

Assessing the Medico-legal Knowledge of Health Care Professionals: The Case of Konongo Odumasi Government Hospital

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ABSTRACT

Introduction: There is growing public awareness regarding the ethical conduct of medical practitioners. Hence knowledge about medico-legal issues is as important to the practice of medicine as clinical skills.

Method: A cross-sectional survey was conducted among some health care professionals at Konongo Odumasi Government Hospital, Ghana. A self-administered questionnaire was used to elicit information on informed consent, confidentiality and medico-legal issues. Data collected was analyzed using SPSS version 20.

Results: A total of 100 health care workers were enrolled on the study representing 100% response rate. The study revealed that 96% had knowledge or were aware of medico-legal issues; and 26% of the respondents indicated that disclosing a patient's medical information to someone else cannot lead a medico-legal case. About 28% of the health care professionals had inadequate knowledge on physician-assisted suicide. 89% of the respondents indicated that taking precautions is very good as it can prevent a charge of malpractice and 80% of the health care professionals indicated that lacking medico-legal knowledge can affect you in your profession.

Conclusion: Knowledge of health care professionals on informed consent, confidentiality and medico-legal issues is high and their perceptions are positive. However, regular training to update their knowledge will be necessary in order to ensure continuous improvement of the quality of health care delivery.

Keywords: Medico-legal, Medico-legal Issues, Knowledge, Malpractice, Health care Professionals, Health care Delivery

CHAPTER ONE

1.0 Introduction

According to Merriem-Webster dictionary, medico-legal is defined as "something of or connected to both medicine and law". It is a case of injury or illness in which investigations by law enforcement agencies are required to determine who is responsible for the injury or illness' cause. (Dhar, 2016).

It is a medical case having legal ramifications for the attending health care professional, in which the attending health care professional believes that some law enforcement inquiry is necessary after obtaining history and assessing the patient. When the police bring you in for an examination, it could be a legal case that requires medical skill.

The scientific field of medico-legal knowledge is concerned with the application of medical knowledge to legal issues (Steiner, 2015). They are those who deal with medical law, as well as health care professionals' and patients' legal rights and obligations. Two of the most heavily regulated sectors in this country are the legal arena, where fairness is the key ideal, and the medical field, where life and limb are on the line. In a way, these two fields merge.

In recent years, health-care delivery has become more challenging, as patients expect health-care providers to not only provide professional services but also to be accountable. If quality health treatment is to be ensured, it must be sensitive to medico-legal considerations.

The profession of health care is a noble one. It is regarded as a religious vocation around the world. Its main goal is to increase people's quality of life while also reducing the need for a regulatory code of ethics. Hope and confidence underpin the relationship between health care providers and patients (Goold & Lipkin, 1999). Many aspects of life, including the medical health care profession and services, are being affected by commercialization. As a result, health-care providers must be aware of the legal issues that are tied to or associated with their profession. Patients are much more aware of their disease and treatment options today, thanks to the emergence of the internet and other forms of media.

It is not simple to work as a health care practitioner in today's world. Each and every action a health care practitioner takes in delivering care and treatment to his or her patients is exclusively his or her responsibility. As a result, a health-care professional must be aware of the potential ramifications if something goes wrong during patient treatment. A health care professional must know about the precautions to be taken when involved in a medico-legal issue.

MLC or medico-legal cases are a common occurrence in medical practice that health care providers must deal with. MLCs are becoming more common; careful treatment and documenting of these situations is essential to avoid legal issues. (Gutheil, 2014). In today's litigious environment, having adequate professional liability insurance is a must. (Sweta & Swapnil, 2016). Knowledge of these medico-legal features is required, and assessment of medico-legal concerns and related factors among the health professional community becomes valuable as a result.

This study aims at analyzing and assessing the medico-legal knowledge among health care professionals.

1.1 Background of the Study

Egypt, Babylon, India, and China were some of the world's earliest civilizations, and evidence of medical legislation dating back to ancient periods has been discovered. The oldest known regulation of medico-legal conduct is the Medico-legal Code, which was practiced around 2200 BC during the reign of King Babylon (Singh, 2010).

In ancient Egypt, the actions of health care workers, known as medical men at the time, were governed by regulations derived from medicine and legal codes. In the 17th century BC, stab wounds were classified. The Egyptians were well-versed and had a thorough knowledge of poisons. There is evidence that medical professionals made decisions about the cause of death and whether or not it was natural (Oliver, 2012).

3000 years B.C., the Chinese recorded information about poisons, including arsenic and opium. Wounds were classified into seven categories in ancient Persia, ranging from minor to fatal. (Camp, 2009).

The practice of medicine in ancient Africa was regulated by law. The privilege to practice was limited to members of a specific social class, and all doctors were required to learn and observe the precepts established by their forefathers. Clearly, this was done to safeguard the public from quack medicine. If disappointing results occurred as a result of a treatment plan that deviated from the norm, the doctor responsible could face severe penalties. Other early civilizations, such as Babylon and India, had similar regulatory prohibitions on medical practice (Kong-lung, 2003).

In recent years in Ghana, ethics and medico-legal concerns have become the talk of the town. The lack of consent from patients before treatment in most hospitals in Ghana exposes practitioners to risk, which has been highlighted in the media. According to a study conducted in Ghana, there is no unanimity among health care practitioners on confidentiality issues relating to ethical violations committed during their careers. (Awusabo-Asare & Marfo, 2017).

Today, medicine is now regarded as one of the most recognized and revered professions in the world. Health care providers are viewed as saviours who save individuals from their ailments. However, conducts were formulated as guidelines to prevent those who practice this profession from faltering in their duties. A code of medical ethics, etiquette, and professional conduct were formulated as a guidelines to prevent those who practice this profession from faltering in their duties.

1.2 Statement of the Problem

Medical ethics has evolved into a well-founded field that serves as a "bridge" between theoretical and practical bioethics. The goal is "to improve the quality of patient care by detecting, investigating, and striving to address ethical difficulties that arise in practice". Across the board, legal and ethical considerations are intrinsic and inseparable aspects of competent medical practice. In many ways, the fields of law and ethics in medical practice overlap, although each has its own set of limitations and focus.

As a result, having a fair portion of medico-legal knowledge is critical for an expert health care provider. Because the health-care field is governed by codes of ethics, legislation, and etiquette, it is critical that a health-care professional is well-versed in the medico-legal aspects of their work. Lack of understanding of the legal implications of health-care procedures is a critical issue that must be addressed immediately.

The aim of this study is to assess the medico-legal knowledge of the health care professionals at the Konongo Odumasi Government Hospital.

1.3 Research Questions

The study will provide answers to the following questions:

1. What is medico-legal and what cases are medico-legal?
2. Do health care professionals know about medico-legal?
3. Do health care professionals at Konongo Odumasi Government Hospital make use of their medico-legal knowledge and why is there a need to encourage the use of medico-legal knowledge?

1.4 Objectives of the study

1.4.1 General Objectives

To assess the medico-legal knowledge of health care professionals at Konongo Odumasi Government Hospital.

1.4.2 Specific Objectives

The specific objectives of the study are stated below:

1. To investigate what medico-legal is and what cases are medico-legal.
2. To identify how well the health care professionals at Konongo Odumasi Government Hospital know about medico-legal.
3. To find out whether the health care professionals at Konongo Odumasi Government Hospital make use of their medico-legal knowledge or not and to encourage the use of medico-legal knowledge.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

Good health care practice necessitates that health care professionals demonstrate legal knowledge and understanding. (Preston & McKimm, 2011). Global trends in medico-legal issues are rapidly gaining public attention, and complaints against health care providers in developing nations appear to be on the rise. (Baldwin, 2008). This has highlighted the need of health care professionals having a high sense of professionalism. The breadth of understanding and application of medico-legal ethics in the daily work of health care practitioners is critical to this expertise. (Hagos, 2008).

Knowledge of medico-legal issues is critical for sustaining the patient-doctor relationship and preventing the profession from becoming commercialized. (Haripiya, 2014). Lack of awareness of medico-legal concerns and legal aspects of health care practice is a serious problem that must be addressed immediately. However, allied health educational institutions and medical schools may not have enough time to devote to teaching ethics, confidentiality, and medico-legal concerns. The medico-legal problems curriculum may not be adequate or practical enough to enable allied health students to dependably address all ethical dilemmas that may arise in practice. (Forson et al, 2015).

It is critical that health care professionals are familiar with the rules and regulations that apply to their practice, be aware of their ethical, moral and legal obligations, understand the nature of these obligations, and fulfill these obligations to the best of their abilities. (Dash, 2010). They should work to improve patient care quality by detecting, assessing, and striving to address ethical issues that arise in practice. (Rai et al., 2013)

With these considerations in mind, this study seeks to assess the health care professionals at Konongo Odumasi Government Hospital's knowledge in medico-legal issues, as well as to educate future health care professionals about their medico-legal responsibilities in their practice so that they can effectively handle medico-legal cases.

2.1 What is medico-legal and what cases are medico-legal?

Medico-legal issues or cases, or medico-legal cases as they are sometimes referred as, are those that involve both medical and legal aspects. (<https://en.m.wikipedia.org/wiki/Medicolegal>). It simply refers to any situation or case that involves both medicine and law. Medical jurisprudence and medical law are the two main departments that come together in a clinical context to generate anything medico-legal. (Nayak, 2016). Medicine is a noble profession, and health-care providers have the greatest influence over a patient's life. This job, on the other hand, necessitates significant education and training, as well as ongoing upgrading. At the same time, a health care practitioner has ethical and legal responsibilities, and while doing his or her tasks, he or she must follow the laws of the land. (Rudra, 2005)

In every medical practice, patients and health care providers have a professional relationship, and due care is provided based on principles of honesty and integrity. However, the outcome may not be as expected in certain circumstances, and things can go wrong. Nevertheless, axioms like "you learn from your mistakes" are no longer easily viewed as learning opportunities, and patients are now bringing in the law in circumstances where perceived errors are observed. (Nabi, 2021).

When something goes wrong with a medical procedure, it's common to think that something went wrong and that someone needs to be punished, and health care providers are frequently blamed. (Bolam & Friern, 2010). As a result, understanding medico-legal claims is critical for both risk management and clinical practice. (Campbell, 2012).

2.2 What cases are medico-legal?

In any of the medico-legal cases listed below, it is the legal duty of the treating health care providers to report it to the nearest police station immediately after completing primary lifesaving medical care which includes recording the case in central medico-legal register with a stamp affixed onto it.

Personal particulars, identification marks, fingerprints of the individual should be noted. Particulars of the person accompanying the patient should also be documented. This is in accordance with Section 39 of Criminal Procedure Code of Ghana. (Criminal Procedure Code, 1960 (ACT 30)).

The goal is to start the legal process as soon as possible so that the police officer can collect as much evidence as possible.

2.2.1 Examples of medico-legal cases (MLCs):

According to (Licit, 2017), the following are some of the examples of MLCs and health care providers should use their professional judgment to decide any other cases not enumerated in the list:

- Assault and battery, including domestic violence and child abuse.
- Accidents like Road Traffic Accidents (RTA), industrial accidents etc.
- Electrical injuries.
- Cases of trauma with suspicion of foul play.
- Poisoning, Alcohol Intoxication.
- Undiagnosed coma.
- Attempted suicide.
- Drug overdose.

- Death in the operation theatre.
- Chemical injuries.
- Death due to Snake Bite or Animal Bite.
- Burns and Scalds.
- Fire Arm injuries.
- Drug abuse.
- Criminal abortions.
- Unnatural deaths.
- Custodial deaths.
- Sexual Offences.
- Cases of asphyxia as a result of hanging, strangulation, drowning, suffocation etc.
- Dead brought to the Accident and Emergency Department / MI Room (Found dead) and deaths occurring within 24 hours of hospitalization without establishment of a diagnosis.

2.3 Do health care professionals know about medico-legal?

The term "medico-legal" does not appear to be alien to Ghanaian statutes or health-care practitioners, since it is explicitly used or defined in the country's present legislation. (Abbey, 2021). The Health Professions Regulatory Bodies Act of 2013 (Act 857) establishes a regulatory framework for allied health professions, physicians, nurses, pharmacists, and psychologists throughout the country.

This Act makes explicit reference to professional misbehavior or medical errors that are subject to legal culpability or penalty. Furthermore, the Act gives the governing boards of the different regulatory councils established under the Act the authority to investigate and punish professional misconduct. The Nursing and Midwifery Council (NMC), for example, may be authorized by its governing board to remove the name of a person who has been found "guilty of professional misconduct by a disciplinary committee" created by the Board from its register. (Davies & Dagbanja, 2009).

According to (Institute of Advanced Legal Studies, 2019), on the 23rd and 24th of May, 2018, health managers and policy makers from most health care facilities in Ghana attended a workshop organized by the Ghana Institute of Advanced Legal Studies on "Case Law and Medical Practice in Ghana" (GIALS). Participants were exposed to the various medico-legal claims that might be made against health care practitioners in the event of malpractice through discussions and presentations. Professor David McQuoid-Mason, a renowned medico-legal trainer from the University of KwaZulu-Natal in South Africa, hammered on the importance of putting the public's interest first and accurately documenting and updating the central medico-legal register to serve as a defense for them in the event of medico-legal action. (Chimbwanba, 2018) If health care professionals' knowledge in medico-legal issue and claims is this high, then why is there a surge in the number of medical errors?

According to a study published in The New England Journal of Medicine, medical errors cause more than 98, 000 fatalities in the United States each year. (Kwarteng, 2006). If medical errors occur in the United States, which has well-trained health care personnel and access to cutting-edge medical technology, how much more so in Ghana, where the healthcare system is poorly organized and chronically underfunded?

Health care providers in Ghana are aware of medico-legal claims, according to (GhanaWeb, 2016), yet the reasons for little or no legal action despite the exponential increase in medical errors include:

- The average Ghanaian patient is profoundly engrossed in the superstitious notion that satanic forces are to blame for death, disease, and other tragedies in life; as a result, he or she rarely researches or interrogates the reason of death or illness.
- The average Ghanaian patient considers health-care providers to be infallible. Simply put, the average Ghanaian does not believe that health-care professionals could make any mistakes that would result in a person's death or irreparable harm to their health. After all, medicine's primary goal is to save and improve lives, not to kill or maim them.
- According to (<https://knoema.com>, 2017), the doctor-patient ratio was quite high in 2017. (1:8,098 versus 1:5,000 recommended by the Commonwealth, and 1:1,320 recommended by the World Health Organization). This figure emphasizes a crucial point. (Okudzeto, 2017).

In Ghana, where the healthcare system is broken and the literacy rate is at 65%, health professionals must educate people on a variety of topics. The doctor-patient ratio is so low that a patient hardly has time to ask a simple query concerning side effects or a medical treatment to his or her health care provider. This imbalance of power permits health-care providers to do anything they want without fear of repercussions.

2.4 Do health care professionals make use of their medico-legal knowledge and why is there a need to encourage the use of medico-legal knowledge?

The success of a health system is dependent on medical personnel who have the necessary knowledge, skills, and attitudes toward patient rights. As a result, good health care practice necessitates health care professionals demonstrating legal knowledge and understanding. (Preston & Kong, 2011).

What every doctor should keep in mind is that their services and knowledge may be necessary for the administration of law and justice, and that police and law may seek their assistance in a variety of scenarios. (Chavali, 2016). A doctor may be called to testify in a court of law, and he is required to answer all questions. (Singh et al., 2018). As a result, it is critical for a health care professional to apply his or her medico-legal knowledge in all medico-legal elements while performing his or her obligations as a caretaker or lifesaver.

In today's educated and intellectual world, it is critical for health-care providers to apply their medico-legal expertise and be cognizant of the legal ramifications of malpractice suits. Malpractice suits have become an inherent aspect of health care and health practitioners are increasingly concerned about the finest patient care presently. (Nahed et al., 2012). Because of the surge in medical claims, health care practitioners are now making extensive use of their medico-legal knowledge, especially in difficult circumstances, in order to avoid legal action. (AB et al., 2011).

Although the majority of health-care professionals in the country apply their understanding of medico-legal concerns, there is still a need for more training for this group of experts. (Sulmasy et al., 2015).

The use of medico-legal knowledge is health care practitioners being aware of confidentiality issues, others becoming consistent, and learning more about worldwide trends and updating themselves with current practices. Health care providers apply their medico-legal expertise in a variety of ways, including meticulous and precise documentation, competent health treatment, and guaranteeing a high level of care. (Guido, 2015). Using one's medico-legal knowledge to develop an empathic interpersonal contact with the patient, following

proper record-keeping procedures, and be aware of typical origins of patients' injuries are all examples of how to utilize one's medico-legal knowledge to prevent medical malpractice. (Green, 2012).

2.4.1 Why is there a need to encourage the use of medico-legal knowledge?

Just like keeping proper records, knowing when to use your medico-legal skills can seem like a chore, but it's vital. (Fernie, 2009). A health system's success is dependent on medical workers who have the necessary knowledge, abilities, and attitudes toward patient rights.

Effective health care is made possible by the application of medico-legal knowledge. It exhibits professional ethics and explains why a patient received certain therapy or treatment. (Raveesh, 2016). However, if a health care professional fails to use his or her medico-legal knowledge, a patient may sue because he or she believes that he or she was not heard, that his or her needs were not met, that no one seemed to care, and that as a result, a bad outcome resulted as a result of a mistake or negligence. (Oyebode, 2013). Not only can the use of medico-legal knowledge protect medical practitioners from making mistakes, but it's also:

- The responsibility of health care providers to apply their medico-legal expertise, according to a code of conduct for health care professionals.
- Patients are satisfied when a health care practitioner applies his or her medical legal expertise.
- Adherence to policies and procedures can also be achieved by employing medico-legal expertise.
- Using his or her medico-legal understanding, a health care professional can produce patient-centered care.
- Using medico-legal knowledge to defend against malpractice judgments is a viable option.

CHAPTER THREE

METHODS OF THE STUDY

3.0 Introduction

This chapter presents the method and procedures used for the study. It is presented in the following sub-headings.

Research design, population of the study, sample and sampling technique, research instrument, validity and reliability of the instrument, administration of research instrument and method of data analysis

3.1 Research Design

The descriptive survey research design was adopted for the study. This method was used because it permitted detailed study on how well the health care professionals of Konongo Odumasi Government Hospital know of medico-legal knowledge. And it also gives information on the current status of the phenomenon about the use of medico-legal knowledge among the population of health care professionals at Konongo Odumasi Government Hospital.

3.2 Population of Study

The population of the study consists of health care professionals of the Konongo Odumasi Government Hospital.

3.3 Sample and Sampling Technique

The study was delimited to only health care professionals at Konongo Odumasi Government Hospital due to lack of time and resources. The sample for this study was made up 100 respondents which were selected through simple random sampling technique.

The population of health care professionals at Konongo Odumasi Government Hospital was almost 200 as at when the study was conducted.

The simple random sampling technique was used to select 100 health care professionals representing about 50% of the population.

3.4 Research Instrumentation

The design of this study was survey research and the researchers thought it suitable to use a questionnaire as research instrument for data collection. Therefore, a self-developed semi-structured questionnaire was prepared for the health care professionals at Konongo Odumasi Government Hospital. The questionnaire was divided into four section, Section A-D. The section A sought demographics of the respondents such as age of the respondent, gender of the respondent, marital status etc., was made up of 1- YES or 2-NO responses, section B also had 1- Yes or 2- NO Responses, section C also had 1- Yes or 2- NO responses and section D had closed ended questions which was designed on three point Likert scale i.e., 1 - (Strongly Agree), 2 - (Agree), 3 - (Neutral), 4 - (Disagree), 5 - (Strongly Disagree).

3.5 Validity of the Instrument

The content validity of the instrument was established by giving it to the supervisor, an expert in the Department of Health Information Management at the University of Cape Coast and also a researcher who has supervised the work of many students in Ghana. The final draft of the instrument was made based on his suggestions and recommendations. The instrument was subjected to test – retest reliability method.

3.6 Administration of Research Instrument

The researchers personally visited the sample and distributed the questionnaires among the participants. Difficult terms were first explained and then the participants were asked to give appropriate and exact response without any hesitation and free of bias. A total of 100 questionnaires were distributed. In this way data was collected from the participants.

3.7 Ethical Issues

Permission to carry out the study was obtained from the administrator of Konongo Odumasi Government Hospital. Verbal consent was obtained from respondents in a language they understand. Respondents were assured of confidentiality and the right to withdraw from the study at any point in time before questionnaires were administered.

3.8 Method of Data Analysis

After collection of data, it was organized, tabulated, analyzed and interpreted. The statistical tools i.e. frequencies, percentages, and a bar chart were used for the statistical analysis of the. The analysis was done

using SPSS version 20.

CHAPTER FOUR ANALYSIS AND DISCUSSION

4.0 Introduction

The main focus of the study was to assess the medico-legal knowledge of health care professionals. This chapter is categorized into three main sections, in accordance with the research questions as well as information sought from respondents.

The chapter comprises the presentation of results, analysis and the discussion of findings of the study. These are presented according to the three main research questions raised to guide the study. Analyses were done using frequencies and percentages.

4.1 RESULTS

4.1.1 Demographic data

Below is the presentation of the findings based on the objectives set for the study. The table 1 below is the socio-demographic attributes of respondents. It contained five questions such as the age, gender, work experience in years, religion and marital status. Age was coded as (less than 20 years = 1, 21-24 years = 2, 25-29 years = 3, 30-34 years = 4 and 35 years and above = 5), gender was coded as (Male = 1 and Female = 2), work experience in years was coded as (less than 5 years = 1, 5-10 years = 2 and above 10 years = 3), religion was coded as (Christian = 1, Muslim = 2 and Others = 3) and marital status was coded as (Single = 1, Married = 2, Divorced = 3, Widowed = 4, Others = 5).

From the Table 1 below, there was a total of 100 respondents involved in the research, a greater portion (36.0%) of the respondents were between the ages of 30 and 34 years, (29.0%) of the respondents were between the ages of 25 and 29 years, (16.0%) of the respondents were between the ages of 20 and 24 years, (15.0%) of the respondents were 35 years and above and the remaining (4.0 %) were less than 20 years. 45 (45.0%) of the respondents were males and the remaining 55 (55.0%) are females. 45 (45.0%) of the respondents had less than five years (<5) of work experience, 39 (39.0%) had between five – ten years (5 - 10) of work experience and the remaining 16 (16.0%) had more than ten years (>10) of work experience. Also, majority (61.0%) of the respondents were Christians, (29.0%) of the respondents were Muslims and the remaining (8.6%) were others as in other religion. As for the marital status, (45.0%) of the respondents were single, (46.0%) were married, (8.0%) of the respondents were divorced, and the remaining (1.0%) were widowed.

Table 1: Demographic characteristics of respondents (n=100)

Variable	Decision	Frequency	Percent %
• Age	<20	4	4.0
	20-24	16	16.0
	25-29	29	29.0

	30-34	36	36.0
	>=35	15	15.0
	Total	100	100.0
• Gender	Male	45	45.0
	Female	55	55.0
	Total	100	100.0
• Work experience	<5	45	45.0
In years	5-10	39	39.0
	>10	16	16.0
	Total	100	100.0
• Religion	Christian	61	61.0
	Muslim	29	29.0
	Others	10	10.0
	Total	100	100.0
• Marital Status	Single	45	45.0
	Married	46	46.0
	Divorced	8	8.0
	Widowed	1	1.0
	Others	0	0
	Total	100	100.0

4.1.2 Research question one: What is medico-legal and what cases are medico-legal?

Table 2 below illustrates the responses of health care professionals on what is medico-legal and what cases are medico-legal. The health care professionals responded to five questions. All the questions were presented in Table 2. The table below was designed to seek the view of health care professionals at Konongo Odumasi Government Hospital on what medico-legal is and what cases are medico-legal.

Table 2 shows that 96 respondents representing 96.0% said yes to the item that they are aware of medico-legal cases and 4.0% or 4 respondents said no to the same item.

Out of the 100 respondents, 94 respondents representing 94.0% said yes to the question that they take precautions when handling medico-legal cases, 6 respondents representing 6.0% responded negatively to the same question. The table 2 also reveals that 64 respondents representing 64.0% responded positively to the statement that all wishes of a patient should be adhered to. However, 36 respondents representing 36.0% said no to the same statement

48 respondents representing 48.0% of the respondents affirmed that every medical condition of a patient must be told to his/her close relatives, 52 respondents representing 52.0% responded negatively to the same statement. 74 respondents representing 74.0% of the respondent said yes to the statement that a disclosing a patient's medical information to someone can lead to a medico-legal case and 26.0% or 26 respondents said no to the same statement.

Lastly, 46 out of the 100 respondents representing 46.0% said yes to the statement that you can disclose a patient’s medical condition to an insurance company; the remaining 54.0% or 54 respondents did not agree with the same statement.

Table 2: Responses on what medico-legal is and what cases are medico-legal to health care professionals at Konongo Odumasi Government Hospital.

STATEMENTS	YES n (%)	NO n (%)	TOTAL n (%)
6. Are you aware of	96 (96.0%)	4 (4.0%)	100(100.0%)
7. Do you take precautions when handling medico-legal cases?	94 (94.0%)	6 (6.0%)	100 (100.0%)
8. Should all wishes of a patient be adhered to?	64 (64.0%)	36 (36.0%)	100 (100.0%)
9. Must every medical condition of a patient be told to his /her close relatives?	48 (48.0%)	52 (52.0%)	100 (100.0%)
10. Can disclosing a patient’s medical information to someone lead to a medico-legal case?	74 (74.0%)	26 (26.0%)	100 (100.0%)
11. Can a patient’s medical information be disclosed to an insurance company?	46 (46.0%)	54 (54.0%)	100 (100.0%)

4.1.3 Research question two: Do health care professionals know about medico-legal?

From the Table 3 below, there was a total of 100 respondents involved in the research, a greater portion, 97 respondents representing (97.0%) of the respondents said yes to the item that informed consent is require if a patient has to undergo any surgical operation and 3.0% or 3 respondents said no to the same item.

From the 100 respondents, 54 respondents representing 54.0% said yes to the question that they refuse treatment if a patient behaves violently, the other 46 respondents representing 46.0% responded to the same question saying they don’t refuse treatment if a patient behaves violently. The table 3 also reveals that 49 respondents representing 49.0% responded positively to the statement that children be treated without parent’s or guardian’s consent, 51 respondents disagreed with this statement.

60 respondents representing 60.0% of the respondents affirmed that they do know what makes a practitioner eligible for a malpractice suit, 40 respondents representing 40.0% responded negatively to the same statement.

Out of the 100 respondents, 85 respondents representing 85.0% said yes to the question that they are aware that a copy of the informed consent form should be given to the patient when asked for, 15 respondents representing 15.0% responded negatively to the same question.

Lastly, 28 out of the 100 respondents representing 28.0% said yes to the statement that physician-assisted suicide legal in Ghana; the remaining 72.0% or 72 respondents also said that physician-assisted suicide legal in Ghana.

Table 3: Knowledge about medico-legal issues

STATEMENTS	YES n (%)	NO n (%)	TOTAL n (%)
12. Is informed consent required if a patient has to undergo any surgical operation?	97(97.0%)	3(3.0%)	100(100.0%)
13. Do you refuse treatment if patient behaves violently?	54(54.0%)	46(46.0%)	100(100.0%)
14. Should children be treated without parent’s or guardian’s consent?	49(49.0%)	51(51.0%)	100(100.0%)
15. Do you know what makes a practitioner eligible for a malpractice suit?	60(60.0%)	40(40.0%)	100(100.0%)
16. Are you aware that a copy of the informed consent form should be given to the patient when asked for?	85(85.0%)	15(15.0%)	100(100.0%)
17. Is physician-assisted suicide legal in Ghana?	28(28.0%)	72(72.0%)	100(100.0%)

4.1.4 Research question three: Do health care professionals make use of medico-legal knowledge and why is there a need a need to encourage the use of it?

Table 4 below illustrates the responses of health care professionals’ on whether they make us of their medico-legal knowledge and why is there a need to encourage the use of it. The health care professionals responded to six questions. All the questions were presented in the table.

Table 4 shows that 35 respondent representing 35.0% strongly agreed to the item that taking precautions can prevent a charge of malpractice and 54.0% or 54 respondent agreed to the same item, 10 respondents representing 10.0% were neutral to the same item. However, 1 (1.0%) respondent disagreed with the item.

No respondent strongly disagreed with the item. From the pattern of responses provided one can say that most health care professionals know, have heard of or think taking precautions can prevent a charge of malpractice.

Also for the item, lack of medico-legal knowledge can affect you in your profession, 38 (38.0%) strongly agreed. 42 (42.0%) respondents replied that they agree with the item. At the same time, 20 (20.0%) were not taking side, that is, they were neutral and no respondents representing 0.0 % either disagree or strongly disagree with the item that lack of medico-legal knowledge can affect you in your profession. The pattern of responses evince that lack of medico-legal knowledge can affect you in your profession.

The table reveals that, 28 (28.0%) and 49 (49.0%) respondents strongly agree and agree respectively with the item that they believe they have adequate knowledge in medico-legal issues while 22 (22.0%) respondents were neutral to the same item. No respondent disagreed with the statement but only 1(1.0%) respondent strongly disagreed with the statement, meaning the person does not believe he/she is having adequate knowledge in medico-legal issues. Majority of the respondents strongly agree or agree that they believe they have adequate knowledge in medico-legal issues so we can conclude that most of the health care professionals at Konongo Odumasi Government Hospital have adequate knowledge in medico-legal issues.

The twenty-first item in Table 1.3 sought from respondents whether they think consent and documentation can prevent a charge of malpractice. It was revealed that 36 respondents representing 36.0% strongly agree that they think consent and documentation can prevent a charge of malpractice as against 1 respondent who represents 1.0% strongly disagree with this statement. Also, 42 (42.0%) of the respondents agree that they know about contraceptives in contrast to 1 (1.0%) respondent who disagrees with the statement. 19 (19.0%) respondents were unbiased (neutral) to this statement. From the responses, one can say that most of the respondents think consent and documentation can prevent a charge of malpractice.

Furthermore, 39 or 39.0% respondents and 39 or 39.0% strongly agree or agree respectively, that they agree that medico-legal knowledge is necessary in a healthcare setting. However, 1(1.0%) respondent and no respondent respectively disagree or strongly disagree with this item. 21 (21.0%) respondents were not taking sides (neutral) to this item. This response outcome proves that most of the health care professionals agree that medico-legal knowledge is necessary in a healthcare setting.

From the responses given to the last statement in Table 4, 24 respondents representing 24.0% strongly agree as compared to 6 (6.0%) respondents who strongly disagree with the statement that medico-legal knowledge is important only to avoid legal actions. 25 (25%) respondents were neutral to this statement. More so, 32 or 32.0% respondents agree with the statement while 13 (13.0%) respondents disagree with the statement. We can conclude that that medico-legal knowledge is important only to avoid legal actions because majority of the respondent agree that that medico-legal knowledge is important only to avoid legal actions.

Table 4: Use of medico-legal knowledge

STATEMENTS	SA n (%)	A n (%)	N n (%)	D n (%)	SD n (%)	TOTAL n (%)
18. Do you think taking precautions can prevent a charge of malpractice?	35 (35.0%)	54 (54.0%)	10 (10.0%)	1 (1.0%)	0 (0.0%)	100 (100.0%)
19. Can lack of medico-legal knowledge affect you in your profession?	38 (38.0%)	42 (42.0%)	20 (20.0%)	0 (0.0%)	0 (0.0%)	100 (100.0%)
20. Do you believe you have adequate knowledge in medico-legal issues?	28 (28.0%)	49 (49.0%)	22 (22.0%)	0 (0.0%)	1 (1.0%)	100 (100.0%)
21. Do you think consent and documentation can prevent a charge of malpractice?	36 (36.0%)	42 (42.0%)	19 (19.0%)	2 (2.0%)	1 (1.0%)	100 (100.0%)
22. Do you agree that medico-legal knowledge is necessary in a healthcare setting?	39 (39.0%)	39 (39.0%)	21 (21.0%)	1 (1.0%)	0 (0.0%)	100 (100.0%)
23. Medico-legal knowledge is important only to avoid legal actions.	24 (24.0%)	32 (32.0%)	25 (25.0%)	13 (13.0%)	6 (6.0%)	100 (100.0%)

4.2 DISCUSSION

A cross-sectional study was carried out at Konongo Odumasi Government Hospital to assess the medico-legal knowledge of health care professionals. The study involved data collection in the health facility.

4.2.1 Research Question One: What is medico-legal and what cases are medico-legal?

The success of health system depends on the medical personnel equipped with the requisite medico-legal knowledge and skills. This survey was an attempt to assess the medico-legal knowledge of health care professionals. The first question sought to investigate the health care professionals' awareness of medico-legal cases. From the result, it was identified most health care professionals are aware of medico-legal cases. The response rate to awareness of medico-legal cases was about 96% among the respondents but when asked about precautions while handling medico-legal cases, only 94% response rate was positive; this could be due to the fact that some of the health care professionals have not come across medico-legal cases or maybe, they do not have the knowledge about what special precautions to take when managing medico-legal cases. The above finding agrees with a study conducted by Forson et al., (2015), who revealed that allied health educational institutions and medical schools may not have enough time to devote to teaching ethics, confidentiality and medico-legal concerns (Forson et al.,2015). Irrespective of the adequacy of a health care professionals' medico-legal knowledge, it is essential that they are well-informed on the nitty-gritty of taking precautions when handling medico-legal cases.

Practices pertaining to medico-legal awareness such as adherence to all patients' wishes and communication of every medical condition to a patient's close relatives were not mostly observed or understood in the facility. This finding is not consistent with the finding of another study which pointed out that there are limits to a patient's autonomy in making health care decisions and wishes. Autonomy is limited when its exercise causes harm to someone else or may harm the patient. In some cases, the health care professionals may not be able to fully respect the patient's wishes (Horn, 2017). Also the HIPAA Privacy Rule specifically permits covered entities to share information that is directly relevant to the involvement of a spouse, family members, friends or other persons identified by a patient, in the patient's care or payment for health care. However, only 48% of the health care professionals agree to this finding. Understanding what cases are medico-legal is very key because it helps health care professionals to dependably address all ethical dilemmas that may arise in practice.

4.2.2 Research Question Two: Do health care professionals know about medico-legal?

To know about medico-legal is noteworthy in the field of health care. The term "medico-legal" does not appear to be new to Ghanaian statutes or health care practitioners, since it is explicitly used or defined in the country's present legislation (Abbey, 2021).

From the study, health care professionals have general knowledge on informed consent. Nevertheless, 15% of the respondents were of the view that a copy of the informed form should not be given to the patient when asked for. This finding is contrary to a finding that says a copy shall be given to the person signing the form when asked for (Miller, 2014).

Again, the result of this study highlighted that the medico-legal knowledge on the health care professionals when it comes to treating violent patients was very low. More than half of treating respondents answered incorrectly to a question by saying they refuse treatment if a patient behaves violently. But the above finding does not concur with several studies which indicated that patients must not be denied necessary treatment even though they may be aggressive or violent. Nevertheless, you should assess and minimise the risks to

yourself, the patient and others. In some cases, it may be reasonable and necessary to consider alternative arrangements for providing treatment (Patel, 2015; Hardwood, 2018; Oladele & Ntandazo, 2021).

In addition, the medico-legal knowledge of the health care professionals concerning the legality of physician-assisted suicide in Ghana was not commendable at all. Despite 60% of the respondents saying they know what makes a practitioner eligible for a malpractice suit; almost two-thirds of the same respondents said that physician-assisted suicide is legal in Ghana which is untrue. This finding does not go with a study conducted in Ghana which found out that Ghana's supreme law explicitly guarantees the right to life but remains ambiguous on right to die particularly euthanasia and assisted dying (Owusu-Dapaa, 2013). The right to life is further guaranteed by the Constitution. Article 13 of the Constitution stipulates no person shall be deprived of his life intentionally except in the exercise of the execution of a sentence of a court in respect of a criminal offence under the laws of Ghana of which he has been convicted.

Health care professionals knowing about medico-legal is very important because it helps the health facility to know their performances on the various health problems. Knowing about medico-legal cases will also help the major stakeholders in the health facility plan accordingly by addressing and discussing discrepancies.

4.2.3 Research Question Three: Do health care professionals make use of their medico-legal knowledge and why is there a need to encourage the use of medico-legal knowledge?

In today's educated and intellectual world, it is critical for health care providers to apply their medico-legal expertise and be cognizant of the legal ramifications of malpractice suits (Chavali, 2016). The use of medico-legal knowledge is health care practitioners being aware of confidentiality issues, others becoming consistent and learning more about worldwide trends and updating themselves with the current practices.

From the study, most of the health care professionals generally make use of their medico-legal knowledge because 99% of the respondents were of the view that medico-legal knowledge is necessary in a health care setting and lack of it can affect you in your profession. Moreover, 97% and 99% of the respondents said that proper documentation and consent can prevent a charge of malpractice and taking precautions also prevent malpractice suits respectively. The above finding is in line with a study that concluded that the success of a health system is dependent on medical personnel who have the necessary knowledge, skills and attitudes towards consent taking, proper record-keeping procedures and documentation, taking precautions and patient's rights (Preston & Kong, 2011).

However, more than half of the respondents said medico-legal knowledge is important only to avoid legal actions which does not agree with the finding that health care providers must apply their medico-legal knowledge because it develops an empathic interpersonal contact with the patient, guarantees a high level of care and competent health treatment and not to protect against legal ramifications only (Guido, 2015).

Health care professionals using their medico-legal knowledge and skills provide them the opportunity to exhibit professional ethics and also produce patient-centered care which is directly proportional or serves as a promoter to the overall quality of care (Raveesh, 2016).

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter is concerned with the summary, findings, conclusions and recommendations of the study.

5.1 Summary

The purpose of the study was motivated by the need to assess the medico-legal knowledge of health care professionals at Konongo Odumasi Government Hospital. Three research questions were asked for the study of 100 health care professionals at the Konongo Odumasi Government Hospital. A 23-statement self-developed questionnaire was used as the main instrument for data collection for the study. Data generated were converted to frequency counts and percentage analysis.

5.2 Findings

The main findings of the study are as follows:

- Global trends in medico-legal issues are rapidly gaining public attention, and complaints against health care providers in developing nations appear to be on the rise.
- Most health care professionals have some knowledge of medico-legal issues and cases but they do not have adequate knowledge especially regarding the legality of physician-assisted suicide in Ghana.
- The success of a health system is dependent on medical personnel who have the necessary knowledge, skills, and attitudes toward patient rights. As a result, good health care practice necessitates health care professionals demonstrating legal knowledge and understanding.
- Not only can the use of medico-legal knowledge protect medical practitioners from making mistakes, but it's also the responsibility of health care providers to apply their medico-legal expertise, according to a code of conduct for health care professionals.
- Most health care professionals are open to the idea of what makes a practitioner eligible for a malpractice suit although a significant number of health care professionals 49 (49%) out of the 100 respondents treats a child without the parent's or guardian's consent.

5.3 Conclusion

The study discovered some of the examples of cases that are medico-legal and how to effectively handle such cases. Assault and battery, including domestic violence and child abuse. Accidents like Road Traffic Accidents (RTA), industrial accidents, cases of trauma with suspicion of foul play, poisoning, alcohol intoxication, undiagnosed coma, attempted suicide and drug overdose are some of the examples. Based on the findings to the study, majority (96%) of the health care professionals are aware of medico-legal cases though, most of them (64%) do adhere to all wishes of patients. Although taking precautions can prevent a charge of malpractice suit; (6%) of the health care professionals do not take precautions when handling medico-legal cases because they believe lack of medico-legal knowledge can't affect you in your profession. Almost half (48%) of the respondents tell every medical condition of a patient to his/her relative, still the use of medico-legal knowledge as a whole is low given the fact that (60%) of the health care professionals know about what makes a practitioner eligible for a malpractice suit.

5.4 Limitations

The major limitation to the study was that some health care professionals were reluctant and hesitant to give correct answers to questions particularly when confidentiality, discreetness and professionalism are sensitive issues. Thus, which adversely affected the authenticity and accuracy of the information on this study.

5.5 Recommendations

There is no one who can claim to have all the solutions to the rise of malpractice suits. The following recommendations are proffer to help in curbing the ugly trend that is plaguing the nation's health care foundation. Since previous approaches aimed at curbing this hydra-headed problem seem to have yield no dividends.

Based on the findings of the study the following recommendations are made:

- The findings show that though health care professionals know about medico-legal knowledge and what medico-legal cases are, the use of medico-legal knowledge as a means of taking precautions is very low. Hence issues of wrongful diagnosis, inaccurate documentations, wrongful drug prescription, unneeded treatment procedures etc. which mostly leads to malpractice suits should be the center of attention in educational programs designed for future health care professionals.
- Although the majority of health-care professionals in the country apply their understanding of medico-legal concerns, notwithstanding, there should be a Health Professions Regulatory Body that will establish clear and written-down rules and regulations for every health care professional to follow. Authority will be given to this body to investigate professional misconduct and to severely punish culprit health care professionals so that it may serve as lessons to others. A typical example of these punishments can be revoking of the defaulters' license to operate.
- Sufficient health information should be provided to curb the misconceptions about handling medico-legal cases to encourage health care professionals use their medico-legal knowledge without fear of any potential legal ramification or being judged by colleagues.
- Discussion of the appropriate methods of providing care such as the proper keeping of records, accurate documentation, adherence to policies and procedures and conforming to the code of conduct for health care professionals should be provided by health educators and health providers to bridge the knowledge gap relating to the use of medico-legal knowledge and the handling of medico-legal issues or cases.

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APPENDIX

UNIVERSITY OF CAPE COAST

COLLEGE OF HEALTH AND ALLIED SCIENCES

SCHOOL OF ALLIED HEALTH SCIENCES

DEPARTMENT OF HEALTH INFORMATION MANAGEMENT

QUESTIONNAIRE

ASSESSING THE MEDICO-LEGAL KNOWLEDGE OF HEALTH CARE PROFESSIONALS: THE CASE OF KONONGO ODUMASI GOVERNMENT HOSPITAL.

Dear respondent,

This questionnaire is based on an ongoing research project about assessing health care professionals' knowledge on medico-legal issues. To this end, I kindly request that you complete the following questionnaire regarding your knowledge on medico-legal issue. Your response is of utmost importance. It should take no longer than 10 minutes of your time.

Please note that the confidentiality of your response is assured.

Thank You.

Please select the appropriate options for the questions below.

SECTION A: DEMOGRAPHIC OF RESPONDENT.

1. Age: < 20 20 - 24 25 - 29 30 - 34 >= 35
2. Gender: Male Female
3. Work experience in years: < 5 5 - 10 > 10
4. Religion: Christian Muslim Others
5. Marital Status: Single Married Divorced Widowed Others

SECTION B: WHAT IS MEDICO-LEGAL AND WHAT CASES ARE MEDICO-LEGAL?

Please tick () the response as applicable to you.

QUESTIONS	1	2
	YES	NO
6. Are you aware of medico-legal cases?		
7. Do you take precautions when handling medico-legal cases?		
8. Should all wishes of a patient be adhered to?		
9. Must every medical condition of a patient be told to his /her close relatives?		
10. Can disclosing a patient’s medical information to someone lead to a medico-legal case?		
11. Can a patient’s medical information be disclosed to an insurance company?		

SECTION C: DO HEALTH CARE PROFESSIONALS KNOW ABOUT MEDICO-LEGAL?

Please tick () the response as applicable to you.

QUESTIONS	1	2
	YES	NO
12. Is informed consent required if a patient has to undergo any surgical operation?		
13. Do you refuse treatment if patient behaves violently?		
14. Should children be treated without parent’s or guardian’s consent?		
15. Do you know what makes a practitioner eligible for a malpractice suit?		
16. Are you aware that a copy of the informed consent form should be given to the patient when asked for?		
17. Is physician-assisted suicide legal in Ghana?		

SECTION D: DO HEALTH CARE PROFESSIONALS MAKE USE OF MEDICO-LEGAL KNOWLEDGE AND WHY IS THERE A NEED TO ENCOURAGE THE USE OF IT?

In this section, the response to each question has been rated on a scale of 1,2,3,4 and 5. Please tick () the response as applicable to you.

QUESTIONS	1	2	3	4	5
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
18. Do you think taking precautions can prevent a charge of malpractice?					
19. Can lack of medico-legal knowledge affect you in your profession?					

20. Do you believe you have adequate knowledge in medico-legal issues?					
21. Do you think consent and documentation can prevent a charge of malpractice?					
22. Do you agree that medico-legal knowledge is necessary in a healthcare setting?					
23. Medico-legal knowledge is important only to avoid legal actions.					