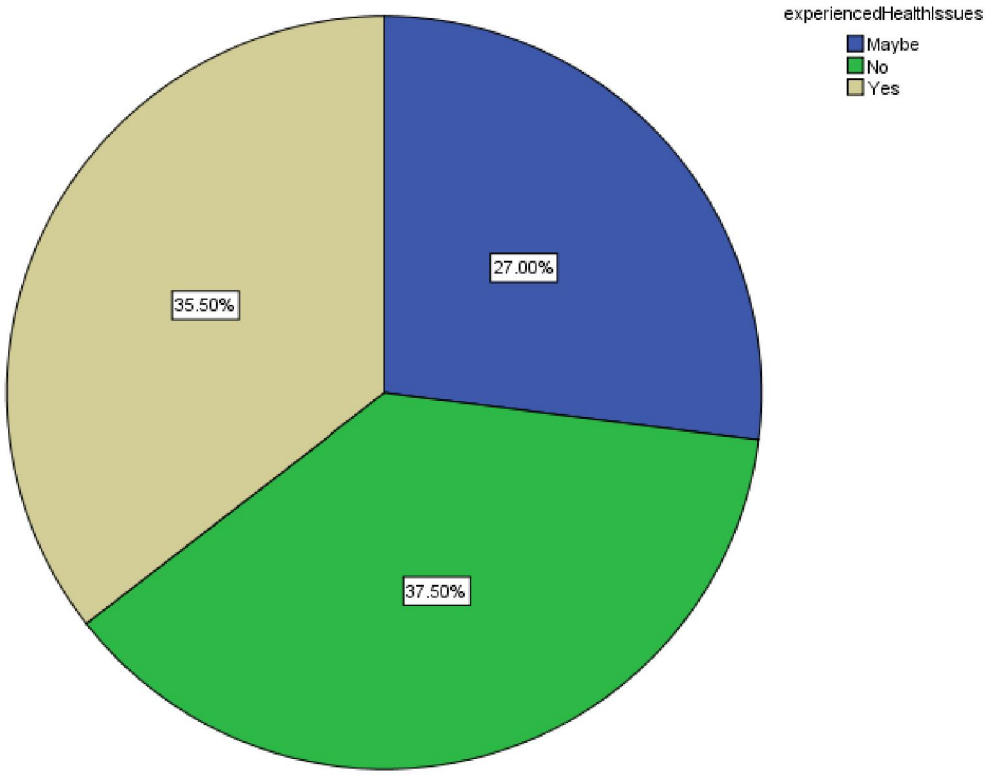
Figure 9:



Legend: Fig 9 shows the experienced health issues by the respondents

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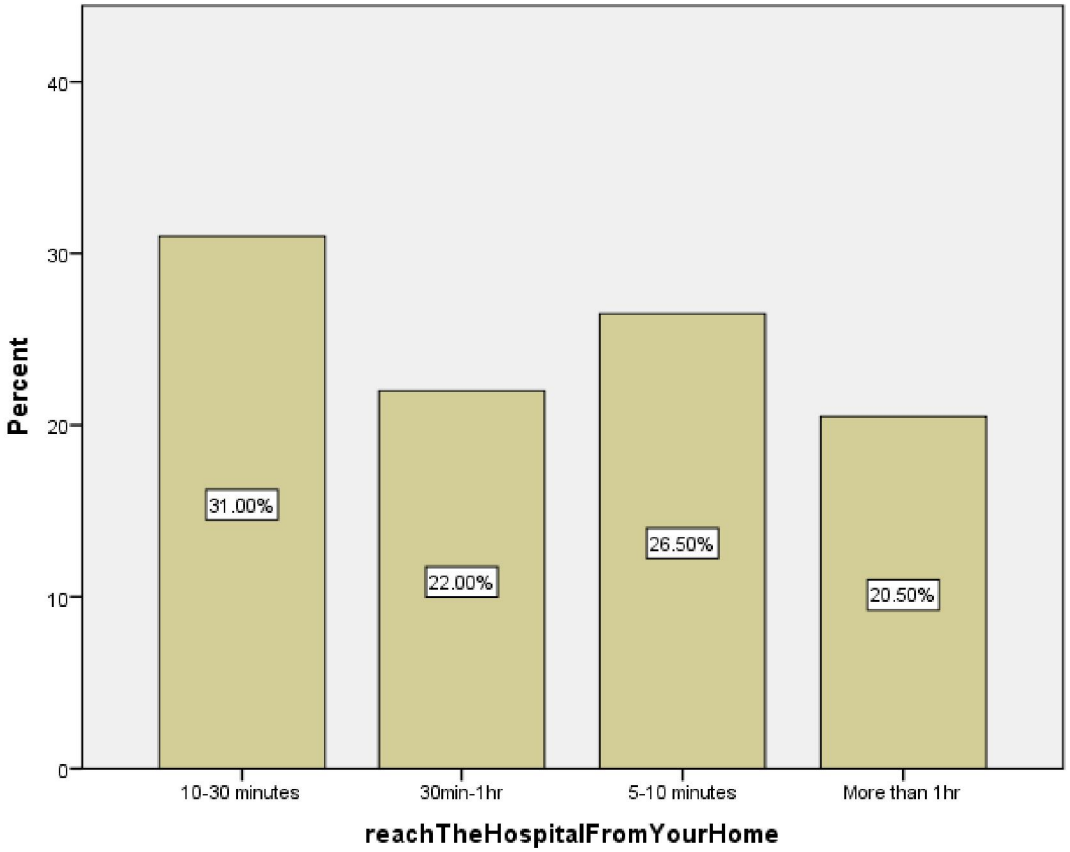
Figure 10:



Legend: Fig 10 shows the reach of the hospital from your home of the respondents.

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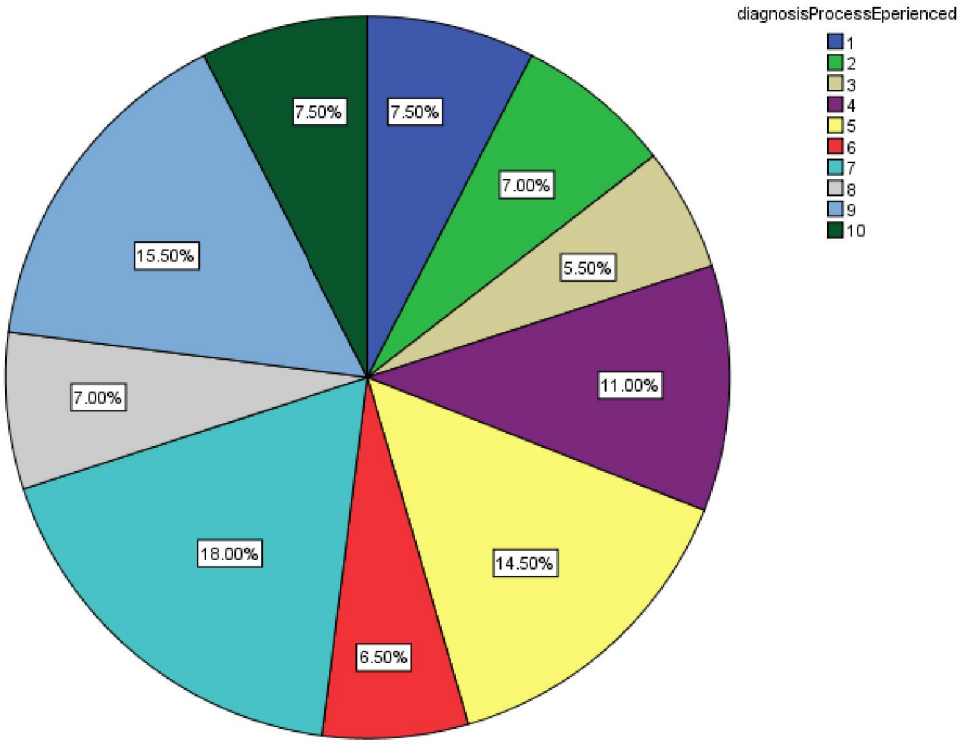
Figure 11:



Legend: Fig 11 shows the diagnosis process eperienced of the respondents.

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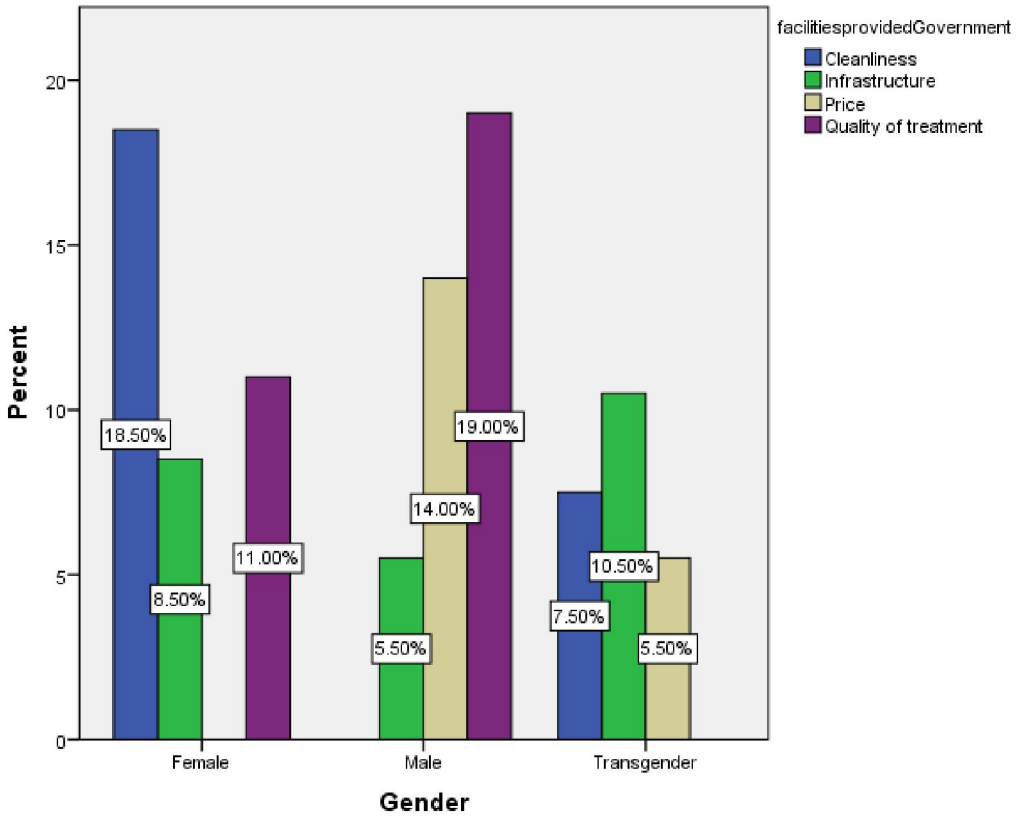
Figure 12:



Legend: Fig 12 shows the facility provided by the government and age of the respondents.

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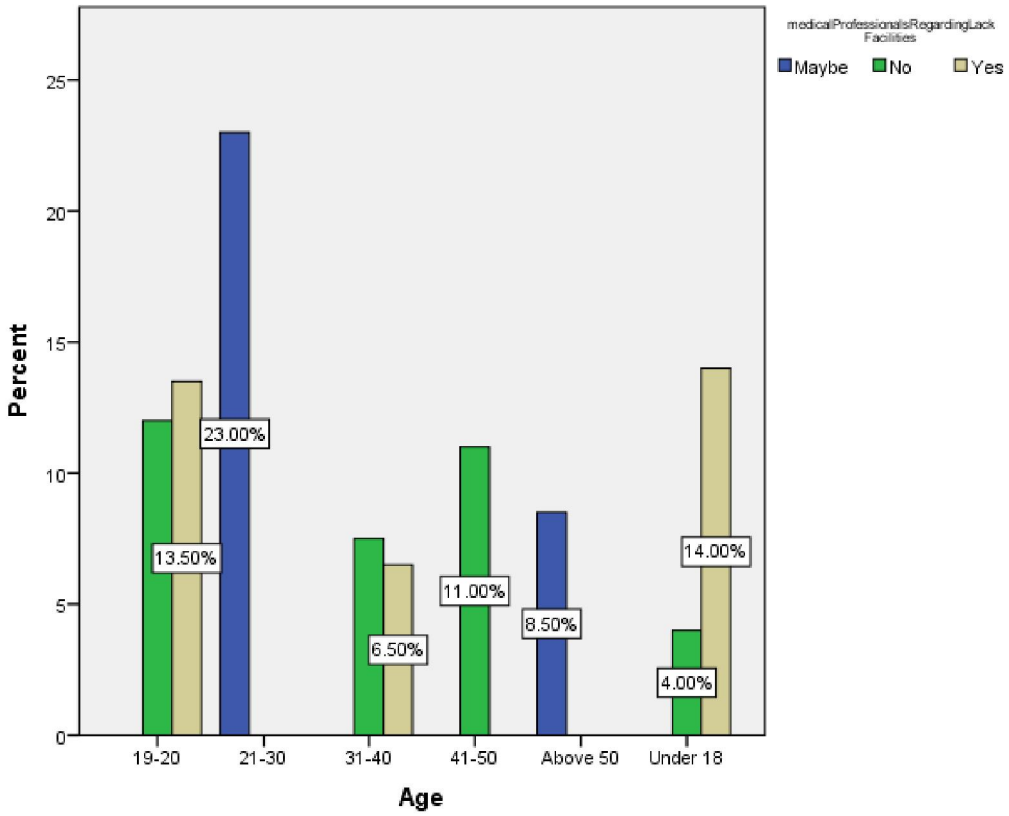
Figure 13:



Legend: Fig 13 shows the medical profession regarding facilities and age of the respondents.

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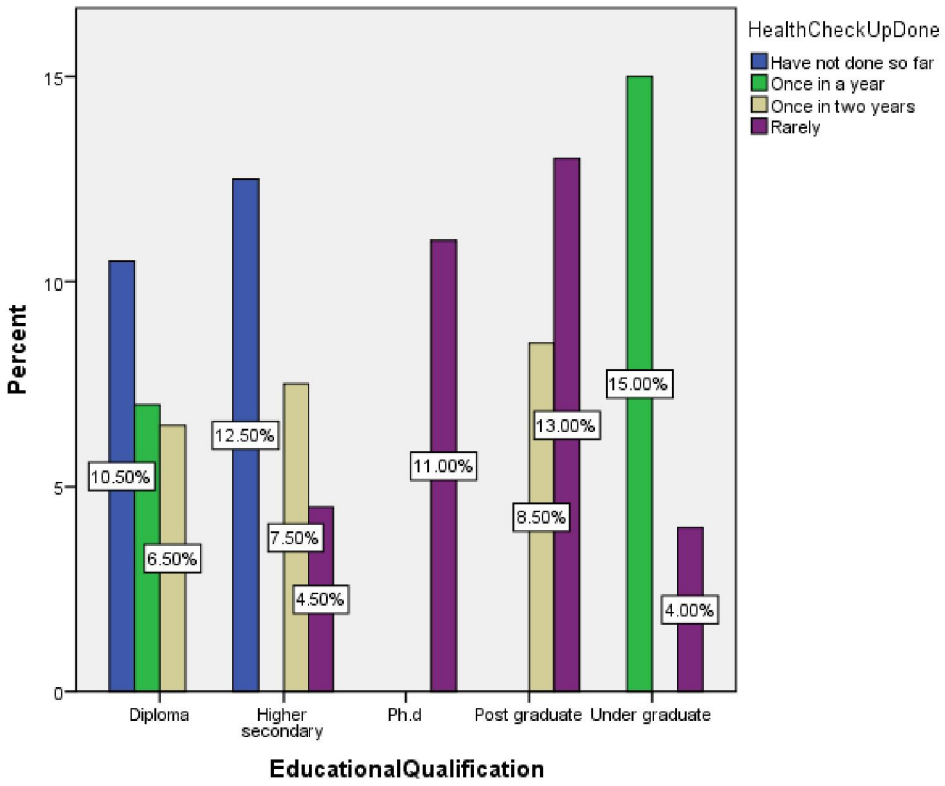
Figure 14:



Legend: Fig 14 shows the health check up done and educational of the respondents.

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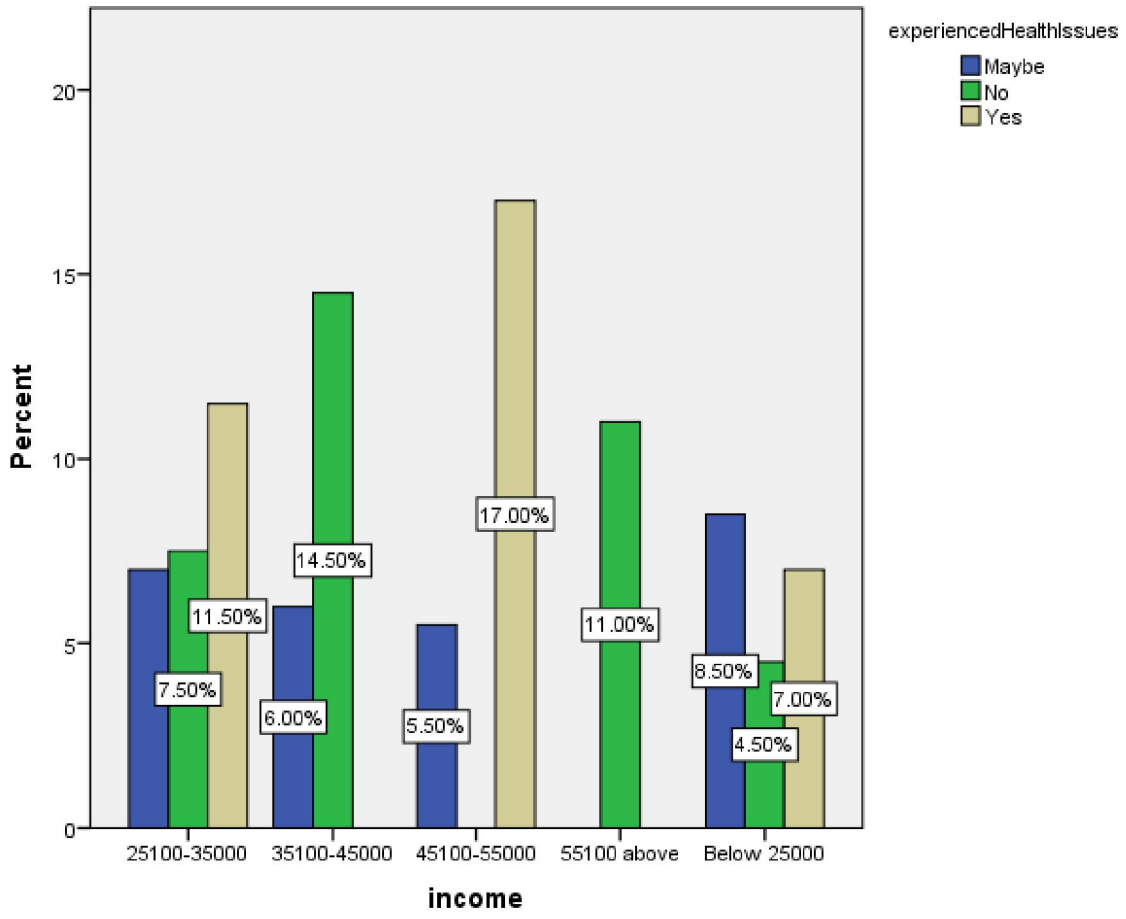
Figure 15:



Legend: Fig 15 shows the experienced health issues and income of the respondents.

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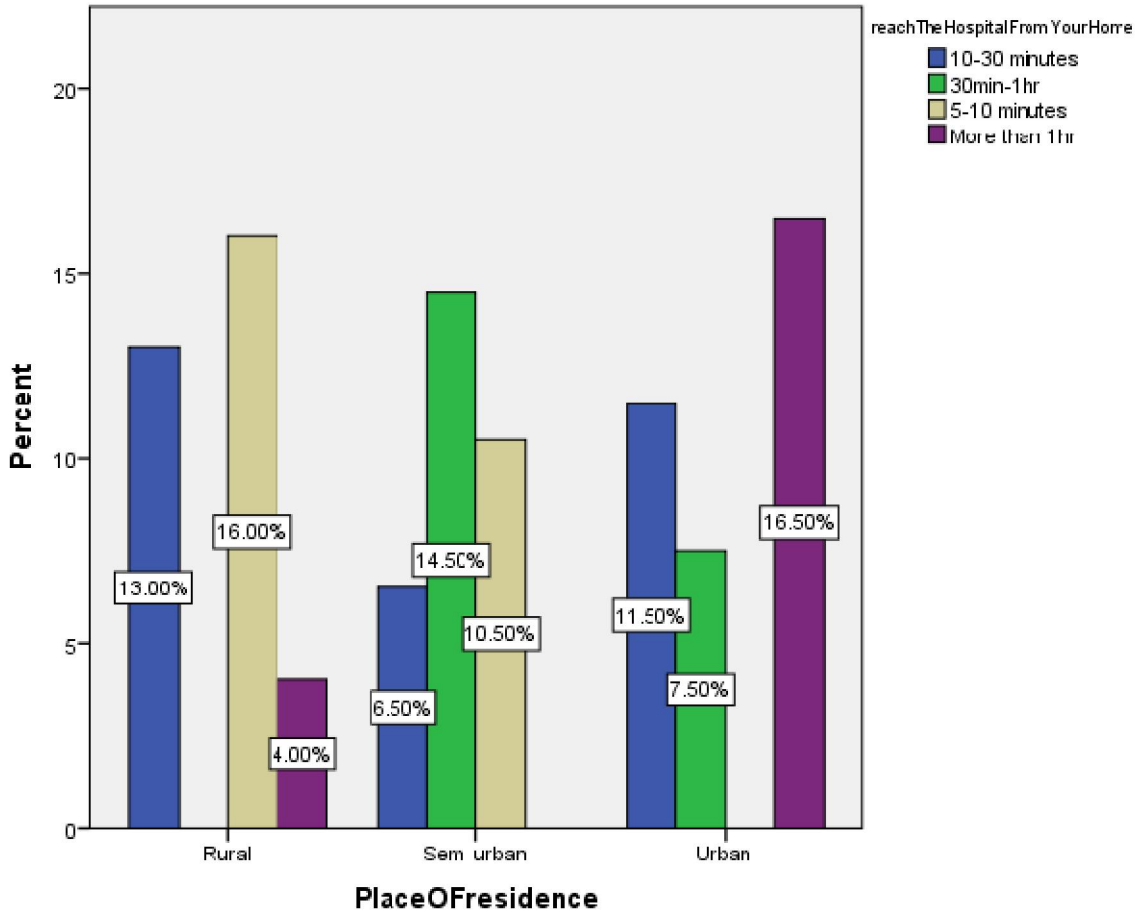
Figure 16:



Legend: Fig 16 shows the reach of the hospital from your home and place of residence of the respondents.

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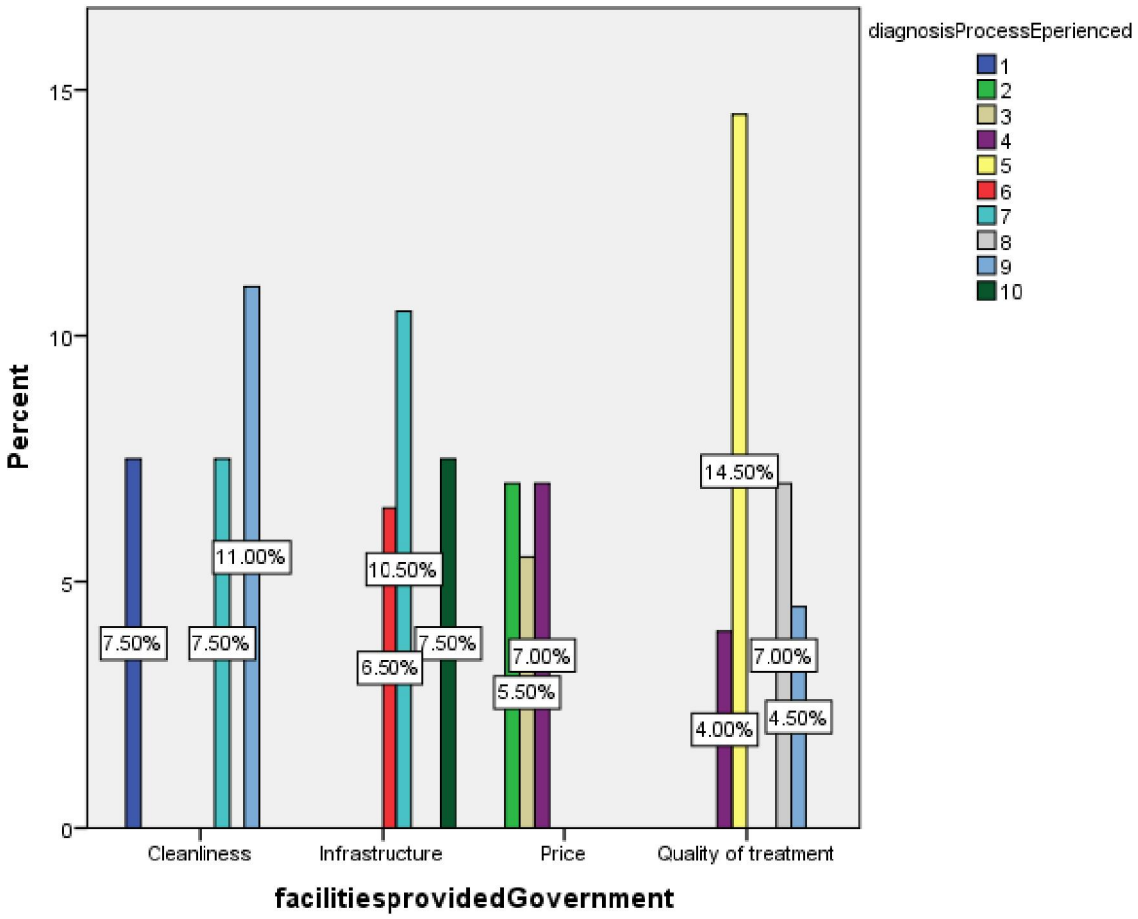
Figure 17:



Legend: Fig 17 shows the diagnosis process experienced and facilitates the government of the respondents

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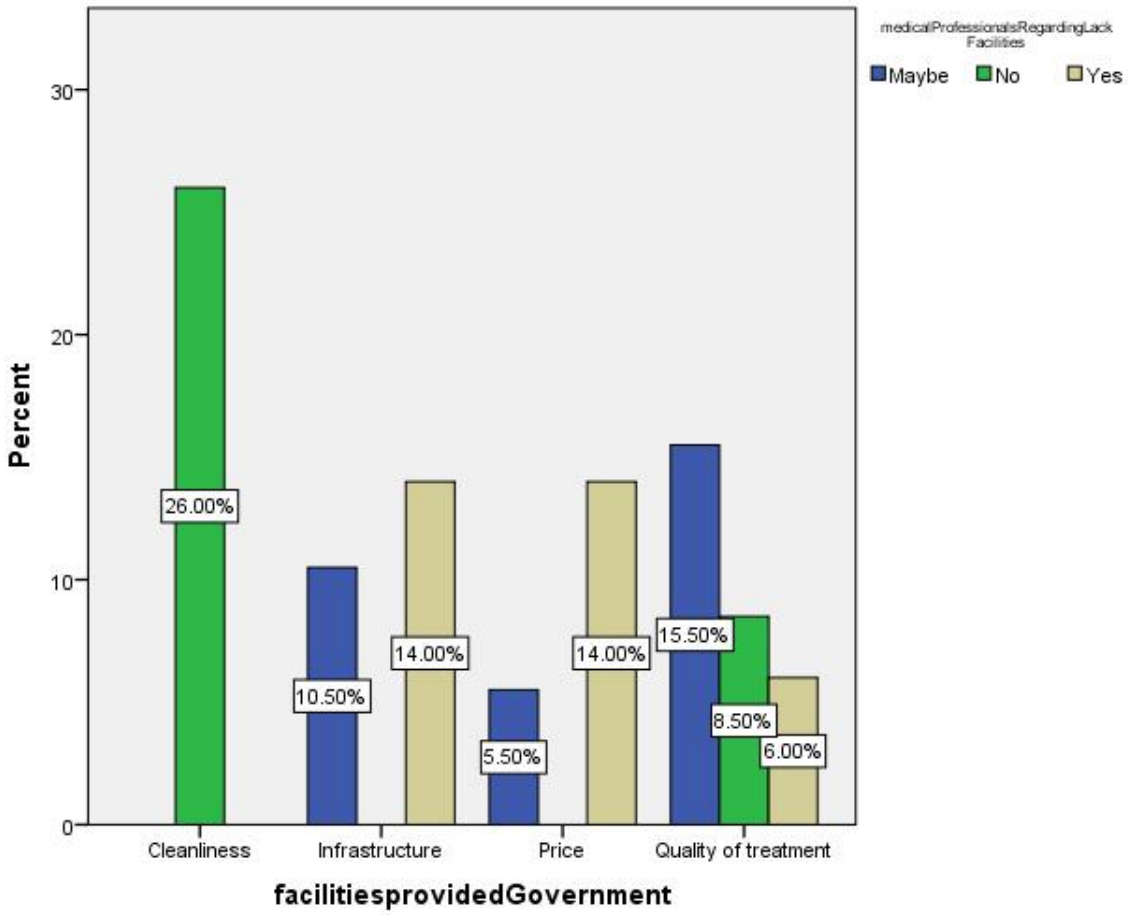
Figure 18:



Legend: Fig 18 shows the medical profession regarding lack of facilities by the respondents

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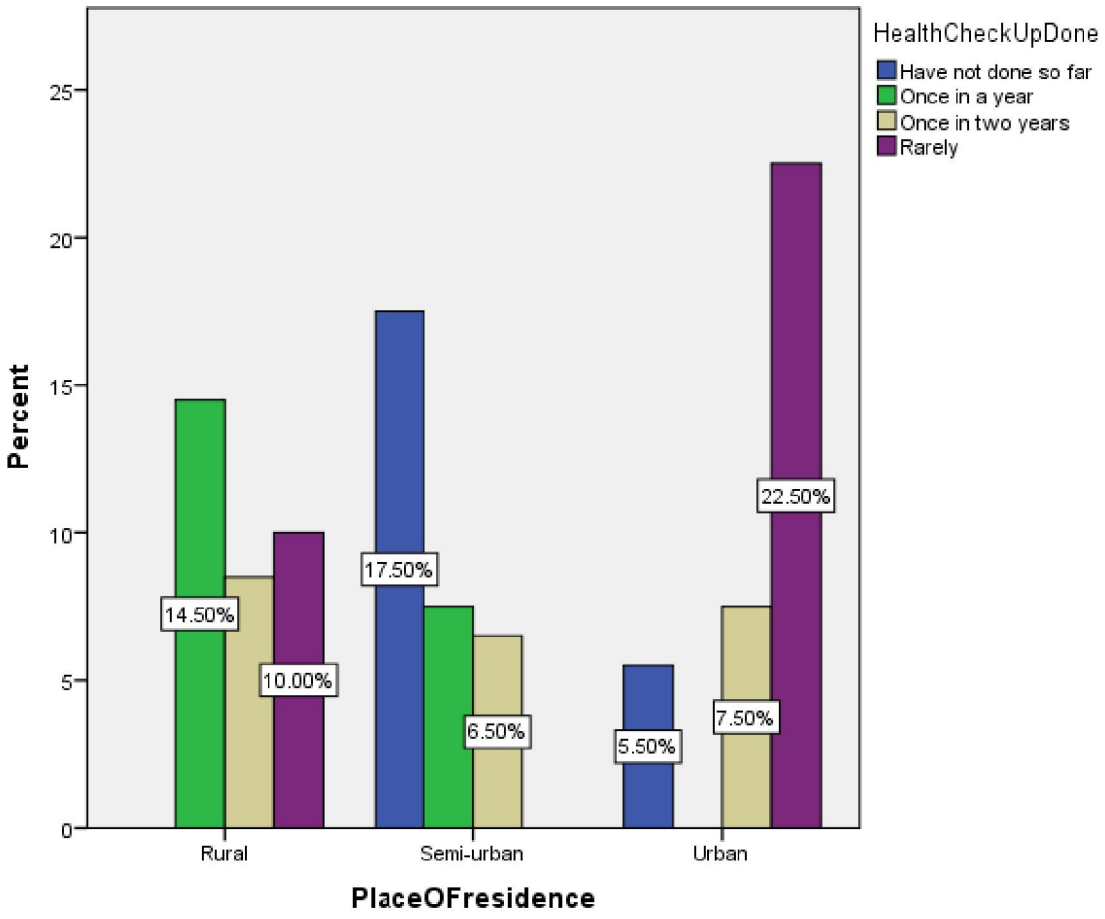
Figure 19:



Legend: Fig 19 shows the health check up done and residence of the respondents.

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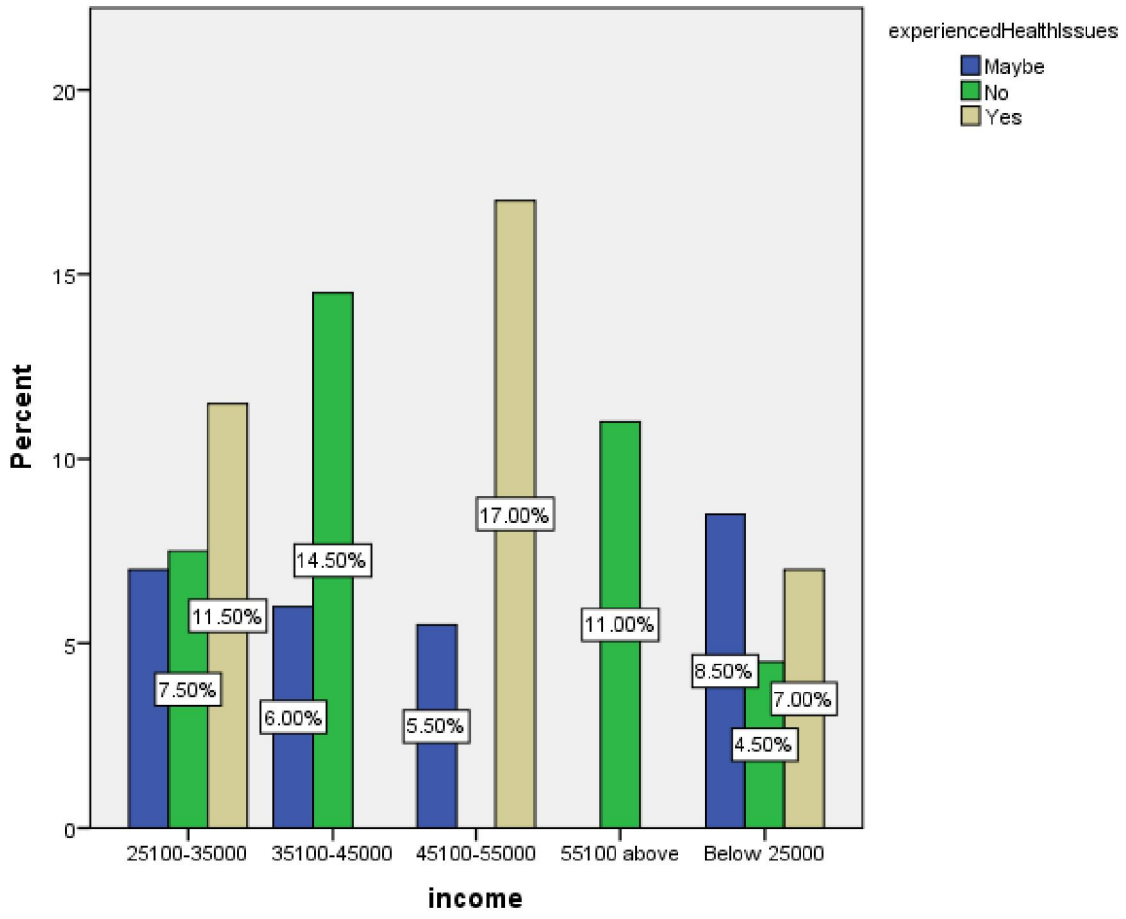
Figure 20:



Legend: Fig 20 shows the experienced health issues and income by the respondents .

LIMITATION:

It provides biassed data, unable to generalise data and generalisation is limited. Medical negligence and healthcare facility assessment involve multifaceted issues beyond public opinion, such as legal, institutional, and systemic factors, which may not be fully captured through public sentiment alone. Conducting research in Tamil Nadu may encounter language and cultural barriers, impacting the accuracy and interpretation of public opinion data. Access to comprehensive and reliable data on public opinion regarding medical negligence and healthcare facilities in Tamil Nadu may be limited, affecting the depth of analysis. Conducting research in Tamil Nadu may encounter language and cultural barriers, impacting the accuracy and interpretation of public opinion data. Respondents may provide socially desirable responses rather than honest opinions, particularly on sensitive topics like healthcare experiences or negligence.

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V. RESULTS

It is revealed that 38.00% respondents are female and 38.50% are male respondents in (figure 1).It is revealed that age of the respondents are 19-20 are 25.50% and 21-30 are 23.00%(figure 2).It is revealed that 26.09% are post graduate and 21.26% are higher secondary qualifications of the respondents (figure 3).It is revealed that respondents getting income 27.54% are 25000-3500 and 23.67 are 35000-45000 of the respondents (figure 4).It is revealed that 40.10% are from urban area and 30.92% are from semi-urban area (figure 5).It is revealed that the 30.00% are quality treatment and 24.00% are cleanliness of the respondents (figure 6).It is revealed that the medical profession regarding lack of facilities 34.00% are respond yes and 34.50% respond are no (figure 7).It is revealed that the health check up done by the respondents are 32.50% are Rarely and 23.00% are have not done so far (figure 8).It is revealed that the experienced health issues by the respondent 37.50% are no and 35.50% are yes of the respondent (figure 9).It is revealed that the reach of the hospital from your home 31.00% are reach by 10-30 minutes and 22.00% respondents are reach by 30min-1hr (figure 10).It is revealed that the respondent the diagnosis process experience 14.59% are rated 5(figures 11).It is revealed that 18.50% are cleanliness and female(figure 12).It is revealed that the me medical profession regarding facilities 23% are maybe and 21-30age of the respondents (figure 13).It is revealed that experienced health issues 10.50% and dimploma of the respondents (figure 14).It is revealed that the experienced health issues 17% are yes and 45100-55000 income of the respondents(figure 15).It is revealed that the reach of the hospital from your home16.50% reach by more then 1hr and place of residence urban of the respondents (figure 16).It is revealed that the diagnosis process experienced 14.50% and facilitates the government of the rated 5 respondents (figure 17).It is revealed the medical profession regarding lack of facilities 25.00% are No by the respondents (figure 18).It is revealed the health check up done 22.50% are rarely and urban residence of the respondents (figure 19).It is revealed the experienced health issues 17% are yes and 45100-55000 income by the respondents (figure 20).

VI. DISCUSSION

Generally the result indicates that the case of medical negligence and the improper health care facilities affects the lives of the people. After collecting the survey from the respondents it is understood that many respondents have experienced a sort of inconvenience during the time of their medical treatment.Medical negligence not only affects the physical health but it also severely affects the mental health of the patients who experienced medical negligence. It causes depression and stress among the patients who gets affected and the people around them.In this research, it is understood that negligence can also affect the children and especially many women who are affected which causes depression and stress and makes their mind distracted and distressed.Before collecting the survey the people were not mostly aware about the problem of medical negligence cases and the improper health care facilities in various hospitals in the state.

VII. CONCLUSION

In conclusion, public opinion on medical negligence and healthcare facilities in Tamil Nadu reflects a multifaceted landscape shaped by various socio-economic, cultural, and systemic factors. Despite efforts to improve healthcare delivery, challenges persist, including perceptions of inadequate access to quality care, instances of medical negligence, and disparities in healthcare infrastructure.

The convergence of urban-rural disparities underscores the need for targeted interventions to bridge gaps in healthcare access and service delivery. Enhancing the reach and quality of healthcare facilities in rural areas, bolstering infrastructure, and improving healthcare workforce distribution are crucial steps in addressing these disparities.Furthermore, addressing medical negligence requires a comprehensive approach that encompasses regulatory reforms, professional accountability, and patient empowerment. Strengthening regulatory frameworks, implementing robust oversight mechanisms, and promoting transparency in healthcare delivery can help restore trust and accountability within the healthcare system.

Cultural sensitivities and traditional beliefs also play a significant role in shaping public perceptions of healthcare. Integrating culturally competent care practices, fostering community engagement, and promoting health literacy initiatives can facilitate trust-building and improve healthcare outcomes.

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Ultimately, addressing public concerns regarding medical negligence and healthcare facilities requires a collaborative effort involving government agencies, healthcare providers, civil society organizations, and community stakeholders. By prioritizing patient safety, equity, and accountability, Tamil Nadu can strive towards a healthcare system that meets the diverse needs of its population and inspires confidence in its ability to deliver quality care.

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