Dear Sir/Madam,

I have taken up research work for my thesis on “Legal Regime of Human Rights Dimensions in Medical Negligence: A Case Study of Mysore District” for Ph.D., degree in the Department of Studies and Research in Law, University of Mysore, Manasagangotri under the supervision and guidance of Dr. C B Raju, Professor and Dean, Law faculty, University of Mysore, Mysore. In this connection, I would appreciate if you could spare a few minute to answer the questionnaire, I assure that the information given by you will be kept in confidence and used for research purpose only.

I solicit your co-operation and thank you,

Yours truly,

(MS Benjamin)

QUESTIONNAIRE

(Please tick mark the appropriate one)

Section-1: General Information Relating to Hospital/Primary Health Centre

Name and address : ........................................................................................................
........................................................................................................
Nature of the hospital:  a) Private  b) Government  c) Semi-government
Section- 2
Information relating to Medical Care providers…Hospitals/Primary Health Centre

1. What is the procedure for a patient to be admitted in the hospital for treatment?
   a) Free admission.  b) Payment of deposit.
   c) Insurance coverage for medical error from any recognized undertaking.

2. Whether the hospital has got the following facility?
   a) Sufficient bed capacity, wards etc
   b) Independent Operation Theatre
   c) 24 hours Laboratory
   d) 24 hours power back up to ensure no hitches in the event of power failure
   e) Essential drugs/life saving drugs
   f) Observatory gallery

3. How does the hospital maintain medical records?

4. How does the hospital obtain the informed consent of the patient?
   a) Through the medical staff (nurse)
   b) Through the doctors/surgeon

5. What is the view of the administrator of the hospital on
   1. Whether the patient discloses the full and complete facts of illness?
   2. Whether the patient furnishes complete information about the facts and circumstances of illness?
   3. Whether the patient strictly follows the prescription and instruction as to the procedure?
   4. Whether the patient is capable to understanding the risk/complexity involved in the treatment?
   5. Whether any patient demands about the accountability and transparency of the procedure?
6. Whether the hospital has a patient grievance cell?
   a) Yes                          b) No

7. Whether the hospital gets sufficient time to explain the pros and cons of the treatment?
   a) Yes                          b) No

8. Are there any instances of medical negligence committed by the doctor in your hospital?
   a) Yes                          b) No

9. Whether the hospital has been made to suffer by unscrupulous patients by filing false and frivolous medical negligence litigation?
   a) Yes                          b) No

10. Whether the hospital accepts opinions or views of the patients in diagnosing the ailment?
    a) Yes                          b) No

11. How does the hospital convince a patient who complains of negligence in the procedure?
    a) No negligence of any sort on the physician
    b) Due to biological reason
    c) Inherent risks in the procedure

12. Whether the hospital has taken indemnity insurance coverage?
    a) Yes                          b) No

13. Whether the hospital is taking care of the patient’s rights?
    a) Yes                          c) No

14. Whether the patient insists on the particular doctor for the treatment?
    a) Yes                          c) No

15. Whether the hospital meets its expenditures from fee paid by patients?

Date:                                                                 Signature

Any comment:
M. Suresh Benjamin  
The doctoral candidate  
University of Mysore  
Manasagangotri, Mysore.

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(MS Benjamin)

QUESTIONNAIRE

(Please tick mark the appropriate one)

Section-1: General Information Relating to Medical Practitioners/doctors/surgeons

Name and address : .................................................................

...........................................................................................

...........................................................................................

Nature of the hospital: a) Private   b) Government   c) Semi-government
Section- 2

Information relating to Medical Care providers

Medical Practitioners

1. What kind of patients do you normally receive?
   a) Literate  b) Illiterate  c) Educated  d) All type

2. How many patients do you attend during normal working hours?
   a) 1 – 5                     b) 6 – 15
   c) 16 – 25                 c) 26 – 35
   d) 36 – 45                 d) 46 and above

3. Do you recommend your patient to specialist doctors and for diagnostic investigations?
   a) Never                   b) Occasionally
   c) Frequently            c) In all cases

4. Whether the patient seeks information from you about the quality of medical service?
   a) Yes                       b) No

5. Whether you were taught the Charak and Hippocratic oath during your studies?
   a) Yes                      b) No

6. Do you think the Code of Ethics prevents you from promoting your profession?
   a) Yes                     b) No

7. Are you getting sufficient time to explain the pros and cons of the procedure?
   a) Yes                       b) No

8. Whether your patient is able to understand the nature of process?
   a) Yes                       b) No
9. Have you taken insurance coverage to meet medical error or medical adverse outcome?
   a) Yes                      b) No

10. Whether any false and frivolous medical negligence litigation is filed against you?
    a) Yes                      b) No

11. Do you maintain history sheet and other medical records in duplicate for your purpose and the patients reference?
    a) Yes                      b) No

12. Is it necessary to open patient’s grievance cell to resolve conflicts in the hospital?
    a) Yes                      b) No

13. Whether you support the inclusion of medical service within the ambit of the Consumer Protection Act 1986?
    a) Yes                      b) No

14. Do you support the prosecution of a practitioner for criminal liability under the Indian Penal Code?
    a) Yes                      b) No

15. It is necessary to provide statutory recognition to the human rights of patients such as right of privacy, medical confidentiality, informed consent, refuse treatment so on?
    a) Yes                      b) No

16. Are you aware of laws which deal with your profession such as…
   a) Indian Medical council Act
   b) Medical Code of Ethics
   c) International Code of Ethics
   d) Consumer Protection Act
   e) Transplantation of Human Organs Act
   f) Medical Termination of Pregnancy Act
   g) Pre-Natal Diagnostic Technique (Regulation & Misuse) Act
   h) Indian Penal Code
17. What are the causes for medical negligence?
   a) Over prescription of drugs and diagnostics
   b) Exorbitant fees
   c) Failure to fulfil patients’ expectations
   d) Inadequate use of medical technology
   e) Paradigm shift in fiduciary relation
   f) Inadequate information given to patients
   g) Lack of standards for disposal of waste
   h) Lack of emergency medical service

Date:                                              Signature

Comment, if
M. Suresh Benjamin  
The doctoral candidate  
University of Mysore  
Manasagangotri, Mysore.

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I solicit your co-operation and thank you,

Yours truly,

(MS Benjamin)

QUESTIONNAIRE

(Please tick mark the appropriate one)

Section-1: General Information Relating to Patients

1. Name and address: .................................................................
   .................................................................

2. Age: ........................................................................

3. Sex: Male Female

4. Nature of Illness: .................................................................

5. Educational Qualifications: ..................................................

6. No. of times visiting hospital: ..............................................
Section – 2

Bed Accommodation, sanitation and Hygiene
1. Whether bed facility is adequate for you?
   a) Yes  b) No

2. Have you informed to the authority concerned about non-availability of bed?
   a) Yes  b) No

3. Have the authorities taken any action to provide bed?
   a) Yes  b) No

4. Whether the wards are cleansed properly everyday?
   a) Yes  b) No

5. Whether adequate person are employed to maintain hygiene?
   a) Yes  b) No

6. Whether hospital authorities visit regularly to see that sanitation and hygiene is being maintained properly?
   a) Yes  b) No

Access to Medical Service
1. Whether you are insisted on you to pay deposits for admission?
   a) Yes  b) No

2. Do you think that you get the free medical service in the hospital?
   a) Yes  b) No

3. Whether the doctor / staff demands extra consideration for rendering service in the hospital?
   a) Yes  b) No

4. Whether the doctor / hospital authority suggests you to consult any particular diagnostic centre for testing purpose?
Availability of medical service
1. Whether the hospital is well equipped with all required medical facilities to conduct any operation or surgery and to deal with any emergency case?
   a) Yes                              b) No

2. Whether the doctors request you to bring medicines from the private medical shop?
   a) Yes                               b) No

3. Whether the doctor/hospital tells you the estimated cost of the treatment?
   a) Yes                              b) No

Transparency of Medical Treatment
1. Whether the doctor gives you proper advice regarding the use of medicines, diet and precise time for taking medicine?
   a) Yes                                b) No

2. Whether the doctor gives you a legible prescription with full and detailed instructions?
   a) Yes                                b) No

3. Whether the doctor attends you on round the clock basis?
   a) Yes                               b) No

4. Whether the doctor spends sufficient to make a thorough examination?
   a) Yes                             b) No

Private Consultation, risk involved in the treatment
1. Whether doctors advice you to consult in their private clinics for treatment?
   a) Yes                              b) No

2. Whether the doctor explains the nature and extent of operation before taking the consent for the treatment?
   a) Yes                              b) No
3. Whether the doctor warns you about the dangerous risk involved in the treatment?
   a) Yes            b) No

4. In engaging a specialist, whether the doctor tells you that you are being shifted to consulting physician or it will be joint participation; continuous or intermittent basis?
   a) Yes            b) No

5. Whether the doctor provides you reports in relation to treatment?
   a) Yes            b) No

**Patients Bill of Rights, professional competency etc.,**

1. Are you aware of the human rights of patients such as
   a) The right to medical care
   b) The right to autonomy
   c) The right to privacy
   d) The right of reasonable access to service
   e) The right to confidentiality of records
   f) The right to information about treatment
   g) The right to refuse experimental research
   i) The right to decline treatment
   j) The right to participate in the decision making process
   k) The right to enquire about service charges

2. What do you wish to attribute in case of delay in diagnosis / treatment, wrong treatment or complexity of illness as a result treatment?
   a) Lack of professional competency
   b) Clinical negligence
   c) Corruption

3. What do you attribute for not filing medical negligence litigation in the appropriate court of law?
   a) Litigation expenditure
b) Delay in dispensation of justice

c) Ignorance of law

d) Strict procedure of law

e) Difficulty in finding suitable lawyer

5. What type of remedy do you seek if you approach the court of law for medical negligence?
   
a) Monetary compensation
   b) Criminal remedy under the penal law
   c) Both 1 and 2
   d) Doctor to acknowledge wrong and apologize

Date:                                                Signature

Comment, if