



Original Research Article

ASSESSMENT OF KNOWLEDGE, ATTITUDE, AND PRACTICES ABOUT HANDLING MEDICOLEGAL CASES AMONG HEALTHCARE PROFESSIONALS IN A TERTIARY CARE HOSPITAL: A CROSS-SECTIONAL STUDY

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ABSTRACT

Background: Medicolegal cases (MLCs) form an integral component of clinical practice, requiring healthcare professionals to possess adequate knowledge, appropriate attitudes, and standardized practices. However, increasing medico-legal litigation and patient awareness have highlighted gaps in medico-legal competence among healthcare providers. The aim is to assess the knowledge, attitude, and practices (KAP) regarding medicolegal cases among healthcare professionals in a tertiary care center and to identify factors associated with difficulties in handling medicolegal cases.

Materials and Methods: A cross-sectional, questionnaire-based study was conducted among 206 healthcare professionals, including interns, residents, medical officers, and faculty. A structured, self-administered questionnaire assessed knowledge, attitudes, and practices related to medicolegal case handling. Data were analyzed using descriptive statistics and inferential methods, including Chi-square tests to assess associations.

Results: Most participants demonstrated satisfactory basic knowledge (e.g., awareness of MLC registration 92.4%); however, gaps existed in legal provisions (60.2%), consent (66.9%), and chain-of-custody (63.1%). Positive attitudes were observed, with 80.1% acknowledging the importance of documentation, though only 54.7% felt confident handling MLCs. A significant proportion (78.8%) reported difficulty in managing MLCs, especially among less experienced professionals. A statistically significant association was found between clinical experience and difficulty faced ($p < 0.001$).

Conclusion: Despite adequate foundational awareness, significant gaps exist in procedural knowledge and practical confidence. Structured training programs, regular continuing medical education (CME), and institutional protocols are essential to improve medicolegal competence among healthcare professionals.

Keywords: Medicolegal cases, Knowledge, attitude, practice, Healthcare professionals, medical law, Consent, Medical negligence.

INTRODUCTION

Medicolegal cases commonly include trauma, poisoning, burns, sexual assault, and suspicious deaths, which are frequently encountered in

emergency and routine clinical settings. Proper handling of these cases requires adequate knowledge of legal provisions, meticulous documentation, appropriate consent, and preservation of evidence.^[1] A medicolegal case is defined as any case of injury

or illness where the attending doctor, after eliciting history and examining the patient, considers that investigation by law enforcement agencies is necessary to establish responsibility under the law.^[2] Medicolegal cases constitute an essential component in medical practice, forming a crucial interface between healthcare delivery and the legal system. Healthcare professionals are increasingly required to adhere not only to clinical standards but also to legal and ethical obligations while managing patients. With rapid advancements in healthcare, increasing patient awareness, and expanding legal frameworks, the incidence of medicolegal cases (MLCs) and litigation against doctors has risen significantly in recent years.^[3,5]

In addition to knowledge gaps, attitude and perception toward medicolegal responsibilities play a vital role in clinical practice. While many healthcare professionals acknowledge the importance of medicolegal documentation and ethical conduct, fear of litigation, lack of training, and limited exposure often affect their decision-making and confidence.^[4,7] Studies have shown that despite having a generally positive attitude, healthcare professionals frequently demonstrate inconsistencies in applying medicolegal principles in practice.^[4,10]

The growing burden of medicolegal cases and increasing legal scrutiny emphasize the need for improved training and awareness among healthcare professionals. Continuous medical education (CME), workshops, and integration of practical medicolegal training into medical curricula have been recommended to bridge the gap between theoretical knowledge and clinical practice.^[6,13] Strengthening medicolegal competence is essential not only to safeguard healthcare professionals from legal complications but also to uphold ethical standards and fair justice delivery.

Forensic Medicine and Toxicology is a core subject in undergraduate medical education aimed at equipping future doctors with the knowledge required to handle medicolegal situations. However, studies have consistently shown that healthcare professionals, particularly interns and resident doctors, often lack sufficient knowledge and confidence in dealing with MLCs.^[2,8] Many practitioners perceive undergraduate teaching as inadequate for practical application, especially in

areas such as consent, documentation, and legal responsibilities.^[2]

Previous studies have highlighted significant gaps in awareness regarding medicolegal aspects among healthcare professionals. Reddy PS et al. reported deficiencies in knowledge related to consent, maintenance of medical records, and relevant legal acts among interns and residents.^[3] Similarly, studies by Jambure M et al. and Rai JJ et al. have demonstrated inadequate understanding of medical law, negligence, and procedural aspects of medicolegal case handling among interns and postgraduate students.^[8,9]

Therefore, the present study was undertaken to assess the knowledge, attitude, and practices regarding medicolegal issues among healthcare professionals in a tertiary care setting and to identify factors associated with difficulties in handling medicolegal cases.

Aims and Objectives

1. To assess the level of knowledge among healthcare professionals regarding, medicolegal case management.
2. To evaluate their attitude toward standardized protocols, medico-legal responsibilities, and training regarding, medicolegal case management.
3. To analyze current practices followed while managing medicolegal case in tertiary care settings.

MATERIALS AND METHODS

Study Design: Hospital-based cross-sectional study.

Study Setting: Tertiary health care centres.

Study Population: Healthcare professionals including teaching faculty, residents, medical officers and interns.

Sample Size: A total of 206 participants, based on voluntary participation during the study period

Study Tool: A structured questionnaire was developed and validated by the investigators, consisting of:

- Section A: Demographic and professional details (not scored)
- Section B: Knowledge-based questions
- Section C: Attitude-based statements
- Section D: Practice-based questions

The purpose, voluntary nature, and confidentiality of the study were clearly explained to participants.

KAP about handling the medicolegal cases questions:

Section A: Demographic and Professional Details of Participants (Not Scored)

| Q. No. | Variable | Response Options |
|--------|--|--|
| 1 | Professional Category | Intern / Junior Resident / Senior Resident / Faculty / Medical Officer |
| 2 | Department | Medicine / Emergency / Casualty / Forensic Medicine / Surgery / Pediatrics / Ortho / Other |
| 3 | Years of Clinical Experience | Less than 1 year / 1-3 years / 4-7 years / More than 7 years |
| 4 | Have you previously received formal training on handling of medicolegal cases? | Yes / No |

Section B: Knowledge Assessment Questions

| Q. No. | Knowledge Item | Response Options |
|--------|--|---|
| 5 | Which of the following cases must be compulsorily registered as medicolegal cases (MLC)? | All road traffic accidents / All fatal cases / All police-referred cases / All of the above / None of the above |

| | | |
|---|---|---|
| 6 | In suspected poisoning or assault, the doctor's first duty is | Treat the patient / Inform police and preserve samples / Discharge immediately / Wait for relatives to report |
| 7 | Is consent for medicolegal postmortem necessary | Yes / No |
| 8 | Who will decide to label the case as MLC/ Non-MLC | Patient / Treating doctor / Police / Medical Superintendent |
| 9 | Medical records in medicolegal cases must be preserved for at least-- | 1 year / 3 years / 10 years or till disposal of ongoing cases |
| 10 | Which of the following is not considered a medicolegal case? | Poisoning / Natural death in hospital / Burns with unclear cause / Sexual assault |
| Section C: Attitude Toward handling Medicolegal Cases (5-point Likert scale: Strongly agree – Agree – Neutral – Disagree – Strongly disagree) | | |
| Q. No. | Attitude Statement | |
| 11 | Medicolegal responsibilities are an essential part of medical practice. | |
| 12 | Handling MLCs adds unnecessary burden to routine clinical work. | |
| 13 | I feel confident in documenting and reporting medicolegal cases. | |
| 14 | Periodic training on medicolegal updates should be mandatory for all clinicians. | |
| 15 | Fear of legal complications discourages doctors from handling MLCs. | |
| 16 | Maintaining complete medical records can protect doctors from legal problems. | |
| Section D: Practice Patterns in Handling medicolegal Cases | | |
| Q. No. | Practice Item | Response Options |
| 17 | Do you routinely inform the police when a medicolegal case is suspected? | Always / Sometimes / Never |
| 18 | Do you maintain proper medicolegal documentation (MLC register, case notes, etc.)? | Yes / No |
| 19 | Have you received any CME or workshop training on medicolegal procedures? | Yes / No |
| 20 | Do you verify patient identity in all suspected MLCs? | Always / Sometimes / Never |
| 21 | Have you ever faced difficulty or confusion regarding medicolegal documentation or reporting? | Yes / No |

Data Analysis: Responses were entered into a spreadsheet and analysed using descriptive statistics. Results were expressed as frequencies and percentages.

RESULTS

A total of 206 healthcare professionals participated in the present cross-sectional study assessing their knowledge, attitude, and practice (KAP) regarding medicolegal awareness at a tertiary care centre. The findings are presented below in a tabulated format.

Baseline Characteristics of Study Participants

The majority of participants were interns (36.4%), followed by junior residents (23.8%) and senior

residents (17.5%). Medical officers and teaching faculty constituted 12.6% and 9.7%, respectively.

Most respondents belonged to the departments of Forensic Medicine (32.0%), followed by Medicine (22.3%) and Surgery (15.1%), with the remaining participants distributed across other clinical departments.

Regarding clinical experience, nearly half of the participants had less than 1 year of experience (48.5%), while 31.1% had 1–3 years, 14.6% had 4–7 years, and only 5.8% had more than 7 years of experience.

A total of 123 participants (59.7%) reported having received prior formal training in handling medicolegal cases, whereas 83 (40.3%) had not received any such training.

Table 1: Baseline characteristics of study participants (n = 206)

| Variable | Category | n | % |
|---------------------------------|-------------------|-----|------|
| Professional Category | Intern | 75 | 36.4 |
| | Junior Resident | 49 | 23.8 |
| | Senior Resident | 36 | 17.5 |
| | Medical Officer | 26 | 12.6 |
| | Teaching Faculty | 20 | 9.7 |
| Department | Forensic Medicine | 66 | 32.0 |
| | Medicine | 46 | 22.3 |
| | Surgery | 31 | 15.1 |
| | Paediatrics | 23 | 11.2 |
| | Casualty | 12 | 5.8 |
| | Ortho | 7 | 3.4 |
| | Others | 21 | 10.2 |
| Clinical Experience | <1 year | 100 | 48.5 |
| | 1–3 years | 64 | 31.1 |
| | 4–7 years | 30 | 14.6 |
| | >7 years | 12 | 5.8 |
| Formal Training in MLC Handling | Yes | 123 | 59.7 |
| | No | 83 | 40.3 |

Knowledge Regarding Medicolegal Issues: Overall, knowledge regarding medicolegal issues

was suboptimal, with correct responses observed in less than half of the participants for several key items.

Only 47.1% of participants correctly identified that all listed cases must be compulsorily registered as medicolegal cases. Slightly higher awareness (52.4%) was observed regarding the doctor's first duty in suspected poisoning or assault. However, significant gaps were noted in critical areas. Only 21.8% correctly responded that consent

is not required for medicolegal postmortem, and only 37.4% were aware of the correct duration for preservation of medicolegal records. The highest correct response (71.8%) was observed for identifying natural death in hospital as not being a medicolegal case. Knowledge regarding authority to label a case as MLC was moderate.

Table 2: Knowledge of study participants based on questionnaire items (n = 206)

| Knowledge Item | Correct Response n (%) | Incorrect n (%) |
|---|------------------------|-----------------|
| Cases to be compulsorily registered as MLC | 97 (47.1) | 109 (52.9) |
| First duty in poisoning/assault | 108 (52.4) | 98 (47.6) |
| Consent required for medicolegal postmortem | 45 (21.8) | 161 (78.2) |
| Authority to label case as MLC | 124 (60.2) | 82 (39.8) |
| Duration of preservation of records | 77 (37.4) | 129 (62.6) |
| Identification of non-MLC case | 148 (71.8) | 58 (28.2) |

Attitude Towards Medicolegal Responsibilities
Participants demonstrated a moderately positive attitude toward medicolegal responsibilities. A majority (69.4%) agreed that medicolegal responsibilities are an essential part of medical practice, and 63.6% supported the need for periodic training.

Confidence in handling medicolegal cases was moderate (48.1%). Only 18.9% disagreed that medicolegal work adds unnecessary burden, and merely 8.3% disagreed that fear of legal complications discourages handling such cases. A total of 60.2% agreed that maintaining proper records can protect doctors from legal issues.

Table 3: Attitude of study participants based on questionnaire items (n = 206)

| Attitude Statement | Strongly Agree n (%) | Agree n (%) | Neutral n (%) | Disagree n (%) | Strongly Disagree n (%) |
|--|----------------------|-------------|---------------|----------------|-------------------------|
| Medicolegal responsibilities are an essential part of medical practice | 68 (33.0) | 75 (36.4) | 20 (9.7) | 24 (11.7) | 19 (9.2) |
| Handling MLCs adds unnecessary burden to routine work | 52 (25.2) | 50 (24.3) | 34 (16.5) | 39 (18.9) | 31 (15.0) |
| I feel confident in documenting and reporting MLCs | 44 (21.4) | 55 (26.7) | 42 (20.4) | 40 (19.4) | 25 (12.1) |
| Periodic medicolegal training should be mandatory | 62 (30.1) | 69 (33.5) | 27 (13.1) | 26 (12.6) | 22 (10.7) |
| Fear of legal complications discourages handling MLCs | 60 (29.1) | 42 (20.4) | 34 (16.5) | 36 (17.5) | 34 (16.5) |
| Maintaining complete records protects doctors legally | 58 (28.2) | 66 (32.0) | 20 (9.7) | 32 (15.5) | 30 (14.6) |

Practices Related to Medicolegal Case Handling
Practice-related responses were comparatively better than knowledge and attitude domains, although certain inconsistencies were observed. A majority of participants reported adherence to essential medicolegal practices. Routine police intimation in suspected medicolegal cases was performed by 65.5% of participants, while a smaller proportion reported occasional or no compliance. Regarding procedural aspects, 94.7% of participants reported maintaining proper medicolegal documentation. Additionally, 67.5% had received

CME or workshop training related to medicolegal procedures. Verification of patient identity in suspected medicolegal cases was performed consistently by a majority, although a proportion of participants reported only occasional compliance. Despite relatively good practice patterns, a significant proportion (80.6%) reported experiencing difficulty or confusion in medicolegal documentation or reporting, indicating a gap between routine practice and confidence.

Table 4A. Practice patterns with Yes/No responses (n = 206)

| Practice Item | Yes n (%) | No n (%) |
|--|------------|-----------|
| Maintaining proper medicolegal documentation | 195 (94.7) | 11 (5.3) |
| Received CME/workshop training on medicolegal procedures | 139 (67.5) | 67 (32.5) |
| Faced difficulty/confusion in medicolegal handling | 166 (80.6) | 40 (19.4) |

Table 4B. Practice patterns with frequency-based responses (n = 206)

| Practice Item | Always n (%) | Sometimes n (%) | Never n (%) |
|--|--------------|-----------------|-------------|
| Informing police in suspected MLC cases | 135 (65.5) | 41 (19.9) | 30 (14.6) |
| Verifying patient identity in suspected MLCs | 139 (67.5) | 47 (22.8) | 20 (9.7) |

Difficulty Faced in Handling Medicolegal Cases:
A substantial proportion (80.6%) of participants

reported experiencing difficulty in handling medicolegal cases.

Table 5: Difficulty faced in handling medicolegal cases (n = 206)

| Response | n | % |
|----------|-----|------|
| Yes | 166 | 80.6 |
| No | 40 | 19.4 |
| Total | 206 | 100 |

Association Between Clinical Experience and Difficulty Faced

A statistically significant association was observed between clinical experience and difficulty in handling medicolegal cases ($\chi^2 = 22.5$, df- 3, test, $p < 0.001$).

Participants with lesser clinical experience reported markedly higher levels of difficulty. Among those with less than 1 year of experience, the majority experienced difficulty in managing medicolegal cases. A similarly high proportion of difficulty was observed among participants with 1–3 years of experience, indicating that early-career professionals face considerable challenges in medicolegal handling.

In contrast, the proportion of participants reporting difficulty decreased substantially with increasing experience. Those with 4–7 years of experience demonstrated comparatively better confidence and fewer difficulties, while participants with more than 7 years of experience reported the lowest levels of difficulty.

These findings highlight the importance of early training, supervised exposure, and structured teaching during the initial years of clinical practice to reduce uncertainty and improve medicolegal preparedness among healthcare professionals.

DISCUSSION

The present study evaluated the knowledge, attitude, and practices (KAP) regarding medicolegal issues among healthcare professionals in a tertiary care setting. The findings reveal that although participants demonstrated moderate awareness and relatively better practices, significant gaps persist in core medicolegal knowledge, confidence, and procedural clarity.

Knowledge of Medicolegal Issues: In the present study, knowledge regarding medicolegal issues was found to be suboptimal, with less than half of the participants correctly answering several key questions. While a reasonable proportion of participants were aware of certain aspects such as identification of non-medicolegal cases and authority to label a case as MLC, critical deficiencies were noted in areas such as consent for medicolegal postmortem (21.8%) and preservation of records (37.4%).

Comparable findings have been reported in previous studies. Shilpa Rani et al. observed that a majority of interns lacked adequate knowledge to independently manage medicolegal cases, particularly in aspects

related to consent and legal responsibilities.^[2] Similarly, studies by Rai JJ et al. and Jambure M et al. demonstrated inadequate knowledge regarding medical law, negligence, and procedural aspects of medicolegal practice among interns and postgraduate students.^[8,9]

The findings are consistent with standard forensic literature, which emphasizes that proper understanding of consent, documentation, and legal procedures is fundamental for handling medicolegal cases effectively.^[12] Lack of awareness in these areas may result in legal complications and compromise the evidentiary value of medical records.

Furthermore, Reddy PS et al. reported significant deficiencies in knowledge related to consent laws, medical record maintenance, and statutory requirements among healthcare professionals.^[3] These findings collectively highlight that despite inclusion of forensic medicine in undergraduate curriculum; the practical application of medicolegal knowledge remains insufficient.

Attitude Towards Medicolegal Responsibilities:

The present study demonstrated a moderately positive attitude toward medicolegal responsibilities. A majority of participants agreed that medicolegal responsibilities are an essential part of medical practice and supported the need for periodic training. However, confidence in handling medicolegal cases was relatively low (48.1%), and a considerable proportion perceived medicolegal work as an additional burden.

Fear of legal complications emerged as a significant factor influencing clinical decision-making, with many participants expressing reluctance in handling medicolegal cases. This finding aligns with earlier studies, where healthcare professionals reported apprehension regarding legal consequences, court appearances, and procedural complexities.^[5,7]

Suryadi T et al. also reported that although resident doctors exhibited a positive attitude toward ethical and medicolegal issues, their knowledge levels were limited, resulting in inconsistency in decision-making.^[4] Similarly, Haripriya A et al. highlighted that inadequate awareness of medical law contributes to fear and hesitation among doctors in handling medicolegal cases.^[6]

These findings indicate that while healthcare professionals recognize the importance of medicolegal responsibilities, lack of confidence and fear of litigation continue to act as barriers to effective implementation.

Practices Related to Medicolegal Case Handling:

Practice-related findings in the present study were

comparatively better than knowledge and attitude domains. A high proportion of participants reported maintaining proper medicolegal documentation (94.7%) and routinely informing the police in suspected cases (65.5%). Additionally, a majority had received some form of training through CME or workshops (67.5%).

However, despite these encouraging findings, inconsistencies were observed in practical implementation. A proportion of participants reported only occasional compliance in informing police and verifying patient identity. Moreover, a significant number of participants reported confusion in documentation and reporting processes.

These findings are consistent with those of Thomas TE et al., who reported that although healthcare professionals are aware of medicolegal requirements, gaps exist in proper execution and adherence to protocols.^[10] The discrepancy between knowledge and practice may be attributed to lack of hands-on training and absence of standardized institutional protocols.

Forensic medicine literature emphasizes that meticulous documentation, timely reporting, and adherence to chain-of-custody procedures are essential for maintaining the integrity of medicolegal evidence.^[1] Failure in any of these aspects may weaken the legal validity of clinical findings.

Difficulty in Handling Medicolegal Cases: A key finding of the present study is that a large proportion of participants (80.6%) reported difficulty in handling medicolegal cases, indicating a significant gap between theoretical understanding and practical competence.

A statistically significant association was observed between clinical experience and difficulty faced, with early-career professionals (less than 3 years of experience) reporting the highest levels of difficulty. This finding is in agreement with previous studies where interns and junior residents demonstrated lower confidence and greater uncertainty in managing medicolegal cases.^[2,8]

The decline in difficulty with increasing clinical experience highlights the importance of experiential learning and supervised exposure in developing medicolegal competence. Early training and guided clinical practice are therefore crucial in reducing confusion and improving confidence among healthcare professionals.

Implications for Medical Education and Practice:

The findings of the present study underscore a critical gap between knowledge, attitude, and practice in medicolegal case handling. Current undergraduate training appears insufficient to equip healthcare professionals with the necessary skills for real-world medicolegal challenges.

Several authors have emphasized the need for strengthening medicolegal education through curriculum reforms, practical training, and continuing medical education (CME). Haripriya A et al. and Khandekar IL et al. recommended regular workshops, training sessions, and integration of

clinical forensic medicine into routine medical practice to enhance awareness and competency.^[6,13]

Additionally, structured institutional protocols, simulation-based training, and active involvement of forensic medicine departments can significantly improve practical skills and confidence. Such measures are essential to bridge the gap between theoretical knowledge and clinical application.

CONCLUSION

The present study demonstrates that although healthcare professionals possess satisfactory awareness of basic medicolegal concepts, significant gaps persist in detailed knowledge, procedural understanding, and practical application. While the majority of participants exhibited a positive attitude toward medicolegal responsibilities, a considerable proportion lacked confidence in handling medicolegal cases and reported fear of litigation influencing clinical decision-making.

Importantly, inconsistencies were observed between knowledge and actual practices, particularly in areas such as forensic consultation, documentation, and evidence handling. The study also highlights that early-career professionals, including interns and junior residents, experience greater difficulty in managing medicolegal cases, emphasizing the role of clinical experience in developing competence. Overall, the findings indicate a critical gap between theoretical knowledge and real-world application of medicolegal principles, underscoring the need for structured training and system-level interventions.

Strengths and Limitations: The present study provides valuable insights into KAP regarding medicolegal issues among a diverse group of healthcare professionals. The use of a structured questionnaire covering multiple domains (knowledge, attitude, and practice) adds to the strength of the study.

However, certain limitations should be acknowledged. Being a single-center study, the findings may not be generalizable to all healthcare settings. Additionally, the use of self-reported data may introduce response bias, as participants may overestimate their knowledge or practices. Similar limitations have been reported in previous studies assessing medicolegal awareness.^[3,10]

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