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Review

Knowledge and awareness of dental professionals regarding Professional Indemnity Insurance (PII) in India- A systematic review

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Abstract

Background: In recent times, patients have become more aware of their rights, and this has led to significant rise in the compensation cases against doctors. Due to the nature of the work and costs involved in the treatment, dental professionals are at high risk of facing such medical negligence cases. Therefore, the present study was conducted to assess knowledge and awareness regarding professional indemnity insurance (PII) among dental professionals in India.

Methodology: A systematic review of relevant cross-sectional observational studies was conducted among dental professionals in India to report their knowledge and awareness regarding PII. Eight studies out of 98 were finally included in the review after conducting both electronic and manual search of scientific databases and making necessary exclusions. Potential biases were addressed and relevant data regarding PII data was extracted by the investigators concerned.

Results: More than 60% of subjects had knowledge regarding PII in one of the study reports. Only 0.5% of subjects had taken PII in one of the studies and merely 8% in the other study. One of the studies mentioned that 76.2% of subjects paid compensation to their patients for negligence during dental treatment. Main hurdles for not opting PII were unawareness and considering PII non-mandatory for dentists. More than 90% of subjects in one study showed interest in buying PII for themselves.

Conclusion: The results of the present review reveal that less than half of the subjects in some studies reported a lack of knowledge regarding PII and very few had taken PII. Therefore, there is an urgent need to make dental professionals aware of the benefits of obtaining PII to safeguard themselves from various litigation issues.

Keywords: Awareness; Knowledge; Insurance; Jurisprudence; Dentistry.

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Introduction

The medical profession is a vocation in which knowledge and skills are used for improving the health of the community. A doctor is considered next to the Almighty God in our society [1]. The medical profession is a service-oriented liberal profession governed by a self-regulating code of ethics [2]. The doctor's patient relationship thrives on mutual trust and conviction. The sole objective of a doctor or any health professional is to improve the quality of life of the people and mitigation of sickness and suffering [3]. However, in recent times because of commercialisation and corporation, the doctor is looked upon as someone who provides a service for profit consideration. This has affected the doctor-patient relationship to some extent.

During the last four decades, the practice of dentistry in India has been extensively transformed, thereby affecting health care delivery with both positive and negative outcomes [4]. In the past few years, patients have become more aware of their rights, and there has been considerable increase in the number of patients challenging the dental professionals' competence over treatment and consent issues [5]. According to the National Library of Medicine, the yearly number of medical negligence cases in India is around 5.2 million [6]. Such situations have significantly risen over the years. Due to the nature of the work and high costs involved in rendering treatment, dental practitioners are at high risk of facing a medical lawsuit under the Consumer Protection Act (C). The. The new COPRA act was introduced in 2019 [7]. In Section 2(42), medical services are omitted in the list of services. This has been misconstrued by many as the exclusion of medical services from the purview of the Act. However, this is not the case. The Act, according to its definition of services, retains the phrase "but not limited to" before listing the services, thereby leaving the door open for the inclusion of other services.

Professional Indemnity Insurance (PII) is a special financial cover to protect the dentists and other doctors from the above-mentioned risks [8]. It is an insurance policy (compensating clients or patients) which is specially meant for professionals such as doctors, lawyers, charted accountants etc. to cover liability falling on them because of errors, negligence, and mistakes committed by them while rendering professional service. The Indian Dental association launched its first PII on February 1, 2012, at 65th Indian Dental Association Conference held at Mumbai [9]. In present times, few reputed insurance companies provide PII to Registered Dental Practitioners covering their legal liability arising from errors and/or omissions while providing dental treatment to patients. A dental practitioner should be familiar with the various laws and preventive approaches in case of encountering any litigation. There is a dearth of data showing the level of knowledge regarding PII among dentists in India. Therefore, the present study was carried out to report knowledge and awareness regarding PII among dental health professionals or practitioners in India and various barriers which are preventing dental professionals for not opting for PII.

Materials and Methods

Eligibility criteria

The present paper deals with the systematic review on professional indemnity though no attempt was made to conduct a thorough meta-analysis. The following criteria were adopted in the search criteria Studies conducted in India; Studies involving dental practitioners working in dental institutions, hospitals and private practitioners; Studies published in English language; Studies evaluating the knowledge and awareness regarding professional indemnity insurance as outcomes measures and Observational studies. There was no limitation in terms of publication date in the search strategy.

Exclusion criteria

Studies not conducted in India; Reviews; Studies focusing only on medical health professionals and Studies that did not differentiate between different health care professionals (dental, medical or any other).

Initial electronic search for professional indemnity insurance among health care workers yielded 98 results and only eight articles were finally retained (Figure 1).

Information sources and search methods

The literature search for the present study was carried out both electrically as well as manually. The present review was carried out based on the protocol and guidelines that have been laid for writing systematic reviews [10]. A comprehensive literature search of articles published in English language was carried out using databases land search engines like PubMed, MEDLINE, EMBASE, Cochrane Library, Science Direct and Google, irrespective of the date of publication. MESH terms such as 'insurance,' 'jurisprudence,' 'awareness' and 'India' etc. were used. Manual search of articles was also conducted by reading journals available in print in the institutional libraries. Search strategy was built by incorporating various key words and their combinations were made using 'and', 'or' as Boolean operators (Table 1).The following search strategy was used for PubMed and Medline: dentists OR dentistry (Mesh) OR dental professionals OR dental practitioners OR dental surgeons AND jurisprudence (Mesh) OR insurance (Mesh) OR indemnity AND knowledge (Mesh) OR awareness (Mesh) AND India (Mesh).

Table 1: Various key words and their combinations used

1.	insurance
2.	dental professionals
3.	India
4.	1 or 2 or 3
5.	dentistry
6.	dental practitioners
7.	1, 3 and 5
8.	awareness
9.	knowledge
10.	jurisprudence
11.	1, 8 and 9 or 10
12.	1, 3, 5 and 8 or 6
13.	dental surgeons
14.	1, 2 and 13 or 5

Screening Process

The present study was done according to the guidelines set forth by Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Figure 1) [11]. Two authors (RSG & RA) independently were involved in the identification of studies that were included in the review. Initially, titles and abstracts of the studies retrieved by the search were assessed to exclude those studies that were inappropriate, and duplicates were removed. For the remaining studies, full text articles were retrieved that met the inclusion criteria. STROBE checklist for observational studies was used to screen selected studies [12]. The STROBE Statement is a checklist of items that should be addressed in articles reporting on the three main study designs of analytical epidemiology: cohort, case-control, and cross-sectional studies. All eight studies fulfilled the requirements mentioned in the checklist.

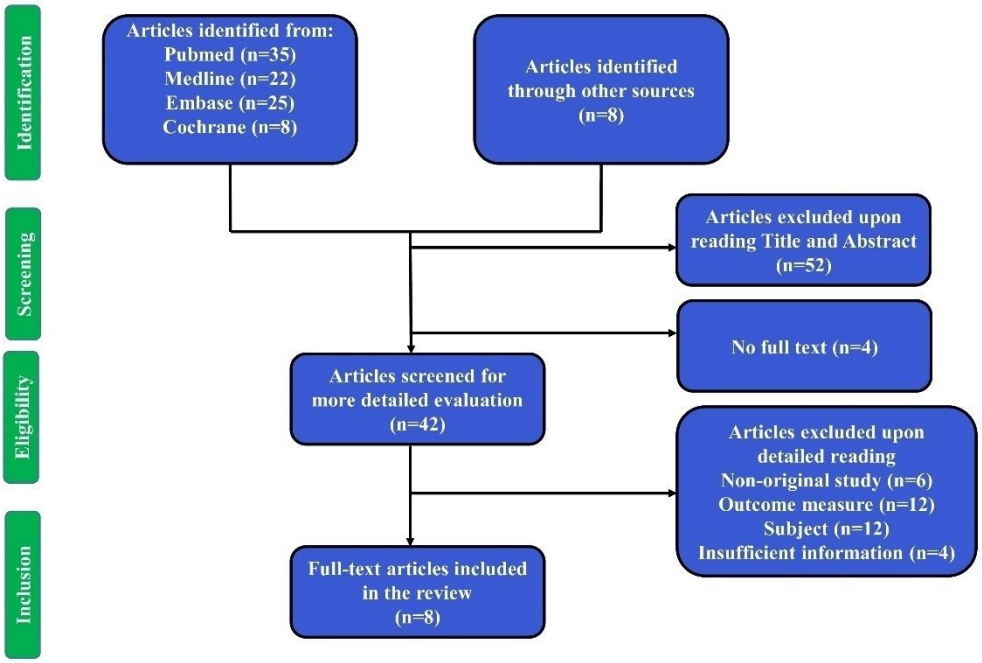

Figure 1: PRISMA flow diagram of studies included in the review.

Quality assessment and control of bias assessment

Two reviewers (AG & AA) were allocated the job of identification of bias within individual studies. The assessment of quality of studies was performed using Risk of Bias Instrument for cross-sectional surveys of attitudes and practices by Clarity Group of Mc Master University in conjunction with Evidence Partners (DistillerSR) [13]. Risk of bias was assessed using five items in the present review (Table 2). There were 4 response options for each item- definitely yes (low risk of bias), probably yes (low risk of bias), probably no (high risk of bias), and definitely no (high risk of bias). This is to facilitate dichotomization of studies as being either "low risk of bias" or "high risk of bias" on an item-by-item basis. Finally, it was found that more than 75% of the selected studies were in the category of low risk (Table 2). None of the studies were excluded after quality assessment.

Table 2: Quality assessment of studies included in the review

Studies	Items on the scale				
	Representativeness of the sample	**Adequacy of response rate**	**Little Missing data within completed questionnaires**	**Is the survey clinically sensible**	**Any evidence of validity of the survey instrument**
Gupta etal[14]	Probably yes	Definitely yes	Definitely yes	Definitely yes	Probably no
Bhanushalietal [15]	Probably no	Definitely yes	Definitely yes	Definitely yes	Probably no
Yashodaetal[16]	Definitely yes	Definitely yes	Definitely yes	Definitely yes	Definitely yes
Radhika etal[17]	Probably yes	Definitely yes	Definitely yes	Definitely yes	Definitely no
Pharandeetal[18]	Probably no	Definitely yes	Probably yes	Definitely no	Probably yes
Gonguraetal[19]	Definitely no	Definitely yes	Definitely yes	Definitely no	Probably no
Veereshetal[20]	Definitely yes	Probably no	Definitely yes	Definitely yes	Definitely yes
Penmetsaetal[21]	Probably no	Definitely yes	Definitely yes	Probably yes	Definitely yes

Data collection and extraction

Two of the authors (NK & RK) were given the responsibility of extracting data from the studies. Pre-specified data was extracted from each of the studies including the title of the study, study design, year of the study, sample size, awareness and knowledge regarding PII and other study characteristics (Table 3). Any kind of disagreement regarding article screening and extraction was sorted out by mutual consent. Corresponding authors of some studies were also contacted through emails or telephonically to provide missing or unclear data wherever deemed essential.

Table 3: Various study characteristics on professional indemnity insurance included in the review

Authors	Year of publication	Study population	Sample Size	Study Design	Study area	Outcome measure	Results
Gupta etal[14]	2014	Dental practitioners	306	Questionnaire based cross-sectional study	Maharashtra	Utilization of dental PII	44.8% were not aware of dental PII, 79.4% did not have PII, 35.6% felt that it is non-mandatory
Bhanushalietal[15]	2017	Dental practitioners	610	Close-ended questionnaire based cross-sectional study	Maharashtra	Knowledge, attitude, utilization and perceived need for dental PII	51.9% were not aware about dental PII, 92% did not have PII, 9.8% reported disinterest in buying PII
Yashodaetal[16]	2017	Dental practitioners	310	Self-administered questionnaire based cross-sectional study	Karnataka	Knowledge and awareness of COPRA and utilization of PII	63% had knowledge regarding PII and 35% had PII, 31.6% thought it as non-mandatory
Radhikaetal[17]	2017	Dental professionals working in dental institutes	450	Self-structured questionnaire based cross-sectional study	Tamil Nadu	Knowledge of CPA and medico legal aspects	42.7% were unaware of PII
Pharandeetal[18]	2019	Interns, post-graduate students and teaching staff in dental institute	196	Structured, close-ended, self-administered questionnaire	Maharashtra	Knowledge, attitude and practice regarding PII	65.3% were aware regarding PII, 0.5% were covered under PII
Gonguraetal[19]	2020	Dental practitioners	100	Open-ended questionnaire based cross-sectional study	Andhra Pradesh	Awareness on medico-legal aspects	45% had knowledge about PII and how it helps in medico-legal issues
Veereshetal[20]	2022	Dental practitioners	101	Descriptive cross-sectional questionnaire (self-designed) study	Karnataka	Knowledge and attitude about PII	60.4% were unaware regarding PII, 51.5% thought it as non-mandatory
Penmetsaetal[21]	2024	Dental practitioners	384	Self-administered questionnaire based cross-sectional study	Andhra Pradesh	Awareness of revised code of dental ethics and CPA	49% were not aware of PII coverage

Results

Description of selected studies

The initial search based on keywords and MESH terms yielded 98 studies. Fifty-six articles were excluded by reading the title and abstract. Upon detailed reading of the remaining articles, 35 studies were excluded due to the lack of data on dental health professionals. Finally, eight studies were included for the qualitative analysis [14-21]. The study population of six studies comprised of dental practitioners and only one study involved dental professionals working in dental institutes (Table 3). All the studies were conducted in four states of India – Maharashtra, Tamil Nadu, Karnataka and Andhra Pradesh. All the studies were cross-sectional in nature and used an open or closed-end questionnaire for gathering the relevant data regarding PII from the study subjects.

Awareness / knowledge regarding PII

Figure 2 depicts the knowledge and awareness regarding PII among the study subjects. More than 60% of subjects had knowledge regarding PII in the study reports of Yashoda et al [16] which was highest amongst all the studies. Radhika et al [17] in their study showed that 57.3% of subjects had awareness regarding PII. Only 39.6% of the subjects were aware of PII in the study findings of Veeresh et al [20]. Knowledge regarding PII was significantly related to age and gender of the study subjects (p=0.001) in the findings of Bhanushali et al [15].

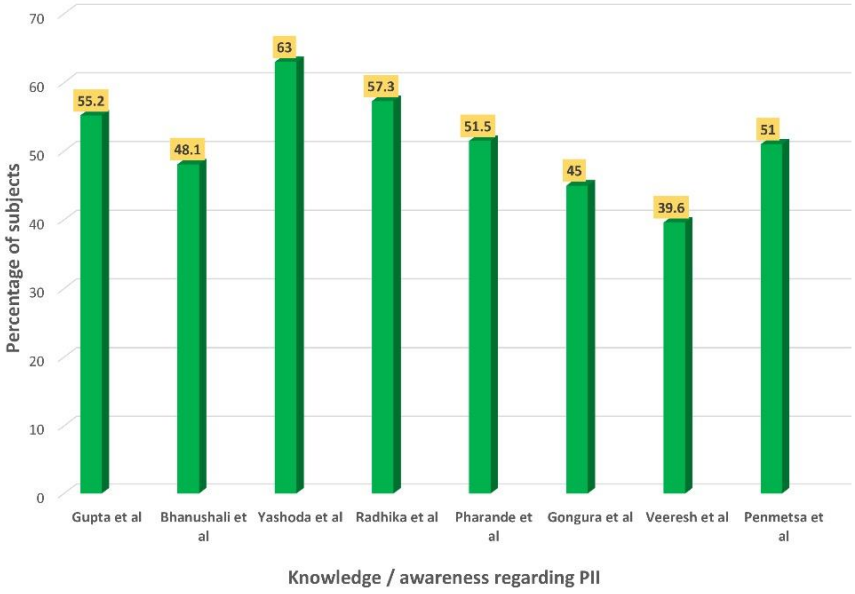

Figure 2: Knowledge/ awareness regarding PII among subjects in selected studies.

Enrolling in PII / Paying compensation

Information regarding enrolling in PII and /or paying compensations to their patients by study subjects was mentioned in five studies [14,15,16,18,20]. It was found that 20.5% of subjects in the study reports of Gupta et al [14], 8% of subjects in Bhanushali et al [15], 35.1% of subjects Yashoda et al [16] and merely 0.5% of subjects in Pharande et al [18] had PII. Age and education of the subjects were significantly associated with getting themselves enrolled in PII in two of the studies (Table 4) [14,16]. Astonishingly, it was observed in the study findings of Veeresh et al [20] that 76.2% of subjects paid compensation to their patients for negligence during dental treatment. However, contrasting findings

were reported in the study reports of Gupta et al [14] and Bhanushali et al [15] where only 0.7% and 1% of subjects respectively were asked to pay compensation for their treatment errors.

Table 4: Association of socio-demographic characteristics with enrolment in PII

Studies	Socio-demographic characteristics (p-value with Chi-square value)			
	Age	Gender	Education level	Working Sector
Gupta et al[14]	0.001**	0.736	0.002**	0.013* (8.6)
Yashoda et al[16]	0.002*	0.04*	0.01*	0.137

**p<.0.001, statistically highly significant *p<0.05, statistically significant, Chi-square test

Reasons for not opting PII: Four studies provided information regarding the reasons cited by the study subjects for not opting PII [14,15,16,20]. Various reasons that were reported from study subjects are cited in Figure 3. 'Unawareness regarding PII' and considering PII 'not mandatory for dentists' were the two most common findings which were cited by varied number of subjects in all the four studies. Dissatisfaction with the previous insurance provider for not taking PII was also reported by 6.2% and 5% of subjects in the study findings of Gupta et al [14]and Veeresh et al [20] respectively.

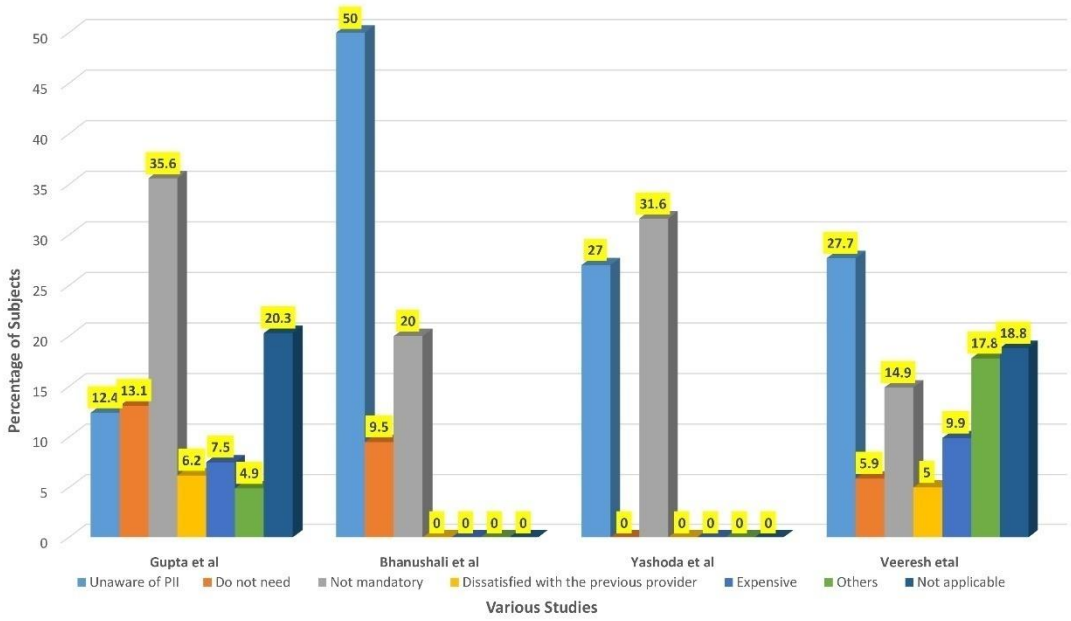

Figure 3: Reasons cited by subjects for not opting PII.

Interest in buying PII / Sources of information

Interest in buying PII was shown by 90.2% of subjects in the study reports of Bhanushali et al [15] and subjects belonging to the age group of 35-44 years (p=0.051) and those who are private practitioners

(p=0.001) are more inclined towards buying PII. Various sources of information were mentioned by subjects in couple of studies from where they came to know about PII [14,20]. Getting information regarding PII from professional colleagues in dental fraternity was cited by 56.4% of subjects in the study reports of Veeresh et al [20]. Other sources like newspapers, local government etc. were also cited by lesser subjects (Figure 4). Study reports of Bhanushali et al [15] indicated that only 14.1% of subjects were aware of companies providing PII in India.

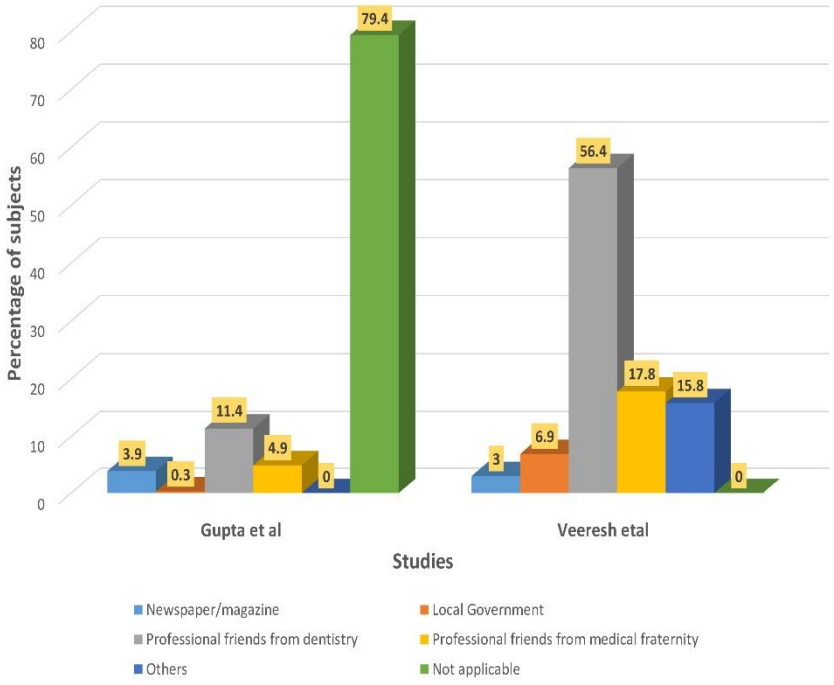

Figure 4: Various sources of information on PII.

Discussion

The emphasis of the present systematic review was on the knowledge and awareness regarding PII among dental health professionals in India. However, additional information regarding enrolling in PII and various barriers preventing the subjects from opting PII was also obtained. Various parameters were utilized to accumulate all the required information which is evident from the results.

Statement of principal findings

Dental professionals should have adequate knowledge and awareness regarding benefits of purchasing PII to safeguard themselves and their staff against any litigations which can occur due to the slightest error on their part. This insurance covers civil liability claims and expenses of the dentist incurred in defense of the case, subject to the amount insured under the policy.

It was observed that less than 50% of subjects had knowledge regarding PII in three studies [15,19,20]. Moreover, study reports of Bhanushali et al [15]and Pharande et al [18] showed that only 20.5% and 0.5% of subjects respectively have enrolled themselves in PII which is quite surprising. The main reasons cited by majority of subjects for not taking PII were ‘unawareness’ and considering PII ‘not mandatory’ for dentists [14,15,16,20]. The potential reason for lack of awareness could be non-orientation towards PII in vast majority of dental institutes in India.

The findings of Gupta et al [14]and Yashoda et al [16] revealed statistically significant association between enrolling in PII with increasing age and professional experience. This can be due the fact that majority of the new and budding dental practitioners are sometimes not aware of the advantages of taking PII till the time they progress and gradually build their practice [22,23]. However, mature and experienced practitioners are aware of all the benefits and privileges of taking PII that can safeguard their profession and themselves.

It was observed in the study reports of Veeresh et al [20] that 76.2% of subjects paid compensation to their patients for negligence during treatment which appears to be very high in comparison to the reports of Indian dental litigation landscape [24]. We have contacted the corresponding author of this article to re-verify this finding as it is very unlikely that more than two-thirds of surveyed dentists have paid compensation to their patients in India. Contrasting findings were reported in other studies [14,15].

Dental Indemnity Insurance in India is offered by few reputed insurance companies like The New India Assurance Company, Bajaj, Allianz Insurance, ICIC Lombard, and Insurance by Indian Dental Association etc. The yearly premium payable depends upon the amount of risk coverage of the dental professional. However, more than 80% of subjects were unaware of this fact as observed in the study reports of Bhanshali et al [15]. Professional colleagues from dental and medical fraternity were the main sources from where information regarding PII was gathered by study subjects [14,20].

Strength and weakness of the review

Multiple electronic databases were involved in conducting the present systematic review, with no restrictions regarding the year of publication. The reference lists of literature reviews were also searched for studies that could also be included and may have been missed in the initial search. However, technical reports, papers from research groups and preprints were not searched and it is possible that some relevant data may have been left behind if it existed. This may have contributed to some publication bias. Moreover, there was also under-reporting of some relevant information (descriptive data, questionnaire) related to knowledge and awareness regarding PII among dental professionals in four studies [17,18,19,21]. Therefore, only those aspects pertaining to knowledge and awareness were included and compared that were found in most of the selected studies. It was not possible to combine the data and conduct meta-analysis as there was marked variability in the questionnaire and outcomes in the included studies.

The quality of the selected studies was done using five items having four responses each and scoring for bias was done accordingly (low, medium and high). This demonstrates methodological variability in the selected studies. As design of all investigations was cross-sectional in nature, it offers a lower degree of scientific evidence when compared with case-control and cohort studies. Moreover, cross-sectional descriptive studies have their own inherent limitations in terms of methodological issues, generalizability and internal validity. However, limitations of the scales that are used in the quality assessment of studies should be given consideration. These scales utilize a summary or domains that impart scores to different items and it is difficult to justify the scores assigned.

Most of the studies used a close-ended questionnaire to obtain information regarding PII from study subjects. Such a type of questionnaire reduces recall bias and such questions are easy to analyse and may achieve rapid response from the subjects. The sample size in some of the studies was small, and there was no mention about the sample size calculation or justification of sample size in seven studies. However, it is very unlikely that this methodological issue would have affected the conclusions of the study.

Conclusion and Recommendations

The results of the present review showed that knowledge and awareness regarding PII among study subjects was sparse. As a result of this, very few subjects had enrolled in PII. Therefore, dental professionals need to update their knowledge and understanding of PII to protect themselves from any compensation claims made by their patients. In view of the above findings, it is recommended that the curriculum at the undergraduate and post graduate level should also place more emphasis on ethical and legal issues in dental practice apart from imparting technical skills and knowledge on them. Continuing Dental Education (CDE) programs and workshops on PII should be arranged on a frequent basis in the private sectors and at various institutional levels. More studies on PII are needed in other states and parts of the country to gather more data as studies included in the present review were conducted in only four states of the country.

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