



Research Article

Medico-Legal Knowledge Among Healthcare Professionals: A Cross Sectional Study

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Abstract

Medico-legal knowledge is essential for healthcare professionals to navigate the complexities of patient care while adhering to ethical and legal standards. This study evaluates the understanding and application of medico-legal principles among healthcare practitioners based on a survey of 97 participants. The findings highlight varying levels of familiarity and confidence with key legal frameworks such as the Mental Capacity Act (MCA), Mental Health Act (MHA), and Deprivation of Liberty Safeguards (DOLS).

Our results reveal that while over half of the respondents demonstrated awareness of these frameworks, significant gaps persist, particularly regarding the transition from the Bolam to the Montgomery principle and the practical application of DOLS in Accident & Emergency (A&E) settings. Moreover, confidence levels in medico-legal practice varied, with a substantial proportion of respondents indicating discomfort. These findings emphasize the urgent need for targeted training programs tailored to bridge knowledge gaps and foster practical understanding. Enhanced education in medico-legal principles can improve compliance, patient outcomes, and the overall quality of healthcare services.

Keywords: Medico-legal knowledge, junior doctors, East Midlands, Mental Capacity Act, Montgomery ruling, training programs.

Introduction

Medico-legal knowledge equips healthcare professionals with the tools to address ethical dilemmas and legal obligations in patient care. Frameworks such as the MCA, MHA, and DOLS are pivotal in ensuring that the rights and safety of patients are upheld. However, navigating these frameworks often proves challenging due to their complexity and the varying levels of familiarity among healthcare providers.

The need for robust medico-legal knowledge has grown alongside advancements in medical technology and evolving societal expectations. For instance, the transition from the Bolam principle to the Montgomery principle underscores the shift towards prioritizing patient autonomy and informed consent in medical decision-making. These changes necessitate that healthcare professionals stay updated on legal precedents and their implications in practice [1].

This study aims to assess the level of medico-legal understanding among healthcare workers and identify areas requiring educational reinforcement. By evaluating the responses of 97 healthcare professionals to a structured survey, this research sheds light on critical knowledge gaps and the implications for patient care and legal compliance. Additionally, it proposes strategies to address these gaps through targeted training and educational initiatives [2].

Methodology

A structured survey was conducted with 97 participants from diverse healthcare backgrounds, including doctors, nurses, and allied health professionals. The questionnaire was designed to evaluate three primary aspects:

- 1. Knowledge:** Familiarity with key medico-legal frameworks such as the MCA, MHA, and DOLS.
- 2. Practical Application:** Ability to apply legal principles in hypothetical scenarios.
- 3. Confidence:** Self-reported comfort levels in handling medico-legal issues.

The survey consisted of 12 questions. Topics included capacity assessment, legal frameworks for restraint, the role of Lasting Power of Attorney (LPA), and emergency medical interventions. Participants' responses were anonymized and analyzed using descriptive statistics to identify trends, gaps, and correlations.

Demographic data, including professional role, years of experience, and primary workplace setting (e.g., hospital, community care), were collected to explore potential influences on medico-legal knowledge. Ethical approval was obtained prior to data collection, ensuring adherence to research standards.

Result

Awareness of MCA and MHA

Approximately 54.64% of respondents reported awareness of the distinction between the MCA and MHA, while 45.36% lacked clarity. This finding suggests moderate familiarity with these foundational frameworks but highlights a significant proportion of healthcare professionals who may struggle to apply them appropriately in practice.

DOLS Applicability in A&E

Knowledge regarding DOLS applicability in Accident & Emergency (A&E) settings was split, with 51.55% affirming applicability and 48.45% expressing uncertainty. This division underscores the need for clearer guidance and training on DOLS in acute care contexts.

Use of DOLS in Practice

A slight majority (51.55%) indicated prior use of DOLS, suggesting moderate engagement with this legal safeguard. However, the near-equal split in responses points to inconsistent application across healthcare settings.

Legal Basis for Restraint

In a scenario involving a 26-year-old patient with encephalitis and impaired capacity, 81.44% correctly identified the MCA as the appropriate legal framework for restraint. This result reflects strong understanding in specific contexts but may not extend to more complex scenarios.

Capacity and Restraint

An overwhelming majority (93.81%) acknowledged that individuals lacking mental disorders but also lacking capacity could be restrained under legal provisions. This indicates broad awareness of capacity-related legal considerations.

Disputes Involving Lasting Power of Attorney (LPA)

When addressing LPA objections in medical procedures, 71.13%

of respondents correctly opted to involve the court as the resolution pathway. This demonstrates a reasonable understanding of LPA-related legal processes but leaves room for improvement.

Distinction Between LPA and IMCA

The difference between an LPA and an Independent Mental Capacity Advocate (IMCA) was correctly identified by 63.54% of participants. This finding highlights a moderate level of knowledge but also indicates potential confusion in distinguishing between these roles.

The Montgomery and Bolam Principles

Only 41.49% of respondents were aware of the transition from the Bolam principle to the Montgomery principle, highlighting a significant knowledge gap. This shift, which emphasizes informed consent and patient autonomy, represents a critical area for educational focus.

Managing Threatening Behavior

When managing a 20-year-old alcoholic threatening staff, 75.26% identified common law as the relevant legal framework. This suggests strong familiarity with managing immediate risks under common law provisions.

Validation of LPA Claims

A substantial majority (92.71%) recognized the Office of the Public Guardian as the authority to validate LPA claims. This demonstrates a high level of awareness regarding procedural aspects of LPA validation.

Emergency Medical Interventions

For emergency blood transfusions involving patients lacking capacity, 78.35% agreed that LPA or IMCA involvement is permissible. This indicates solid understanding of the interplay between medical necessity and legal consultation.

Training in Medico-Legal Topics

Approximately 53.61% of respondents reported receiving training on medico-legal issues, leaving a considerable proportion without formal instruction. This highlights the need for widespread and standardized training initiatives.

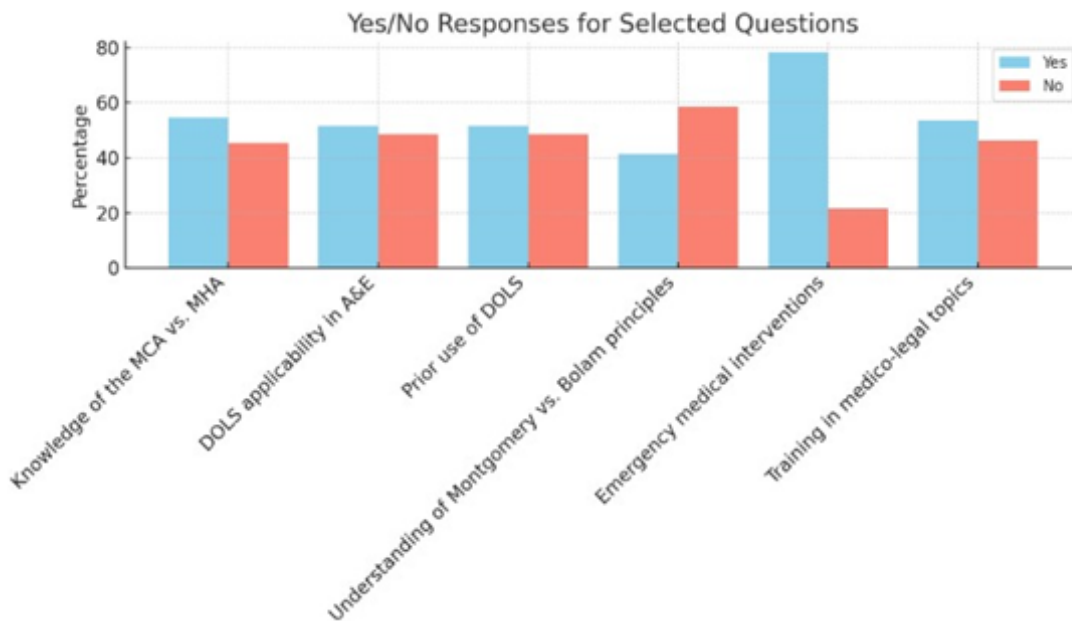
Confidence in Medico-Legal Practice

Most respondents (68.04%) described themselves as "comfortable" in dealing with medico-legal issues, while only 2.06% reported being "very comfortable." This reflects an overall moderate confidence level but underscores the necessity for further training to enhance comfort and competence.

Table 1: Survey Results Summary

The table below summarizes key survey questions and the distribution of responses.

Question	Response Options	Percentage of Responses
Knowledge of the MCA vs. MHA	Yes: 54.64%, No: 45.36%	Majority answered "Yes."
DOLS applicability in A&E	Yes: 51.55%, No: 48.45%	Split awareness.
Prior use of DOLS	Yes: 51.55%, No: 48.45%	Slight majority "Yes."
Appropriate act for restraint (26-year-old with encephalitis)	MCA: 81.44%, MHA: 14.43%, Common Law: 4.12%	MCA was majority choice.
Restraining individuals lacking capacity without mental disorder	Yes: 93.81%, No: 6.19%	Strong majority "Yes."
Action in case of LPA objection	Restraint: 3.09%, DOLS: 11.34%, Do nothing: 14.43%, Court: 71.13%	Court chosen by majority.
Distinction between LPA and IMCA	Correct: 63.54%, Incorrect: 36.46%	Majority were correct.
Understanding of Montgomery vs. Bolam principles	Yes: 41.49%, No: 58.51%	Majority unclear.
Managing threatening behavior (20-year-old alcoholic)	Common Law: 75.26%, MHA: 17.53%, MCA: 7.22%	Common Law preferred.
Validation of LPA claims	Office of Public Guardian: 92.71%, Others: 7.29%	Strong consensus.
Emergency medical interventions	Yes: 78.35%, No: 21.65%	Majority answered "Yes."
Training in medico-legal topics	Yes: 53.61%, No: 46.39%	Split responses.
Comfort with medico-legal issues	Comfortable/Very Comfortable: 70.10%, Uncomfortable: 29.90%	Comfort dominates.



Discussion

The findings reveal significant variability in medico-legal knowledge among healthcare professionals. Notable gaps were observed in the understanding of the Montgomery principle and the application of DOLS in A&E settings [1]. These deficits can have serious implications for patient care and legal compliance, potentially exposing both practitioners and institutions to ethical dilemmas and legal risks [2].

Barriers to effective medico-legal training include limited time, resource constraints, and the complexity of legal frameworks. Addressing these challenges requires innovative approaches, such as:

- 1. Simulation-Based Training:** Practical simulations that replicate real-world scenarios can enhance understanding and application of medico-legal principles.
- 2. Interactive Workshops:** Engaging sessions focused on specific legal frameworks, such as the MCA and MHA, can provide targeted knowledge.
- 3. E-Learning Modules:** Online courses offer flexible and accessible options for continuous learning.
- 4. Mentorship Programs:** Pairing less experienced practitioners with medico-legal experts can foster knowledge transfer and confidence.

Comparisons with existing literature suggest that similar knowledge gaps are prevalent in other regions and healthcare systems. For instance, studies in the United States and Europe have identified challenges in understanding patient rights and informed consent,

underscoring the global relevance of these findings.

Limitations

This study has several limitations. The sample size was small and limited to junior doctors in one region, which may affect the generalizability of the findings. Additionally, the use of self-reported data introduces the possibility of response bias. Future research should include a larger, multi-center study to validate these findings and explore interventions to improve medico-legal knowledge.

Conclusion

This study highlights critical areas for improvement in the medico-legal knowledge of healthcare professionals. Educational initiatives tailored to address identified gaps, particularly in DOLS, the Montgomery principle, and LPA procedures, will strengthen legal compliance and patient care standards.

Future research should explore the effectiveness of training interventions and their impact on practice. Longitudinal studies tracking changes in knowledge, confidence, and application over time can provide valuable insights into the long-term benefits of targeted medico-legal education.

References

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