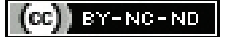


Awareness of Medicolegal Issues among Interns and Resident Doctors at a Tertiary Care Hospital in Kolar, Karnataka, India: A Cross-sectional Study

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ABSTRACT

Introduction: Medicolegal issues are handled by every doctor in their day-to-day medical practice. However, if they are not well versed in the rules of managing such cases and the law behind them, they often land into criticism and distress in court while dealing with evidence in Medicolegal Cases (MLCs).

Aim: To assess the awareness of interns and resident doctors, who are working at RL Jalappa Hospital and Research Centre, regarding the management of MLCs in their day-to-day practices.

Materials and Methods: A cross-sectional questionnaire-based study was conducted to determine the awareness of medicolegal issues among 107 participants, including interns and resident doctors in the Department of Forensic Medicine and Toxicology at a tertiary care hospital, Sri Devaraj Urs Medical College, Tamaka Kolar, Karnataka, India, from January 2022 to October 2022. A prevalidated list of 21 questionnaires, obtained through a pilot study with Cronbach's alpha=0.78, was used. Numerical data were summarised using mean and standard deviation, while categorical data were expressed using percentages.

Results: The mean age of the study participants was 28.6 years. Most of the participants were from Surgery and allied

fields (61%), and the majority of the participants (51.4%) had one to two years of experience in the medical field. Among the findings, it was observed that 67.28% of participants had insufficient knowledge about the minimum age requirement for informed consent, 60% of residents had insufficient knowledge of maintaining meticulous medical records, 57% of the participants responded incorrectly regarding the desired way of handling brought dead cases in hospitals, and 63.8% of the participants had poor knowledge of the Karnataka Private Medical Establishment (KPME) act and organ transplantation act.

Conclusion: The study concluded that while interns and postgraduates showed some level of awareness regarding certain aspects of medicolegal issues, like need for consent, they still lack comprehensive knowledge on subjects like legal requirements of consent, medical records, the KPME act, and organ transplantation act. Therefore, it is necessary to modify the curriculum for students and provide orientation programs, continued medical education, and guest lectures to interns and residents to build fiduciary character in Indian medical graduates.

Keywords: Karnataka private medical establishment act, Medicolegal cases, Medical records, Organ transplantation

INTRODUCTION

India has evolved massively over the time with respect to healthcare infrastructure. Today, as the literacy rate in India exceeding 74% [1], patients are well-informed about diseases, treatments, available alternatives, and the legal guidelines associated with them. Medicolegal matters pertain to the legal challenges that medical professionals may encounter while treating patients. In the past five years, complaints of medical negligence and medicolegal issues have increased by 30 to 40% [2]. Medical professionals are not only responsible for providing the best possible treatment to their patients but also for ensuring that their actions comply with the law. This dual obligation necessitates the inclusion of training in MLC (Medicolegal Cases) in medical education, typically taught in the second and third years of medical school [3].

According to the Crime Record Bureau of India, the crime rate stands at 445.9 per 100,000 population [4]. Consequently, the Emergency Medicine department of hospitals receives numerous cases that not only require medical care but also medicolegal attention. Providing medicolegal care to patients involves being confident in conducting medicolegal examinations, writing reports, following standard operating procedures, and testifying as expert witnesses in court proceedings. By staying informed and prepared,

medical professionals can provide the necessary care and support to patients involved in MLC [5].

During their internship and residency, doctors encounter real-life case scenarios in casualty departments where they may have overlooked the provision of medicolegal care during their undergraduate curriculum. It is crucial for doctors to possess a thorough understanding of the ethical aspects of MLC in order to handle them effectively [6].

Research in this area can help identify strengths and weaknesses in medical education and training, informing the development of more effective approaches to prepare future medical professionals for handling MLC. The purpose of the present research is to assess the level of awareness of medicolegal issues among interns and resident doctors who are responsible for handling such cases in the hospital. The findings of the present study will contribute to the development of refresher courses for all interns and resident doctors, reinforcing their understanding of these matters and emphasising their importance.

MATERIALS AND METHODS

This cross-sectional study was conducted among participants, including interns and resident doctors in the Department of Forensic

Medicine and Toxicology at a tertiary care hospital, Sri Devaraj Urs Medical College, Tamaka Kolar, Karnataka, India, from January 2022 to October 2022. The study received approval from the Institutional Ethics Committee before data collection (No. SDUMC/KLR/IEC/203/2021-22, Dated: 31/12/2021).

Inclusion criteria: The study included interns, postgraduates, and senior residents of any age and gender who were working at the selected hospital during the study period.

Exclusion criteria: The study excluded interns, postgraduates, and senior residents who were unwilling to participate, as well as postgraduates who were assigned to external postings during the study period.

Sample size calculation: A total of 107 participants were included in the study. The sample size was calculated using Epi 7™ info program, based on a 95% confidence interval and a 5% margin of error. Previous literature (Jambure M and Jambure A, 2017) was taken into account [7]. The estimated sample size was 130 individuals, with the total number reduced after excluding eight non-responders and 15 postgraduates who were on external postings.

Study Procedure

Questionnaire: The authors developed a predesigned, self-administered questionnaire by referring to textbooks [8,9], gazette documents [10,11], and government of India office memorandum [12]. The questionnaire was formulated and carefully revised based on the minimal knowledge requirements for interns, postgraduates, and senior residents to handle MLC. A pilot study was conducted among five postgraduates and five interns to assess the validity and repeatability of the questionnaire, resulting in a Cronbach's alpha of 0.78. Data was collected by administering the pre-tested questionnaire, which consisted of two parts. The first part recorded demographic information parameters like age, gender, duration of work experience, and designation. The second part consisted of 21 questions, covering different aspects of medicolegal issues faced in day-to-day practice. The questions were classified into five groups, including consent (04), MLC (09), maintenance of medicolegal records (03), human organ transplantation act (01), and KPME act (04) [Annexure-1].

STATISTICAL ANALYSIS

The data obtained was entered into MS Excel 2018 and analysed. Numerical data were summarised using the mean and standard deviation, while categorical data were expressed as percentages.

RESULTS

The study involved 107 interns and resident doctors working in a tertiary care hospital. [Table/Fig-1] presents the demographic characteristics of the participants. Out of the total respondents, 45 were males and 62 were females. In terms of departmental distribution, 61 participants (57%) belonged to the Department of Surgery and allied subjects, while 46 participants (42.99%) belonged to the Department of Medicine and allied subjects. The mean age of the participants was 28.6 years. There were 28.03% senior

Demographic parameters		n (%)
Gender	Male	45 (42.05)
	Female	62 (57.95)
Mean age (in years)		28.6
Professional status	Senior residents	30 (28.03)
	Junior residents	45 (42.05)
	Interns	32 (29.90)
Years of experience	1 to 2 years	55 (51.40)
	3 to 5 years	52 (48.59)

[Table/Fig-1]: Demographic parameters of the study participants.

residents, 42.05% junior residents (postgraduate students), and 29.90% interns. The frequency distribution of years of experience in the medical field showed that 55 participants (51.4%) had one to two years of experience, while 52 participants (48.6%) had three to five years of experience [Table/Fig-2].

Q. No.	Question	Correct response	Incorrect response
1	Consent to be valid for a physical examination by a doctor the minimum age of the patient should be >12 years	35 (32.17%)	72 (67.28%)
2	Consent to be valid for performance of a surgical procedure by a doctor the minimum age of the patient should be >18 years	72 (67.28%)	35 (32.72%)
3	The mandatory consent to be taken before the performance of a surgical procedure is- Informed written consent	84 (78.5%)	23 (21.5%)
4	In an interesting, rare case with atypical findings- Valid informed written consent is mandatory to take images	55 (51.40%)	52 (48.60%)

[Table/Fig-2]: Depicts awareness of consent among interns and residents.

In the present study, 67.28% and 32.72% of participants had poor knowledge about the minimum age of a patient to give consent for physical examination and surgical procedures, respectively. 78.5% and 51.40% of participants were aware of the requirement of informed written consent prior to surgery and publishing patient pictures, respectively [Table/Fig-2]. As shown in [Table/Fig-3], with respect to informing the police, 67.28% (in the case of poisoning), 43% (handling brought dead cases), and 46.73% (incidental information about a homosexual major individual), and 33.64% (handling an agitated mob at the hospital) of participants had proper awareness and knew the appropriate measures to be adopted.

Q. No.	Question	Correct response	Incorrect response
5	Poisoning cases require police intimation in- all cases in both private and Government set-ups	72 (67.28%)	35 (32.72%)
6	The desired way to handle a brought dead case by a doctor in a hospital set-up is- inform the police	46 (43%)	61 (57%)
7	The best-case scenario where in death certificate can be issued without legal complications- natural deaths	51 (47.66%)	56 (52.33%)
8	In an alleged case of medical negligence, a doctor can be booked under S-304 A IPC	47 (44%)	60 (56%)
9	The use of the red cross symbol by civilian doctors is- a punishable offence	36 (33.64%)	71 (66.36%)
10	When a case of alleged trauma is brought to the causality the most important thing to do first is- to treat and stabilise the patient	53 (49.53%)	54 (50.47%)
11	During elicitation of the history of a 20-year-old male, you incidentally learn that the patient is a homosexual. The next action you take is- Refer to the Psychiatry Department	50 (46.73%)	57 (53.27%)
12	In a known case of HIV/AIDS a doctor-Should treat the patient just like another patient	15 (14%)	92 (86%)
13	A restless mob at your hospital creates a nuisance and ruckus for no valid reason and vandalises the hospital property- inform the police	36 (33.64%)	71 (66.36%)

[Table/Fig-3]: Depicts awareness of medicolegal issues among interns and residents. *S: Section; IPC: Indian panel code; HIV/AIDS: Human immunodeficiency virus/Acquired immunodeficiency syndrome

In the assessment of knowledge about handling dead bodies at the hospital, it was observed that 57% of the participants responded incorrectly. This is concerning as proper handling of such cases is critical for ensuring the smooth functioning of hospitals and preventing legal issues. Likewise, the fact that 86% of participants responded incorrectly about the management of Human Immunodeficiency Virus (HIV)-infected patients suggests a lack of knowledge about infectious diseases and their management.

This is particularly worrying as HIV is a serious and potentially life-threatening condition, and there are many rights and guidelines laid down by the government for people living with HIV infection.

As shown in [Table/Fig-4], 46.73% of the participants had poor knowledge of the organ transplantation act with respect to the concept of ideal donors. In total, 62.85% of the responders had wrong information about the provisions and guidelines of KPME Amendment Act 2018, which is an act that all registered medical practitioners in Karnataka are expected to be familiar with. This table displays the level of awareness among participants about the maintenance of medicolegal records. The findings indicate that 41.12% of the participants had limited awareness about the proper storage of outpatient medical records, 62.61% lacked knowledge about the appropriate storage of inpatient medical records, and 67.28% of the participants were unaware of the proper retention policy regarding MLC records [Table/Fig-5].

Q. No.	Question	Correct response	Incorrect response
14	Ideally, in the circumstances of organ transplantation, the donor should be-Blood relatives of the recipient	57 (53.27%)	50 (46.73%)
15	According to Karnataka Private Medical Establishment act -Amendment 2017, no new treatment are allowed to start within 200 meters of any government-established or maintained hospitals.- Private Medical College	23 (21.49%)	84 (78.51%)
16	According to Karnataka Private Medical Establishment act - Amendment 2017, display the schedule of charges and establishment details are to be displayed at-All of the above	35 (32.71%)	72 (67.29%)
17	In case of any investigation or treatment or procedure being necessary over and above the standard protocol the doctor-Can conduct extra investigations with consent from patient/ patient attender	63 (58.87%)	44 (41.13%)
18	The Karnataka Private Medical Establishment act-Amendment 2017 is not applicable to-Single doctor providing healthcare services at a private clinic	38 (35.51%)	69 (64.49%)

[Table/Fig-4]: Depicts the awareness on KPME act and organ transplantation act among interns and postgraduates.

Q. No.	Question	Correct response	Incorrect response
19	Outpatient department case records in a hospital should be stored for atleast- 03 years	63 (58.87%)	44 (41.12%)
20	Inpatient department case records should be stored for atleast- 05 years	40 (37.38%)	67 (62.61%)
21	Medicolegal Case (MLC) records in a hospital should be stored for atleast- till the disposal of the case	35 (32.72%)	72 (67.28%)

[Table/Fig-5]: Depicts awareness of medicolegal records among interns and residents.

DISCUSSION

The competency and effectiveness of the healthcare system rely highly on the proficiency and disposition of medical practitioners who possess the necessary knowledge, skills, and attitudes toward patient rights [13]. The present study aimed to assess the knowledge of interns and postgraduates towards medicolegal issues and revealed that while a significant portion of participants were well-informed about the necessity of obtaining written informed consent before conducting any medical procedure, 67.28% of participants had insufficient knowledge about the minimum age requirement for physical examination. In a similar study by Yashwanth R and Channabasappa SR in Chennai, it was observed that 56% of participants had insufficient knowledge about this [14]. This finding highlights the need for continued education and training to improve the knowledge of medical practitioners in this aspect.

The findings of the present study are consistent with previous research by Jasuma J et al., conducted in a medical college in

Vadodara, India, which revealed limited awareness of medicolegal issues among residents, particularly regarding medical ethics and informed consent [15]. This study also showed that more than 60% of residents had insufficient knowledge of maintaining meticulous medical records, including medical history, chart notes, radiographs, and photographs. These results are similar to those of a previous study conducted by Thomas TE and Magendran J, which highlighted a significant level of unfamiliarity with medicolegal issues among medical students [16].

In another study by Radhika T et al., conducted among dentists in a tertiary care hospital in Chennai, Tamil Nadu, it was found that 56.5% of participants had correct knowledge about consent in medical practice, and 59.3% had sufficient knowledge about maintaining medical records [17]. Compared to the present study, a total of 57.33% of participants had correct knowledge about consent in medical practice, and 32.24% had sufficient knowledge regarding maintaining medical records. As the participants of the study in Chennai included practicing professionals as well, they slightly had better knowledge in these areas [17]. The study also recommended the inclusion of medicolegal education in the undergraduate medical curriculum to improve the knowledge, attitude, and practice of medical interns.

Similarly, a study conducted by Jambure M and Jambure A at a Medical College in Maharashtra revealed that medical residents had limited knowledge about consent (62% correct response), preservation of medical records (46% correct response), management of poisoning cases (24% correct response), and the organ transplantation act (12% correct response) [7]. The study recommended the inclusion of legal education in the medical curriculum to enhance awareness of medicolegal issues among medical residents. The participants in the present study had slightly better knowledge about these aspects as there were a few senior residents in the present study population.

In a study by Hariharan S et al., at Queen Elizabeth Hospital in Barbados (a tertiary care teaching hospital), it was observed that 98% of participants had awareness about confidentiality with patient information, and 92.3% had sufficient knowledge about informed consent [18]. The study attributed the high level of awareness to the presence of medicolegal education in the medical curriculum. The present study found limited knowledge among participants regarding maintaining meticulous medical records and the KPME Amendment Act. It emphasises the importance of maintaining accurate medical records as physicians' written records carry more weight than patients' recollections.

Taken together, these studies suggest that the level of awareness of medicolegal issues among medical interns and postgraduate residents varies depending on the presence or absence of medicolegal education in their medical curriculum [7,17,18]. To enhance their knowledge, attitude, and practice regarding medicolegal issues, it is necessary to include medicolegal education in the medical curriculum and develop interventions to address the gaps in their understanding of legal and ethical issues related to medical practice.

Limitation(s)

The study was conducted in a single medical college, which may not be representative of the entire population of young doctors in India. Therefore, the findings of the present study may not be generalisable to other settings. Secondly, the study relied on self-reported data, which may be subject to recall bias or social desirability bias. Also, the sample size of the study was relatively small, which may limit the statistical power and precision of the findings and the study did not assess the impact of demographic factors such as age, gender, and educational level on the knowledge, attitude, and practices (KAP) of medicolegal issues. Finally, the study did not investigate the reasons for the lack of knowledge and awareness among interns and postgraduates, which could be explored in future studies.

CONCLUSION(S)

In conclusion, the present KAP study indicates that while interns and postgraduates showed some level of awareness of certain aspects of medicolegal issues, they still lack comprehensive knowledge on the subject. Although they understood the importance of obtaining informed consent, they demonstrated limited knowledge of medicolegal issues, medical records, organ transplantation, and the KPME act. Therefore, it is necessary to provide continuing medical education, guest lectures, and orientation programs for young doctors to improve their knowledge and awareness of these crucial aspects. Additionally, it is suggested that the curriculum for students be modified to include more detailed information on medicolegal aspects. Such efforts can lead to a better understanding of the medicolegal process and the associated ramifications, thereby enabling young doctors to provide better quality healthcare services to their patients.

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[ANNEXURE-1]

The questions were as below:

1. For consent to be valid for a physical examination by a doctor the minimum age of the patient should be:
 - a. No need of consent;
 - b. More than 12 years;
 - c. More than 18 years;
 - d. More than 14 years.
2. For consent to be valid for performance of a surgical procedure by a doctor the minimum age of the patient should be:
 - a. More than 18 years;
 - b. More than 12 years;
 - c. No need of consent;
 - d. More than 14 years.
3. The mandatory consent to be taken before performance of a surgical procedure is:
 - a. Oral consent;
 - b. Written consent;
 - c. Informed written consent;
 - d. Blanket consent.

4. In an interesting, rare case with atypical findings:
 - a. One can take images and immediately upload on social media;
 - b. Take images without asking the relatives and use for teaching purposes;
 - c. Images can be taken for research purposes;
 - d. Valid informed written consent is mandatory to take the images.
5. Poisoning cases require police intimation in:
 - a. All cases in a private set-up;
 - b. All cases in a government set-up;
 - c. Cases with suspicion of foul play only in a private set-up;
 - d. All cases in both private and government set-up.
6. The desired way to handle a brought dead case by a doctor in a hospital set up is:
 - a. Issue death certificate immediately;
 - b. Send the deceased and relatives back;
 - c. Inform the police;
 - d. No idea!
7. The best case scenario where in death certificate can be issued without legal complications:
 - a. Brought dead cases;
 - b. Natural deaths;
 - c. Suspicious deaths;
 - d. All of the above scenarios.
8. In an alleged case of medical negligence a doctor can be booked under:
 - a. 376 IPC;
 - b. 304 B IPC;
 - c. 304 A IPC;
 - d. No idea.
9. Use of Red cross symbol by civilian doctors is:
 - a. Legal;
 - b. Punishable offence;
 - c. Don't know;
 - d. None of the above.
10. When a case of alleged trauma is brought to the causality the most important thing to do first is:
 - a. Call the police;
 - b. Document the injuries;
 - c. Take the signature of the bystanders;
 - d. Treat and stabilise the patient.
11. During elicitation of the history of a 20-year-old male you incidentally learn that the patient is a homosexual. The next action you take is:
 - a. Inform the parents;
 - b. Inform police;
 - c. Refer to the psychiatry dept;
 - d. Treat the patient for the ailment he has come with and keep the information confidential.
12. In a known case of HIV/AIDS a doctor:
 - a. Should refuse treatment;
 - b. Should inform the spouse;
 - c. Should inform the concerned authorities and charge extra money;
 - d. Should treat the individual just like other patients.
13. A restless mob at your hospital creates nuisance and ruckus for no valid reasons and vandalise the hospital property:
 - a. You have to oblige and treat them as early as possible;
 - b. Inform the police;
 - c. Explain the situation and hope that the couple will understand;
 - d. One can morally refuse to treat the patient.
14. The OPD case records in a hospital should be stored for atleast:
 - a. 1 year;
 - b. 2 years;
 - c. 3 years;
 - d. Don't know.

15. The IPD case records should be stored for atleast:
 - a. 3 years;
 - b. 5 years;
 - c. 15 years;
 - d. Don't know.
16. The Medicolegal Case (MLC) records in a hospital should be stored for atleast:
 - a. 30 years;
 - b. Till the judicial disposal;
 - c. 10 years;
 - d. Both a and b.
17. Ideally in circumstances of organ transplantation the donor should be:
 - a. Deceased;
 - b. Blood relative of the recipient;
 - c. Spouse;
 - d. Friend.
18. According to Karnataka Private Medical Establishment act-Amendment 2017, no new _____ are allowed to start within 200 meters of any government established or maintained hospitals:
 - a. Private hospital;
 - b. Private laboratory;
 - c. Private medical colleges;
 - d. None of the above.
19. According to Karnataka Private Medical Establishment act-Amendment 2017, display schedule of charges and establishment details are to be displayed at:
 - a. Government website;
 - b. Medical establishment's own website;
 - c. Hospital notice board;
 - d. All of the above.
20. In case of any investigation or treatment or procedure being necessary over and above the standard protocol the doctor:
 - a. Can conduct extra investigations of his/her own discretion;
 - b. Cannot conduct extra investigations over and above standard protocol;
 - c. Can conduct extra investigations with approval from "District authority";
 - d. Can conduct extra investigations with consent from patient/patient attender.
21. The Karnataka Private Medical Establishment act-Amendment 2017 is not applicable to:
 - a. Healthcare workers at private nursing homes;
 - b. Healthcare workers at private medical college;
 - c. A single doctor providing healthcare services at a private clinic;
 - d. None of the above.