

ORIGINAL ARTICLE

Assessment of Attitude and Knowledge of Law Students towards “Tele-evidence” Facility for Doctors

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Abstract:

A doctor's role not only includes patient care but also to provide evidence in the court as and when called upon to do so. Evidence giving in the court leads to an additional burden on the doctor with regards to the time and money spent on travelling, cancellation of the hearing after reaching the court, etc. An alternative for all these problems can be tele-evidence. This study aims to know the attitude and perception of final year undergraduate law students towards tele-evidence facilities for doctors. A cross sectional study was done using a questionnaire-based survey. The Likert scale questionnaire was used to assess the attitude, and the Cronbach alpha coefficient checked the Likert items' internal consistency. The analysis of the data was done using SPSS version 25. When summarised by median and mode for the individual Likert items, the results showed that the final year undergraduate law students have a positive outlook towards tele-evidence facilities for doctors but lack exposure to such advances. A study taking into account the opinion of practising lawyers and judges, especially those who have done court hearings using tele-evidence facilities for doctors, needs to be done.

Keywords: Doctors' roles; Burden on doctors; Tele-evidence; Court hearings.

Introduction:

Physicians' role includes patient care as well as going to courts of law to provide their testimony when called upon to do so according to the provisions of the Indian Evidence Act.¹ It leads to the absence of doctors from the hospitals, consumption of fuel for travelling, and loss of time. More than half of the doctors involved in a research have reported spending more than 1000 from their side for physical appearance in a court.² These expenses can lead to dissatisfaction among doctors.

The absence of a doctor from the hospital creates an undesirable effect on the doctor-patient ratio, especially if a substitute is not present, which is often observed in Primary health centres as well as Community Health Centres in India. The shortage of doctors that India is facing further compounds the problem.

“Tele-evidence” refers to using videoconferencing as a tool to produce evidence in front of the court. 130 doctors participated in a previous research conducted at a tertiary care hospital in India that has adopted “tele-evidence” as a pilot project.² Two thirds among them answered the summons by tele-evidence, and one third physically participated at court.² The disadvantages reported while attending the court were “time spent away from the hospital, cancellation/postponement of proceedings, absence of

presiding judge/advocate, and no reimbursement of expenditure”.² However, after introducing tele-evidence, “a 43% drop in monthly mileage of vehicles was observed, a 49% reduction in per month fuel cost, and 28% savings in terms of time consumed for court duties”.² Satisfaction scores were higher with tele-evidence as compared to physical appearance at court.²

In the courtroom, lawyers play a significant role as they are the ones who debate about the validity of evidence in front of the judge. Hence knowing their view about tele-evidence facilities for doctors is essential. This research aimed to find the view of final year undergraduate law students on tele-evidence facilities for doctors. Final year undergraduate law students were selected because they visit court as a part of their curriculum in India and are the upcoming lawyers and the nation's youth, empowered with digital knowledge.

Materials and methods:

After obtaining clearance from the institutional ethics committee, and permission to conduct the research from the principal of the Law College, a “cross-sectional study” was done using a questionnaire-based survey to assess law students' attitudes and knowledge towards tele-evidence facilities for doctors.

Inclusion criteria: 1. Final year undergraduate law students from the Law College.

In this paper, “final year undergraduate law students” will be referred to as “law students” for ease of reading. The sampling method used was simple random sampling. A well-structured questionnaire in English was given to the mentioned participants to conduct the survey and written informed consent was obtained

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Table 1. Median and mode of questions in “section II”.

	Question 1	Question 2	Question 3	Question 4	Question 5
Median	3.50	4.00	4.00	3.00	3.00
Mode	4	4	4	3	3

from each participant. Information obtained included Roll number, age, sex and answers to the questionnaire. The confidentiality of the participants is maintained.

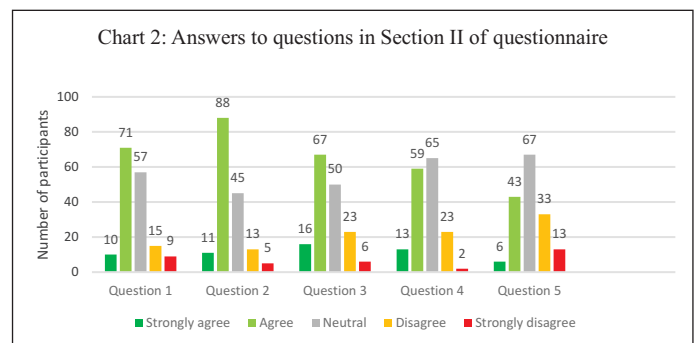
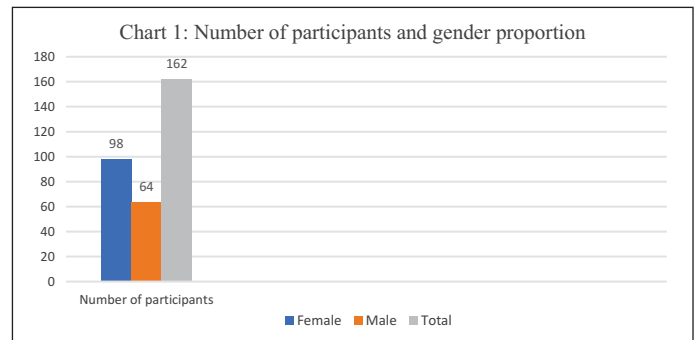
The questions in the survey were divided into two sections, the first section assessed the awareness of “tele-evidence” while the second section assessed the acceptance of “tele-evidence”. The questionnaire used a “Likert scale” of 5 points from “Strongly agree” to “Strongly disagree” to assess law students' attitude towards tele-evidence facilities for doctors in “Section II” of the questionnaire which had five questions. “Section I” of questionnaire had one question on awareness of tele-evidence with a binary answer of Yes or No. Analysis of the data was done using SPSS version 25. The responses were coded and imported into SPSS.

For the question about awareness of “tele-evidence” under Section I, the sample proportion was found for “Yes” and the population estimate's 95% confidence interval was calculated. For “Questions 1,2,3 and 5” under “Section II”, the following values were used: “1=Strongly disagree”, “2=Disagree”, “3=Neutral”, “4=Agree”, “5=Strongly agree”. For “Question 4” under “Section II”, the following values were used: “5=Strongly disagree”, “4=Disagree”, “3=Neutral”, “2=Agree”, “1=Strongly agree”. The reversal in scoring for Question 4 is because if it had not been done, a high score on Question 4 would suggest a negative attitude towards tele-evidence, while a high score on other questions in Section II suggests a positive attitude towards tele-evidence. The scoring was reversed to solve this discrepancy and make a high score on all questions in Section II imply a positive attitude.

It is recommended to use central tendency measures like median or mode for Likert data.³ However, later advances suggest that Likert items (which are the individual question) are to be treated as ordinal data, but the amalgamation of several such items can be done into a "survey scale," and then a total score or mean score can be calculated for the scale items.^{4,5} In this research, the above-stated practice has been used. The Likert items' internal consistency was checked by Cronbach alpha coefficient, which was found to be 0.710 using SPSS, which is acceptable as values over 0.7 are considered acceptable.⁶ The more any respondent scores on the Likert items, the more they will be accepting of tele-evidence. For each respondent a mean acceptance score was created from their responses to Likert items of Section II. This individual mean acceptance score was further averaged for the whole sample and a sample mean acceptance score was deduced and a 95% confidence interval of the population estimate was calculated. The lowest possible value for the acceptance score is 1 and the highest value is 5 with 1 being least acceptance and 5 being highest acceptance.

Results:

The gender proportion of the respondents is shown in chart 1. For “Question 1” in “Section I” of questionnaire, 100 people out



of 162 responded “Yes”. Hence the proportion of people in the sample having awareness of tele-evidence is 61.7%. The 95% confidence interval for the population estimate was found to be 53.8% to 69.2%.

The answers to the questions in Section II are summarized in the chart 2.

The table 1 shows the median and mode of all 5 Likert items in “Section II” of the questionnaire.

Mean acceptance score was calculated for each of 162 respondents, taking an average of individual responses to the questions in “Section II”. The sample mean acceptance score was calculated to be 3.18 out of 5. The 95% confidence interval for the population estimate was calculated to be 3.08 to 3.27.

Discussion:

Interventions like tele-evidence are not alien to the Indian court system as they had been previously used. In the Nirbhaya case, the statement of Dr Paul Chui was recorded through video conferencing in the court.⁷ Teaching hospitals in the states of Punjab and Haryana have adopted tele-evidence facility.⁷ Tele-evidence does not pose any confidentiality threat as according to section 327 CrPC (Criminal Procedure Code) of the Indian constitution, “all courts are to be open courts to which the public may have access”.⁷ However, in some instances where the court is not open to public, like Protection of Child from Sexual Offenses Act (POSCO) cases, the doctor can come to the court.⁷

The present study aims to understand attitude of law students towards “tele-evidence” facilities for doctors. The analysis of the results shows that 61.7% of the sample population were aware of tele-evidence. Further, looking at the 95% confidence interval of the population estimate, it is 53.8% to 69.2%. Interventions like educational workshops about tele-evidence facilities for doctors

can make law students and lawyers aware of tele-evidence. Interventions like this can help the law students and the lawyers understand the need for tele-evidence facility for doctors, how it can contribute to society as a whole by saving time of the doctors, reducing vehicular emission, reducing fuel cost, and improving doctor satisfaction as had been proved by previous research.²

Most of the respondents agreed that tele-evidence could be used to substitute physical appearance in the case of doctors and also that it helps save doctors' time and other resources thus leading to improved patient care. This indicates a positive attitude towards tele-evidence facilities for doctors. Majority of the respondents agreed to support a law allowing doctors to give evidence through video conferencing. This further indicates the respondents' positive attitude towards tele-evidence facilities for doctors.

Most of our respondents had a neutral opinion when inquired about their view on whether tele-evidence can negatively impact the testimony given by the doctor in court, and whether tele-evidence could be better than appearing physically in the court to produce evidence in case of a doctor. A neutral opinion regarding those two statements may be because of the lack of experience of the respondents regarding tele-evidence. As of now, tele-evidence is not practised anywhere in South India, leading to a lack of exposure of law students towards practices like these.

One limitation of this research is that it does not consider the opinion of practising lawyers and judges. Future research considering the understanding of practising lawyers and judges, especially those who have conducted court hearings using tele-evidence facilities for doctors, could further enhance our understanding of the acceptance of tele-evidence facilities for doctors in the courtroom.

Conclusion:

Overall, it can be stated that the law students agree that tele-evidence can substitute physical appearance in case of doctors. They understand that it can benefit the doctor and patient care. They also agree to support a law allowing doctors to give evidence via tele-evidence facilities. However, the lack of exposure to such advances is seen. The law students have a positive outlook towards tele-evidence facilities for doctors but at the same time are not aware of how it can affect the quality of testimony given by the doctor in the court due to lack of exposure. The sample mean acceptance score of 3.18 out of 5 (95% CI, 3.08-3.27) calculated for the sample also reflects the analysis of individual Likert items done above.

The decision to introduce tele-evidence facility for doctors lies solely on the shoulders of the honourable courts of India. Having such a facility can prove beneficial not only to India's already burdened health care system but also to the environment in terms

of less fuel consumption and emission.

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