Safe Nursing Practice includes an understanding of the legal boundaries in which nurses must function. An understanding of the implication of the law supports critical thinking on the Nurses part. Laws are changing constantly to reflect changes in society, changes in the delivery of health care and advancement in medical technology.

The role of the Nurses and the ethical dilemmas associated with client care have increased and often becomes legal issues. The community is now better aware than in the past about their rights in health care. The Consumer Protection Act (CPA) was passed by the Government of India in 1986 to protect the interests of the consumer. Consumer means any person who buys any goods against consideration is a consumer. Similarly any person who hires services against consideration is also a consumer. In health care delivery, patient is a consumer. Government institutions do not come under the purview of CPA because the consumers pay only nominal amount of registration charges, so cannot fall within the ambit “Consumer”.

Organisation of Consumer Protection Council
This is a central protection council and consists of the following members:
1. The minister in charge of the consumer affairs in the central government who shall be its chairman.
2. Officials and non-official members representing such interests as may be prescribed.

The Central government is legal authority in three ways: (a) Through the Government Service Conduct Rules, (b) through the Indian Nursing Council Act, and (c) through British laws which continue to remain in effect even after independence.

The Central Council meets once a year.

Objectives of the Council
1. The right to be protected against the marketing of goods and services, which are hazardous to life and property.
2. The right to be informed about the quality, quantity, potency, purity, standard and price of goods (or consumer against, as the case may be) so as to protect the consumer against unfair trade practices.
3. The right to be assured, wherever possible, access to a variety of goods (and services) at competitive prices.
4. The right to be heard and to be assured that consumer’s interests will receive due consideration at appropriate fora.
5. The right to seek redress against unfair trade practices (for restrictive trade practices) or unscrupulous exploitation of consumers.

Negligence
Negligence is the conduct that falls below the standard of care. The standard of care is established by the law for the protection of consumers against and unreasonable practices which create risk or harm. Professionals such as Nurses, doctors having special skills and knowledge. Nursing Practice act describe and define the legal boundaries of nursing practice within each state. The responsibilities of the Indian Nursing Council, State Council and University to regulate the standard of the Nursing.

Common Sources of Negligence
Nurses should be aware of the common negligent acts that have resulted in lawsuits against hospital and nurses.

The commonly occurring examples are outlined below:
1. Medication errors that result in injury to client.
2. Intravenous therapy errors resulting is infiltra-
3. Burn to clients caused by equipment, bathing, or spill of hot liquids and food.
4. Falls resulting in injury to client.

The authors are Principal, Reader and Lecturer respectively, at Mohan D
Oswal Cancer Treatment & Research Foundation, Ludhiana.
5. Failure to use aseptic technique where required.
6. Errors in sponge, instruments, or needle count in surgical cases.
7. Failure to give a report, or giving an incomplete report, to an oncoming shift.
8. Failure to adequately monitor a client's condition.
9. Failure to notify a physician of a significant change in a client's status.

With advancement in nursing profession, nurses are in a position to take independent decision, this increases their responsibility and commitment. In previous years, the consumers were hardly moving court cases against nurses, but now, due to commercialisation of the nursing profession, there has been mushrooming of nursing schools / colleges. The product coming out is far below the standards. Graduates from these institutions are not up to the mark; nurses from these institutions have not developed the right attitude towards their profession. Carelessness or negligence on the part of nurses is not uncommon. This is very unfortunate as professional nurses used to have more responsibility and commitment. The time is not far when cases of negligence or carelessness will be filed against nurses and heavy damages could be awarded against the nurse.

Nurses have to abide by the laws related to: informed consent for operation / invasive procedure; correct identity; medication and drugs; medico legal records; records of observation documentation should be accurate, complete, do not cross the line if some error has occurred; care of valuables and money; death and dying; birth & death certificate; resuscitation; organ donation; autopsy; Will - the nurse may be asked to witness a will; and good Samaritan law assisting in a emergency and render reasonable care under such circumstances.

Recommendations

- Health education and awareness programme for people should be conducted through media so that common man should be educated regarding intricacies of human body, disease and treatment. This will help in reducing the litigation cases against medical practitioners.
- The limit of penalty imposed on opposite party, if the complaint made against nursing practitioners is found to be frivolous or vexations (as per the amendment in section 26 of the CPA in 1993) should exceed from present Rs. 10,000/- to Rs. 50,000/- so that frivolous complaints will be reduced.
- The nurses must not indulge in malpractices.
- A nurse has right to refuse to assist any medical practitioner if he /she indulges in malpractice.
- To prevent unnecessary defamation of the health care practitioners in society, a blanket ban should be placed on print media as well as on electronic media, so that the name of the health care practitioners and hospital on whom allegations are made regarding Nursing and Medical negligence should not be exposed till he /she is found guilty and is convicted by the court of law.

Prevention of Error

Several suggestions are made for reducing error. Leape suggests that many health care delivery systems, especially in hospital could be redesigned to significantly reduce the likelihood of error.

1. Reduced reliance on memory by using checklists protocols and computerised decision aids for prescription writing.
2. Improved information access with availability of computerised medical record at bedside.
3. Error proofing - use of forcing function in computer programmes so that a physician cannot enter an overdose or prescribe a medication to which the patient is allergic.
4. Standardisation of drug doses and time of administration, of information displays, equipment and supplies location in hospital.
5. Training of doctors, nursing and other staff in safe practice.

For the individual nurses following strategies appear prudent.

1. Read prescription care-
fully. Physician’s prescriptions are at times illegible and lead to litigation and medication errors.

2. Medication errors occur due to mistakes (knowledge-based or rule-based) and slips of action and lapses of memory. Focus on the task at hand. Knowledgeable and experienced nurses can easily identify the mistakes.

3. Be careful while administering drugs/doses. Doctor should avoid trailing zeros e.g. 10.0 mg which may be read 100 mg.

4. Beware of high-risk situations e.g. elderly patients on multiple drugs.

5. Review basic drug-related information from approved standard textbook.

6. Avoid use of a drug for unproved unlabelled indications especially where risk of drug use is higher than expected benefits.

7. Communicate effectively when patients, families, pharmacists question prescriptions.

**Conclusion**

Rules and regulations framed by statutory bodies must be strictly followed at all levels. Nursing students, during their training period, should be made aware of the Consumer Protection Act. Continuing nursing education programme through workshops, conferences and in-service education courses to refresh their knowledge and also to create awareness among nurses regarding new technologies in medical sciences, which will be beneficial for self-development, to patient and society at large.

**References**


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**APPPOINTMENTS**

**COLLEGE OF NURSING SCIENCES & RESEARCHES**

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Maha Kaushal Nurses Registration Council, Govt. of MP, Department of Higher Education, Bhopal (M.P.)

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