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A Critical Study on Clinical Errors and Medical Negligence in India

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Abstract

The foremost promising embrace of new technologies like electronic prescribing systems, diagnostic clinical occupation is regarded as a noble career due to the fact it helps in retaining life. Among hospitalized patients worldwide, 3-16% suffer injury as a result of medical intervention, the foremost common being the adverse effects of medicine. The frequency of adverse drug effects seems superficially to be higher in medical aid units and emergency departments however once rates are corrected for volume of patients, comorbidity of conditions and range of medicine prescribed, the distinction isn't important. We consider existence to be God given. Thus, a physician figures in the scheme of God as he stands to raise out His command. A affected person normally procedures a doctor/hospital based totally on his/its reputation. Expectations of a affected person are two-fold: medical doctors and hospitals are anticipated to grant scientific cure with all the understanding and ability at their command and secondly they will now not do something to damage the affected person in any manner both due to the fact of their negligence, carelessness, or reckless mindset of their staff. A total of 203 samples have been collected out of which all samples have been collected through a convenient sampling method. The sample frame taken here is from in and around Chennai, Tamil Nadu by online Google forms. The Independent variables are the age, gender, educational qualification, occupation and marital status. The dependent variables are participation does men or women have more stress and can women bear more work stress and ways to improve women entrepreneur and so on. Tools used for analysis are graphical representations, ANOVA, independent sample t- test and correlation.

Keywords

Diagnostic clinical, drug effects, medical aid units, negligence, carelessness.

INTRODUCTION

Clinical errors are one of the challenges of health care in different countries, and carrying accurate statistics regarding clinical crimes in utmost countries is a delicate process which varies from one study to another. The current study was conducted to identify walls to reporting clinical crimes in the operating theater and the ferocious care unit of a university sanitarium. The medical profession is considered a noble profession because it helps in conserving life. We believe life is God given. Therefore, a croaker numbers in the scheme of God as he stands to carry out His command. A case generally approaches

a croaker/ sanitarium grounded on his/ its character. Prospects of a case are two-fold croakers and hospitals are anticipated to give medical treatment with all the knowledge and skill at their command and secondly they won't do anything to harm the case in any manner either because of their negligence, neglectfulness, or reckless station of their staff. Though a croaker may not be in a position to save his case's life at all times, he's anticipated to use his special knowledge and skill in the most applicable manner keeping in mind the interest of the case who has entrusted his life to him. Thus, it's anticipated that a croaker will carry out necessary disquisition or seek a report from the case. Likewise, unless it's an exigency, he obtains informed concurrence of the case before pacing with any major treatment, surgical operation, or indeed invasive disquisition. Failure of a croaker and sanitarium to discharge this obligation is basically a tortious liability. The consequences of medical negligence under broad heads are outlined at the onset in this composition, which are followed by an figure of the introductory ingredients of medical negligence and the duties of croakers together with certain illustrations and the minimal norms of care needed under law. The unproductive relationship between breach and injury is a must-have for fastening the liability of negligence, and similar cause must be " direct" or " proximate." It's important to note that the test is an " or " one, and thus the causal link can be either direct occasion or proximate occasion, and in both cases, negligence can be credited. For case, where a case with about 50 becks failed 40 days after the date of a wrong blood type transfusion in malignancy of entering substantial care later post detection of error; the finding of medical negligence couldn't be escaped as the unproductive relation between the transfusion of wrong blood type and death was proximate. Crimes of judgment don't inescapably indicate negligence. Gross miscalculations would, still, invite the finding of negligence similar as use of wrong medicine or wrong gas during the course of anesthetic process, delegation of the responsibility to a inferior with the knowledge that the inferior is unable of performing the duties duly, junking of the wrong branch, performing an operation on the wrong case or fitting a medicine which the case is antipathetic to without looking at the inpatient card containing the warning, and leaving hearties or other particulars inside the cases.

Aims & Objectives

- To give more awareness of the medical negligence that takes place in India.
- To make awareness among people on fair compensation for the injurious effects of medical negligence and error.
- To make improvements in safety for patients in hospitals.

REVIEW OF LITERATURE

Rijen Shrestha made a study on medical malpractice is a growing public health concern among healthcare providers around the world as it compromises patient safety. There is a significant risk of patient injury, illness, disability, or death. (**Rijen Shrestha et.al...2021**) Raghavendra B.Nayak had studied on the exercise of medication is able to render a noble provider to humanity furnished due care, sincerity, efficiency, and expert ability is discovered via the means of the doctors. However, today, the patient-physician courting has nearly dwindled its fiduciary man or woman and has grown to be extra formal and structured. (**Raghavendra B.Nayak et.al...2016**) Meghana S.Chandra made a study on the method of calculating reimbursement for clinical negligence has acquired wonderful interest and debate, in large part because of the effect that it's far going to have at the exercise of drugs in the country, withinside the close to future (**Meghana S.Chandra et.al...2016**) Raktim Pratim Tamuli made a study in standard negligence way failure to take right care over something and in keeping with regulation negligence way breach of a responsibility of care which ends up in damage. Medical negligence isn't very uncommon; occasionally instances of clinical negligence are mentioned withinside the digital media. Medical Negligence is doing something that one isn't supposed to do, or failing to do something that one is meant to do. Role of a Forensic Pathologist in instances of Medical Negligence is usually unquestionable(

Raktim Pratim Tamuli et.al...2016) Gazari Muniru had studied on the findings of the observe found out that each sufferers and healthcare vendors perceived that scientific negligence took place on the facility and it turned into because of exclusive factors, which includes horrific handwriting, remedy mistakes, fatigue at the a part of healthcare vendors, bad communications, diagnostic mistakes etc(**Gazari Muniru et.al...2021**) Steven E Peglis made a study on medical legal responsibility reform is considered via way of means of many medical doctor agencies as a method of decreasing clinical malpractice litigation and decreasing healthcare costs. However, opportunity tactics inclusive of closed clinical negligence claims records might also acquire those goals.(**Steven E Pegalis et.al...2012**) Oyebode made a study that examines the pattern of misconduct claims in different disciplines and settings. 316% of hospital patients worldwide suffer injuries as a result of a medical procedure, with the most common being adverse drug reactions(**Oyebode et.al...2013**) Thomas May had studied on clinicians worry of malpractice litigation is the maximum giant impediment to the open reporting of clinical errors. Without open reporting of clinical errors, however, root reason evaluation of errors can't be done, hence undermining efforts to put into effect safeguards to reduce the incidence of destiny errors(**Thomas May et.al...2001**) Bukhard Madea had studied on during the term analyzed and growth of instances may be mentioned. The principal consequences of the look at are: withinside the cooperating institutes the overall variety of autopsies because of suspected scientific malpractice(**Bukhard Madea et.al...2009**)Donna Rowen made a study on the nice of fitness and social care is of high importance, and this consists of the avoidance of affected person protection incidents (PSIs) related to care, especially the ones as a result of medical negligence(**Donna Rowen et.al...2022**) Rajkumar Cheluvappa made a study on the basics of the negligence offense are explained step by step. It analyzes the main judgments and the application of the legislation in the main cases of medical malpractice(**Rajkumar Cheluvappa et.al...2020**) Pakis made a study on despite improvements in diagnostic methods, the diagnostic error rate has not decreased over the past 30 years. Today, the probability of finding a major diagnostic change at autopsy remains high. The special autopsy, which gives doctors the necessary feedback, is rarely performed in our country(**Pakis et.al...2010**) David M. Studdert had studied 1,452 closed claims from five insurers to obtain objective clinical assessments of their underlying eligibility. We then analyzed predictors of conflicting outcomes: payment of seemingly unfounded claims and non-payment of seemingly valid claims(**David M. Studdert et.al...2017**) Luigi Buzzacchi made a study on medical malpractice occurs when a doctor or medical staff, through incompetence or negligence, injures a patient who may choose to recover the harm suffered by suing the facility and/or medical staff(**Luigi Buzzacchi et.al...2016**)Nasrullah undertook study to find out the causes of honour killings. They gathered data from print media from 2004 to 2007 which pointed out that in most of the cases the killers were the husbands of the victims. It further established that honour killing was common among Hindu and Christian communities, and was not Muslim specific as it(**Nasrullah et.al...2009**)Yuksel made a study on in Turkey interviewed people in four cities and concluded that cases of honour killing differed on the basis of age, social position, educational background and most of the interviewed persons had seen honour killing and the aforementioned factors were relevant to commission of this crime(**Yuksel et.al...2005**)Sneha singh had studied on the author has dealt with honour killing or customary killing and the author has put light on the origin of this social evil in India and various case studies which show the grave nature of such killings(**Sneha singh et.al...2017**)Korteweg note, honour killing discussions often serve as "a site in which boundaries between immigrants and majority society are drawn." Thus, the focus on honor killing distracts attention from the fact that domestic violence is a problem for all women. In these cultures, "the ideal of masculinity is underpinned by a notion of 'honor'-of an individual man, or a family or a community-and is fundamentally connected to policing female behavior and sexuality (**Korteweg et.al...2009**)(Jafri 2008) made a study on honor killing is a woman specific crime mostly committed by men in a pre planned manner .Women are treated like commodities and their identities as human beings have no recognition. (Jafri 2008)

Lawrence Gostin had studied that medical-related injuries and deaths not only pose a major public health problem, they also result in economic costs and a loss of trust in the medical profession. The Institute of Medicine has launched a quality of care project in the United States to redesign the care system, adjust incentives, and transform information technology to dramatically improve patient safety (Lawrence Gostin et.al...2000)

RESEARCH METHODOLOGY

Empirical research is followed for the purpose of the study 203 samples were collected through a convenience sampling method. The sample frame was people located in various zones of India. The Independent variables are the age, gender, educational qualification, occupation and marital status. The dependent variables are participation I influence of the social media with the benefits, challenges, economic condition and so on. Tools used for analysis are graphical representations, ANOVA, independent sample t-test, chi square and correlation.

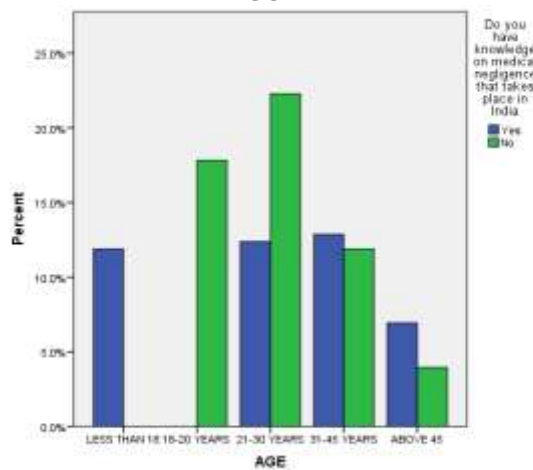
Hypothesis

H0- There is no significant association between the gender of respondents and the clinical errors and medical negligence in India.

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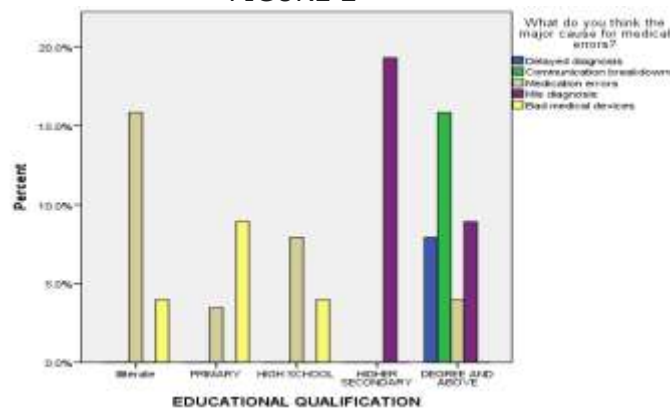
ANALYSIS:

FIGURE 1



LEGEND: Figure 1 shows the age of the sample population and people having knowledge on medical negligence that takes place in India.

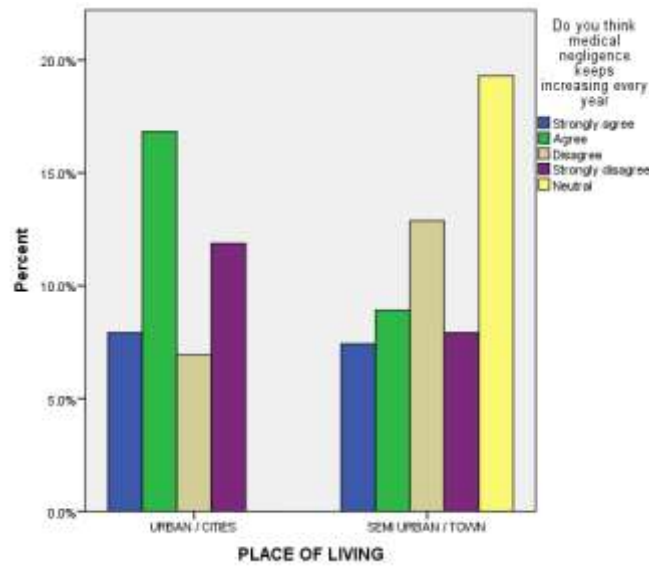
FIGURE 2



LEGEND: Figure 2 shows the educational qualification of the sample population and the

major cause for the medical errors.

FIGURE 3



LEGEND: Figure 3 shows the place of living of the sample population and people say that medical negligence keeps increasing every year.

**TABLE ANALYSIS:
 Independent Samples Test**

TABLE 1

		Independent Samples Test				
		Levene's Test for Equality of Variances				
		F	Sig.	t	df	Sig. (2-tailed)
Do you have knowledge on medical negligence that takes place in India	Equal variances assumed	2.999	.085	-8.326	200	.000
	Equal variances not assumed			-8.246	179.890	.000

LEGEND: Table 1 the difference between two groups, one independent variable; place of birth and people having knowledge on medical negligence that takes place in India.

TABLE 2

Oneway

ANOVA

AGE					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.051	1	.051	.038	.846
Within Groups	269.454	200	1.347		
Total	269.505	201			

LEGEND: Table 2 shows the difference between groups of people; of different educational qualifications and the major cause for the medical errors that take place in India.

TABLE 3

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	310.442 ^a	16	.000
Likelihood Ratio	321.895	16	.000
Linear-by-Linear Association	32.428	1	.000
N of Valid Cases	202		

LEGEND: Table 3 shows the association between two variables: occupation of people and people say that medical negligence keeps increasing every year.

TABLE 4

Correlations

		Do you have knowledge on medical negligence that takes place in India	OCCUPATIO N
Spearman's rho	Do you have knowledge on medical negligence that takes place in India	Correlation Coefficient	1.000
		Sig. (2-tailed)	.000
		N	202
OCCUPATION		Correlation Coefficient	-.293 ^{**}
		Sig. (2-tailed)	.000
		N	202

LEGEND: Table 4 shows the correlation between two variables: occupation of different people and people having knowledge on medical negligence that takes place in India.

RESULT

FIGURE 1 says that the age of the sample population and people having a lot of knowledge towards the sets of medical negligence that continuously takes place in India. FIGURE 2 says about the various causes for such medical errors that takes place to such that of the educational qualification of the sample population. FIGURE 3 says that the place of birth of the sample population and to such that of the people's knowledge on these medical errors keeps increasing every year in India. TABLE 1 represents that the P value= 0.000 is less than 0.05. Alternate hypothesis is accepted. There is a significant difference between the people living in different regions in India and those people having knowledge on medical negligence that takes place in India. TABLE 2 represents the P value= 0.846 is greater than 0.05. Null hypothesis is accepted. There is no significant difference between differently educated people and that is the major cause for the medical errors that take place in India. TABLE 3 represents the P value= 0.000 is less than 0.05. Alternate hypothesis is accepted. There is a significant association between various occupations of people and people feel that medical negligence keeps increasing every year. TABLE 4 represents the P value= 0.000 is less than 0.05. Alternate hypothesis is accepted. There is a significant correlation between occupation of different people and people having knowledge on medical negligence that takes place in India.

DISCUSSION

FIGURE 1 we may conclude that many people have various ideas about the medical negligence that takes place in India. People of different ages like from 18 to 20 have only a little set of ideas about the medical errors and people from age of 30 and above have more intensive ideas towards these medical errors in India. There it is that people are well aware about these errors and may try to solve out these sets of issues in future. FIGURE 2 we may conclude that there may be various reasons for the causes of the set

of medical errors that takes place in India. The delayed diagnosis may not be the main reason for the medical errors that may occur in India. But it is to be said that Misdiagnosis that is for one treatment doctors try to solve it using other set of diagnosis. So here more sets of comments have been added up to the misdiagnosis followed up by the medication errors. FIGURE 3 we may conclude that the medical errors are too been increasing every years cause the misdiagnosis or delayed diagnosis are to been done increase every year. So from this the people are more aware of these kinds of errors and also to which the errors are to been increased every year and also to which they may be reduced only by people's knowledge towards it and well aware about the medications the that the doctors may try to suggest. TABLE 1 we may say that many people from different areas have well versed ideas towards the errors . Here people from the cities are to been well aware towards the ideas of having errors that may take place. But the people from the semi urban areas place of birth and people having knowledge on medical negligence that takes place in India. The main reason for people in semi urban areas where mainly they are not that educated about these sets of errors that are to been handled over by the people living. So here people in both must be aware about all such medication been done by the doctors. TABLE 2 we may conclude that different educational qualifications and the major cause for the medical errors that take place in India. So it is that many People are not aware about the delayed diagnosis and many people have accepted about it and also misdiagnosis have also been related to and it may be also accepted after to which it is accepted. TABLE 3 we may conclude that differently working people of different occupation and people say that medical negligence keeps increasing every year. So many people are well aware of it and the errors keep increasing every year cause the doctors have different set of ideas towards the medication and sometimes it may be a wrong diagnosis. So here it is said that these medications may be clearly viewed towards the people and much aware about these matters. TABLE 4 we may conclude that that many people have various ideas about the medical negligence that takes place in India. People of different ages like from 20 to 30 have only a little set of ideas about the medical errors and people from age of 45 and above have more intensive ideas towards these medical errors in India. So from this we may say that these errors may be directly affect the people so that the awareness must Be Giving To Them In Various Sets Of Conditions.

Limitations

One of the major limitations of the study is the sample frame. There is a major constraint in the sample frame as it is limited. We collected our responses through an online survey due to the COVID-19 pandemic. The survey was conducted by sending online forms to the respondents. The Convenient sampling method is followed to carry out the survey. All our respondents are both educated and illiterate. Thus, it proves to be difficult to extrapolate it to a larger population.

CONCLUSION & SUGGESTIONS

Based on the analysis done we may conclude that clinical occupation is regarded as a noble career due to the fact it helps in retaining life. We consider existence to be God given. Thus, a physician figures in the scheme of God as he stands to raise out His command. A affected person normally procedures a doctor/hospital based totally on his/its reputation. Expectations of a affected person are two-fold: medical doctors and hospitals are anticipated to grant scientific cure with all the understanding and ability at their command and secondly they will now not do something to damage the affected person in any manner both due to the fact of their negligence, carelessness, or reckless mindset of their staff. Though a medical doctor may also now not be in a function to store his patient's existence at all times, he is anticipated to use his distinctive expertise and ability in the most splendid manner preserving in idea the activity of the affected person who has entrusted his existence to him.

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