The Current Practices Related to Medico-Legal Issues in Clinical Settings in Bangladesh.

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Abstracts

Background: Effective management of medico-legal issues is critical for maintaining patient trust, ensuring legal compliance, and safeguarding the professional integrity of healthcare practitioners. Despite the significance of medico-legal training, gaps persist in specialized knowledge and practical experience among medical professionals, particularly in developing nations like Bangladesh.

Aim: This study aims to evaluate the practices of registered medical practitioners concerning medico-legal issues, with a focus on demographic influences, training gaps, and practical challenges.

Methods: A prospective observational cross-sectional study was conducted at Bangladesh Medical University (BSMMU) over 18 months. A stratified random sample of 113 clinical practitioners, resident doctors, and medical officers was surveyed using a structured questionnaire. Key variables included demographic data, medico-legal training, practical experience, and knowledge of specific legal protocols. Statistical analyses were performed using SPSS Version 26.

Results: Participants had an average age of 31.34 years (SD = 8.0), with the 30–34 age group representing the majority (61.9%). Gender distribution was nearly balanced (53.1% male, 46.9% female). Only 15.9% had formal training in medico-legal aspects, with death report preparation (7.1%) and medico-legal case handling (5.3%) being the most common areas of training. More than half (55%) had experience with medico-legal cases, primarily road traffic accidents (46.9%) and poisoning (44.2%). Documentation errors (10.7%) and consent-related disputes (12.3%) were identified as prevalent challenges. Attitudes revealed strong support for transparency and medico-legal education, with 85.8% agreeing that patients should always be informed of wrongdoing and 79% advocating for medico-legal training in medical curricula. The findings highlight the critical significance of medico-legal education in reducing legal risks, improving documentation and reporting accuracy, and strengthening ethical practices in patient care.

Conclusion: The study highlights critical deficiencies in medico-legal training, particularly in specialized areas, despite a foundational understanding of core concepts among practitioners. Integrating targeted medico-legal education into medical curricula and enhancing training opportunities can address these gaps, improve professional competency, and strengthen the medico-legal framework in healthcare systems.

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Introduction

A medico-legal case arises when a physician, after clinical examination and history-taking, determines that legal investigation is necessary to assign responsibility under the law. In such cases, physicians carry not only legal but also ethical and moral obligations toward society. Therefore, medical professionals must possess adequate knowledge of medical ethics, legal medicine, and relevant laws in addition to clinical expertise. However, insufficient understanding of medico-legal aspects among medical practitioners remains a significant concern, necessitating focused attention and improvement.[1] The authority to classify a case as medico-legal lies solely with the attending physician, who must exercise independent, unbiased judgment. Proper decision-making requires familiarity with legal offenses affecting the human body, as well as adherence to established laws, guidelines, and protocols governing medico-legal examinations. Such knowledge ensures consistency, professionalism, and accuracy in practice.[2] In Bangladesh, medico-legal education is delivered through Forensic Medicine and Toxicology during the second phase of the MBBS curriculum. Upon graduation, medical students are expected to competently manage medico-legal cases using this foundational knowledge. Globally, increasing complaints and litigation against physicians—particularly in developing countries—have emphasized the importance of professionalism rooted in ethical and legal awareness. Adequate medico-legal knowledge strengthens the doctor–patient relationship, protects patient rights, and prevents the commercialization of medical practice.[3] Lack of medico-legal knowledge can result in medical negligence, legal disputes, and damage to professional reputation. Evidence suggests that deaths due to medical errors are significantly higher than earlier estimates, indicating a critical need for improved patient safety and legal accountability. In Bangladesh, although medical negligence is prevalent, many cases go unpunished due to weak legal enforcement and limited public awareness of legal remedies, leading to declining public trust in the healthcare system.[4] Ultimately, the effectiveness of healthcare depends not only on clinical competence but also on a thorough understanding of legal and ethical responsibilities. Comprehensive education in medico-legal issues is essential to equip medical practitioners to manage legal challenges effectively, uphold justice, and maintain the integrity of the healthcare system.

Objectives

To examine the current practices related to medico-legal issues in clinical settings.

Methods

This is Prospective observational Cross-sectional study. Conducted in Bangladesh Medical University.

Sampling method: In this study, for identifying the awareness level of medical practitioner regarding medico-legal aspects of clinical practice and common medico-legal issues, the most appropriate sampling technique would be Stratified Random Sampling.

Sampling

A convenient sampling method was employed for the study.

Results

The results represent the medicolegal practices of 113 respondents of post graduate students of Bangladesh Medical University. Analysis of the age distribution of the participants the mean age is 31.34, indicating the average age of individuals in the sample. The standard deviation, at 8.000, reflects the extent of variation around this mean,

suggesting a moderate spread in the ages within the dataset. Additionally, the minimum and maximum ages are 27 and 42, respectively.

Table I: Distribution of cases according to age

Age	Years
Mean	31.34
Std. Deviation	8.0
Minimum	27
Maximum	42

The Table II provides a detailed breakdown of individuals across four age groups, specifically from 25–29 years to 40–44 years, with each group showing the number of individuals categorized under "Years." The most populated age group is 30–34, containing 70 individuals, which suggests that the sample is predominantly composed of individuals in their early thirties.

Table-II: Summary of Age Group Frequencies

Age Group	Years
25-29	19
30-34	70
35-39	20
40-44	4

Gender Distribution Analysis

The Table provides a gender-based frequency and percentage distribution for a sample of 113 individuals. The data shows that there are 53 females, representing 46.9% of the total sample, and 60 males, making up 53.1% of the sample. Overall, males constitute a slightly larger proportion of the sample compared to females, with a difference of 6.2%.

Table III: Gender Distribution of Participants

Gender	Frequency	Percent
Female	53	46.9
Male	60	53.1
Total	113	100.0

The figure 1 titled "Gender distribution of the study" illustrates the proportion of male and female participants within the sample. The chart indicates that males represent 53% of the study population, while females account for 47%.

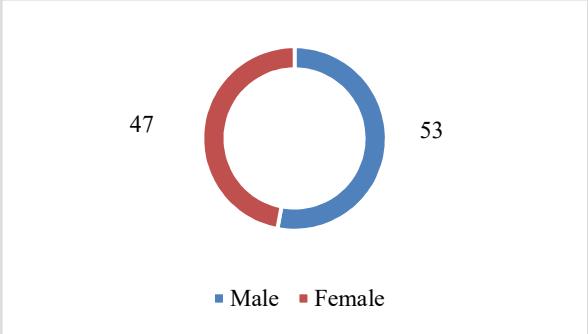

Figure 1. Gender Distribution of the Study

Training regarding medico-legal aspect

The table III titled "Do you have any training on medico-legal aspect?" presents the frequency and percentage distribution of responses regarding training in medico-legal aspects among a sample of 113 individuals. The data shows that 94 participants, accounting for 83.2% of the sample, responded "No," indicating that they do not have training in medico-legal aspects. In contrast, 18 participants, or 15.9% of the sample, responded "Yes," signifying that they have received such training. The total percentage adds up to 100.0%, verifying that all responses are included in the analysis.

Table IV: Analysis of Training regarding medico-legal aspect

Training aspect	Frequency	Percent
No	94	83.2
Yes	18	15.9
Total	113	100.0

Experiences regarding medico-legal training: The table-IV titled "Types of training on which do you have experienced?" provides a breakdown of the different types of medico-legal training experiences reported by participants within a sample of 113 individuals. The most commonly reported training experience is related to "Death report," with 8 participants (7.1%) indicating this specialization, making it the highest single category.

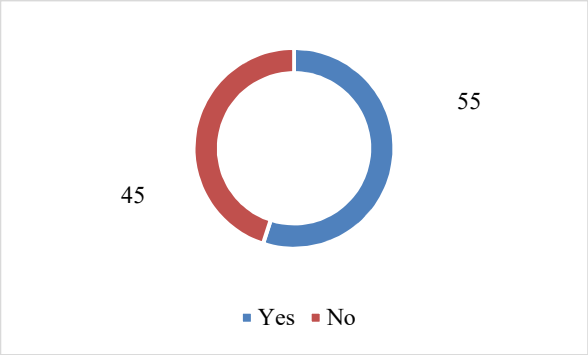

Figure 2. Types of training on which do you have experienced

Analysis of type of medico-legal case is experienced by the participants

Table-6 provides an overview of the types of medico-legal cases experienced by participants in the study, detailing the frequency and percentage distribution across a sample of 113 individuals. The findings show that "Road Traffic Accident" is the most frequently encountered case type, with 53 participants (46.90%) reporting experience in this area. This is followed closely by "Poisoning and Drug Intoxication," reported by 50 participants (44.48%), indicating that these two case types represent the majority of medico-legal experiences within the sample.

Table V: Types of medico-legal case is experienced by the participants

Medico-Legal Case Type	Frequency	Percent
Road traffic accident	53	47
Poisoning and drug intoxication	50	44
Drowning	33	29
Suicidal attempt	29	26
Sexual assault	27	24
Stab wound	21	19
Thermal injury	19	17
Firearm injury	18	15
Criminal abortion	5	4

Frequency and Percentage of Medico-Legal Issues Faced by Respondents: This table V presents a breakdown of various medico-legal issues faced by respondents, including their frequency and the corresponding percentages. The table reveals that the majority of respondents, 48 individuals (42.5%), reported having no experience with medico-legal issues. Other significant issues encountered include "Consent related disputes, Documentation errors" with a frequency of 14 (12.3%) and "Documentation errors" alone with a frequency of 12 (10.7%).

Table VI: Medico-Legal Issues Faced by Respondents

Medico-legal Issue	Frequency	Percent
Documentation errors, breach of patient confidentiality	1	0.9
Breach of patient confidentiality	1	0.9
Case of negligence, Consent related disputes, Documentation errors	2	1.8
Case of negligence, Documentation errors	2	1.8
Case of negligence, Documentation errors, breach of patient confidentiality	2	1.8
Case of negligence, Documentation errors, malpractice claims, Consent related disputes, breach of patient confidentiality	1	0.9
Case of negligence, Consent related disputes, Documentation errors	11	9.7
Case of negligence, malpractice claims, Consent related disputes, Documentation errors, breach of patient confidentiality	2	1.8
Consent related disputes	6	5.3
Consent related disputes, Documentation errors	14	12.3
Documentation errors	12	10.7
Documentation errors, breach of patient confidentiality	4	3.5
Documentation errors, malpractice claims	1	0.9
Malpractice claims, Consent related disputes, Documentation errors	2	1.8
Malpractice claims, Documentation error	2	1.8
No such experience of medico-legal issue	48	42.5
Total	113	100

Discussions

This study highlights important gaps and strengths in the practical handling of medico-legal responsibilities among healthcare professionals, with particular emphasis on training exposure, hands-on experience, and application of medico-legal principles in clinical practice. The findings indicate that while general awareness of medico-legal concepts is relatively high, practical preparedness for managing medico-legal cases remains inadequate. A key observation is the significant lack of formal medico-legal training, with more than four-fifths of participants reporting no structured education in this area. This deficiency has critical implications for clinical practice, as inadequate training may increase the risk of documentation errors, improper evidence handling, and non-compliance with legal reporting requirements. Similar findings have been reported in previous studies, which emphasize that medico-legal competencies are often acquired informally rather than through standardized training programs. In contrast, healthcare systems where medico-legal training is mandatory demonstrate better compliance with legal protocols and reduced medico-legal disputes. These findings underscore the need for structured, practice-oriented training programs focusing on real-world medico-legal scenarios.[5] Practical exposure to medico-legal cases varied among participants, with just over half reporting direct experience. Those with exposure were more confident in managing medico-legal responsibilities, supporting existing literature that links experiential learning with improved competence. The predominance of road traffic accidents and poisoning cases reflects the most commonly encountered medico-legal scenarios in clinical practice. These cases demand precise documentation, timely reporting, and appropriate forensic evidence handling, reinforcing the need for targeted training that prioritizes high-frequency medico-legal presentations.[6] Documentation-related issues emerged as one of the most frequent medico-legal challenges encountered in practice. Errors in documentation and consent processes pose substantial legal risks and are a well-recognized source of medico-legal conflict. Although participants

acknowledged the legal consequences of incomplete medico-legal reports, persistent gaps suggest that awareness alone is insufficient without practical training and standardized documentation protocols. Regular audits, hands-on workshops, and supervised practice sessions could improve documentation accuracy and legal compliance.[7] The study also revealed limited practical knowledge of specific medico-legal regulations, including the Mental Health Act, Consumer Protection Act, hospital indemnity insurance, and medical record preservation periods. These gaps are concerning, as lack of awareness may expose healthcare professionals to legal liability, particularly in complex cases involving mental health, patient rights, or financial accountability. Focused training modules addressing these areas could significantly enhance medico-legal preparedness.[8] Despite these gaps, participants demonstrated strong agreement on the importance of medico-legal training, forensic evidence handling, and institutional support through medico-legal committees. The strong endorsement for medico-legal committees reflects recognition of the value of expert guidance in complex cases. Institutions with structured medico-legal support systems have been shown to improve case management and reduce legal risk.[9] Overall, the findings emphasize that improving medico-legal practice requires more than theoretical knowledge. Practice-based training, exposure to real cases, clear institutional protocols, and continuous professional development are essential to ensure healthcare professionals are equipped to manage medico-legal responsibilities effectively and ethically. Integrating these elements into routine clinical training could enhance patient safety, legal compliance, and professional confidence in medico-legal practice.[10]

Conclusion

The study identifies gaps in medico-legal training, particularly in specialized areas like insurance and mental health laws. Despite good general awareness, targeted education is needed for high-frequency cases. Addressing regional disparities through curriculum reforms and ongoing training can enhance medico-legal competence and improve patient outcomes.

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Authors contribution: All the authors contributed equally to the study.

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