

**PATIENTS PRACTICE OF THEIR RIGHTS UNDER CONSUMER PROTECTION ACT IN PRIVATE HOSPITAL AT COIMBATORE CITY**

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**Abstract**

*The doctor patient relationships born of the olden days of family physicians are dying slowly and steadily. Limited communication between nurses and patients, task-oriented nursing labour, and environmental constraints limit patients from practicing their rights. Moreover they lack an equal relationship, respect and medical professionals are not attuned to the concerns of the patient and individual needs and when they literally silence or disregard the patient's wishes. Patients practicing their right when consuming medical service can bring about a lot of advantages such as increased quality of health care services, decreased costs, prompt recovery, decreased length of stay in hospitals, lower risk of irreversible physical and spiritual damages, and more importantly, increased dignity of patients through informing them about their rights to participate in decision making. Hence, the study is aimed to analyze the practicing behaviour of the patients of their rights guaranteed in Consumer Protection Act among patients of private hospital in Coimbatore city. The study aimed to assess the patients practicing behavior of their rights safe guarded under Consumer Protection Act amongst patients at private hospitals in Coimbatore city. A questionnaire based survey conducted among patients using qualitative and quantitative data collection methods. The Result of the study on patients practicing behaviour of their rights shows that patients do practice their right to information and have a moderate feel on right to consumer education, to be heard, safety and redressal. Patients disagree with the right to choice or in making decisions regarding their medical care.*

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***Keywords: COPRA, Patients' Rights, Private Hospital***

***Abbreviations: COPRA – Consumer Protection Act in India***

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### **1.1. Introduction**

Medical profession is one of the oldest professions of the world and is the most humanitarian one. To serve the suffering, wounded and the sick is the greatest service to humankind. Doctors of the past treated like God's and people respected them and worshiped them. "To cure sometimes, to relieve often, and to comfort always" is a French saying as apt today as it was five centuries ago, as is Francis Peabody's admonition, "the secret of the care of the patient is in caring for the patient. But, today there is a fast transformation of commercialization and globalization in all spheres of life and medical profession is no exception to these phenomena. People's health is an important factor in measuring social and economic well-being. The United Nation's (UN) Universal Declaration of Human Rights includes health care as a right. Protecting consumer rights is integral to social justice, respect for human rights, fair and effective market economies, and protection of the environment.

Hospital management are increasingly facing complaints regarding the facilities, professional competence, appropriateness of diagnosis and surgical methods after the Consumer Protection Act, 1986 has come into force. More over the judgement of the Honourable Supreme Court of India in Indian Medical Association against V. P Shantha 1996 for the first time held that medical service brought under the purview of Consumer Protection Act as patients are like consumers and discharge of duty of doctors as a service. Also, the recent judgement given by the Supreme Court awarding Rs 5.96 Crores for medical negligence by AMRI and 3 doctors will pave a trend setter for many more consumers of medical service to knock the doors of justice to have their grievances heard.

Concerns about the patients choice, respect for their values and preferences and access to health care are becoming more complex. Patient's expectations are higher and they want the best. They want to actively participate in decision-making. Countries of the world guarantee patients' rights to resolve dissatisfactions with health care providers. In India, patients' rights are guaranteed under the Consumer Protection Act.

### **1.2. Important Features of Consumer Protection Act 1986 (COPRA)**

The consumer protection act is an addition to the existing laws in India and not derogation of the provisions of any other law for time being in force in India.

- The consumer protection act applies to all goods and services unless specifically exempted by the Central Government.
- The act covers public, private and co-operative sectors.
- The act is compensatory in nature.
- The act is simple, speedy and less expensive.
- The act provides adjudicatory authorities and consumer protection councils at the national, state and district level.

The provisions of this Act cover “goods as well as services”. The goods are those which are manufactured or produced or sold to consumers through whole sellers and retailers. The services are in the nature of transport, telephone, electricity, housing, banking, insurance, medical treatment etc.

### **1.3. Rights of the consumer safeguarded through COPRA**

- Right to be informed
- Right to choice
- Right to safety
- Right to be heard
- Right to seek redressal
- Right to consumer education.

#### **1.4. Patients Practices Behaviour towards Consumer Right Under Consumer Protection Act**

Patient participation is an important basis for medical care and medical treatment and it is also a legal right in many Western countries. Studies have established that patients consider participation to be both obvious and important, but there are also findings showing the opposite and patients may prefer a passive recipient role. Knowledge of what may influence patients' participation is thus of great importance when it comes to meeting their expectations and demands.

Empirical studies have identified conditions for patient participation. Sainio et al. found that the patient needs to have the intellectual ability to understand and choose between alternatives and make decisions about their own nursing care and the nurse must provide adequate and correct information. Tutton emphasized the significance of developing a relationship between health care staff and patient and the importance of understanding the patient as well as gaining and retaining an emotional connection. According to Sahlsten et al. a health care staff needs to use strategies including building close co-operation with the patient, getting to know the person, and reinforcing self-care capacity.

Factors restricting participation were identified by Wellard et al. limited communication between nurses and patients, task-oriented nursing labour, and environmental constraints limiting patients' privacy. Eldh et al. found nonparticipation; when patients lack an equal relationship, respect, and information. According to Efraimsson et al. nonparticipation, occurs when professionals are not a tuned to the concerns of the patient and individual needs and when they literally silence or disregard the patient's wishes.

In order to promote patient participation, health care staff need to be aware of the situations where they could overstep the mark and which of their own behaviours lead to promotion or hindrance. There is scope for developing health care staffs' behaviours in order to activate patients in their own medical care. It will increase understanding of patient participation in medical care practice, education, policymaking, and evaluation.

### **1.5. Aim of the Study**

The study aimed to analyze the patients practicing behavior of their rights guaranteed under Consumer Protection Act, in Private hospitals in Coimbatore. Patients practicing their right, when consuming medical service can bring about a lot of advantages such as increased quality of health care services, decreased costs, prompt recovery, decreased length of stay in hospitals, lower risk of irreversible physical and spiritual damages, and more importantly, increased dignity of patients through informing them about their rights to participate in decision making. On the other hand, lack of respect to patients' rights may lead to hazards to security and health situation of patients. Besides, it may ruin the relationship between the staff and patients that consequently decreases efficiency, effectiveness, and suitable care of patients. Hence, the study identified the patients' practicing behavior of their rights such as right to information, choice, safety, to be heard, redressal and consumer education. in private hospitals at Coimbatore city.

### **1.6. Need for the Study**

Patients' rights are fundamental human rights, a quality assurance measure that protects patients against abuse and discrimination and promotes ethical practices. The landmark judgement of the Honourable Supreme Court of India in Indian Medical Association against V. P Shantha 1996 for the first time held that medical service is included under the purview of Consumer Protection Act 1986 and patients are consumers when they make use of medical service. Hence, it is important to empower patients' of their rights as consumer of medical service in order for patients to responsibly demand for quality health care and give patient the autonomy to participate in decision making, privacy, confidentiality while seeking medical service.

This study offers opportunities for identifying strategies whereby policy, legislative and programmatic developments can be conducted to strengthen patients practicing behavior of their consumer rights and to form a system to help patients' to practice their rights so as to improve health outcomes thereby reducing the number of complaints by patients against medical professionals.

### **1.7. Statement of the Problem**

A perusal of the print media viz., newspapers publishing news items on patient grievances, every week, draw our attention to the innumerable grievances faced by dissatisfied patients due to negligence caused to them as a result of inadequate and insufficient medical service. This gives a new revelation that the so-called, well-educated and elite citizens are not aware of their patient rights and the mechanism available to redress their grievances.

Major reason is, many patients find that they are not treated with due consideration, compassion, and have no role in decision making over their own health care due to lack of information or are not heard by the doctors or have no choice over the medical treatment given to them. This has led to an increase of attacks on doctors or hospitals countrywide. The nation is experiencing a rift in the doctor – patient relationship. The main reason being an increasing gap between the patients' rights as consumers guaranteed under Consumer Protection Act and practicing behavior of patients' rights by patients.

Having identified the research gap the researcher will research whether patients' practice their rights guaranteed under Consumer Protection Act when consuming medical service. The study conducted among patients of private hospitals in Coimbatore district.

### **1.8. Objectives of the Study**

- The study aimed at assessing patients practicing behaviour of their rights in private hospital at Coimbatore city.

### **1.9. Research Methodology**

The research design used in this study is Qualitative Research as it describes clearly the characteristics of the sample as expressed by the respondents. Based on the review of literatures, a questionnaire was constructed to collect data regarding the factors relating to the patients practicing of their rights guaranteed under Consumer Protection

Act. The Pilot study was conducted in the various private hospitals in Coimbatore city. The Pilot study revealed that the tool has adequate stimulus value to gather authentic responses from respondents. The population of the study comprises of patients of private hospitals in Coimbatore city. The sample size selected for the study among the patients in various private hospitals. The respondents are selected from the above private hospitals through random sampling. The participants in this study selected from inpatient care. The selection was purposeful. The intention was to have a range of informants able to contribute their experience as patients. The data collected by interview schedule using structured questionnaire. For analyzing the data various statistical tools like frequency distribution, mean and standard deviation used to find result of the study.

This research was a descriptive questionnaire survey on patients' practicing behavior of their rights in private hospital in Coimbatore city. Data gathering tool was a questionnaire, categorized in 2 parts; the first part contained the demographic and health care information including gender, age, educational level, place of residency and knowledge of hospital, type of visit, period of taking treatment etc. The second part included the 6 rights of the Consumer Protection Act. Patients practicing behavior of their rights was measured using a Likert scale ranging from 1 (strongly don't have knowledge) to 5 (Strongly have knowledge). A total of 789 patients were surveyed, after informing them of the study objectives. The data analyzed using SPSS 15. Descriptive statistics used including frequency, average and standard deviation to achieve the research objectives.

#### **1.10. Analysis and Interpretation**

This section of the research focuses on analyzing responses to the questions addressed in the questionnaire that are intended to measure the socio-economic and patients practicing behaviour of their rights guaranteed under Consumer Protection Act and its impact on the outcome of the medical care. The present chapter is based on the analysis and interpretation of data. The data may be reliable and valid but it does not serve the purpose unless the data is carefully classified, processed, analyzed, interpreted

and concluded. This part consists of three dimensions of analysis with Mean and Standard Deviations.

**Table 1: Overall Patients' Practicing Behaviour of their Rights under COPRA**

Measuring Variables	N	Mean	Sd
Patients' Practicing Behaviour - Right to Information	789	2.87	.337
Patients' Practicing Behaviour - Right to Choose	789	1.81	.395
Patients' Practicing Behaviour - Right to Safety	789	2.00	0.000
Patients' Practicing Behaviour - Right to be Heard	789	2.02	.200
Patients' Practicing Behaviour - Right to Redressal	789	2.40	.491
Patients' Practicing Behaviour - Right to Consumer Education	789	2.47	.499
<b>Mean Score</b>	<b>789</b>	<b>2.03</b>	<b>.172</b>
<i>* Source – Primary Data</i>			

From the above table it is clear that the respondents agree with the variable right to information (2.87) they practice their rights in seeking information of their health care when consuming medical service. Respondents have a moderate feel on right to consumer education (2.47) then followed by right to redressal (2.40) then right to be heard (2.02) and right to safety (2.00). However, the respondents disagree with the variable right to choose (1.94).

### 1.11. Suggestions

Patients are very poor in practicing the right to choose and are not involved in decision making regarding their medical care. To support active participation of the patients in the health services must be one of the goals in the efforts to improve patient rights. To achieve the goal, physicians as healthcare providers should play the role of a partner who “shares” relevant information. As shared decision making from choices given to patients has positive effects not only on patients and physicians but also on the government health authority. The patient care system where the choices are made by the patient should have good communication between the patient and physician. Patients are hesitant to participate in decision making due to anxiety they feel because the information provided is insufficient and it is not that patient do not want to participate in making choices but they cannot. Communication between the patient and the physicians need to be improved. Training patients and health professionals in shared decision-making

attracts the attention of policy makers when it shows potential for addressing problems arising out of medical care. The strongest predictors of patient participation are not characteristics of the patients themselves but are specific to the situation, such as the hospital setting and the physician's style of communicating. Frequent use of partnership-building and supportive communication by physicians, has shown to facilitate greater patient engagement.

### **1.12. Conclusion**

Majority of the respondents were male contributing to 65 % of the study and 70% of respondents belong to the age group of 38 to 48 years and 68% of the respondents were married. Regarding health care details result showed that 28 % of the respondents came to know the private hospital visited through media, 57 % of the respondents visit the hospital weekly, 53 % of the respondents are inpatients and 46% are outpatients, 23 % of the respondents are taking treatment in their hospital for 3 to 4 years, 64 % of the respondents are new patients and 25 % of the respondents opinion that physicians spent 20 to 30 minutes to discuss medical problem.

Result of the study on patients practicing behaviour of their rights table 10 shows that patients agree that they have the practice of seeking information from health care staff during medical care. But, patients feel they moderately practice the rights to safety, to be heard, redressal and consumer education. Patients are very poor in practicing the right to choose and are not involved in decision making regarding their medical care denying them the autonomy in medical care.

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