Assessment of Medicolegal Knowledge Among Interns in a Medical College Setting

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I. INTRODUCTION

Significance

Medical interns constitute the frontline of clinical care delivery and are frequently the first point of contact in medicolegal cases (MLCs). A sound understanding of forensic medicine, documentation protocols, and healthcare legislation is therefore not merely academic—it is essential to preventing malpractice, upholding patient rights, and ensuring the integrity of the justice system. Deficiencies in medicolegal literacy among interns can result in improper documentation, mishandling of forensic evidence, and legal liability for both the physician and the institution.

The Indian legal landscape underwent a landmark transformation with the replacement of the Indian Penal Code (IPC) and the Code of Criminal Procedure (CrPC) by the Bharatiya Nyaya Sanhita (BNS) and Bharat ya Nagarik Suraksha Sanhita (BNSS), respectively. These legislative changes introduced revised sections, updated timelines, and new statutory obligations directly relevant to clinical practice—none of which are yet fully incorporated into existing undergraduate curricula.

Research Question

What is the current level of medicolegal knowledge among medical interns at Dhanalakshmi Srinivasan Medical College and Hospital, with particular reference to clinical documentation, informed consent, forensic procedures, and the newly enacted BNS/BNSS frameworks?

Hypothesis

Medical interns demonstrate adequate foundational knowledge of traditional medicolegal concepts but exhibit significant gaps in awareness of recently enacted legislative provisions under the BNS and BNSS.

II. AIM AND OBJECTIVES

Aim

To assess the medicolegal knowledge of medical interns at DSMCH across domains encompassing documentation, ethics, forensic procedures, and updated statutory law.

Objectves

1 To evaluate interns' understanding of medicolegal documentation standards and record preservation requirements.
2 To assess knowledge of informed consent, special consent, and emergency care ethics.
3 To examine familiarity with forensic sample handling and custodial death protocols.
4 To determine awareness of relevant sections under the newly enacted BNS and BNSS.
5 To identify specific knowledge gaps and recommend targeted educational interventions.

III. METHODOLOGY

Study Design: Cross-sectional, questionnaire-based descriptive study.

Study Sett ng: Dhanalakshmi Srinivasan Medical College and Hospital (DSMCH), Siruvachur, Perambalur, Tamil Nadu.

Study Populat on: Medical interns of the 2020 and 2021 batches completing their internship at DSMCH.

Sample Size: N = 200

Data Collect on Tool: A validated, 20-item standardized online questionnaire covering the following domains:

- Medicolegal documentation and record preservation
- Informed consent and medical ethics
- Emergency care ethics and patient rights
- Forensic sample collection and chain of custody
- Custodial and sexual assault procedures
- Statutory provisions under BNS and BNSS

Sampl ng Method Census sampling of all available interns during the study period.

Data Analysis: Data were summarized using descriptive statistics and percentage frequency distributions. Responses were coded as correct or incorrect, and domain-wise performance was analyzed to identify areas of strength and deficit.

Ethical Considerat ons: Participation was voluntary and anonymous. Institutional Ethics Committee clearance was obtained prior to data collection.

IV. TIME SCHEDULE

Phase	Activity	Timeline
Phase 1	Protocol development, questionnaire design, and ethics clearance	July 2025
Phase 2	Pilot testing and questionnaire validation	August 2025
Phase 3	Data collection (online questionnaire administration)	September–November 2025
Phase 4	Data entry, cleaning, and statistical analysis	December 2025–February 2026
Phase 5	Manuscript preparation and internal review	March–April 2026
Phase 6	Submission and dissemination	May–July 2026

Overal Study Duration: 16 July 2025 – 15 July 2026

V. RESULTS

A total of 200 interns responded to the 20-item questionnaire. Domain-wise performance was as follows:

General Med colegal Documentat on (Strong Performance)

- 94% correctly identified protection of physician and patient as the primary purpose of medicolegal documentation.
- 93.5% correctly identified natural in-hospital death with proper records as not constituting a medicolegal case.
- 92% recognized detailed, accurate medical records as the best defense against negligence allegations.
- However, only 61% correctly identified the mandatory minimum record retention period of 10 years, indicating a significant gap in long-term documentation awareness.

Informed Consent and Ethics (High Competence)

- 83.5% correctly identified 18 years as the legal age for valid medical consent.
- 82.8% correctly identified examples of special consent (HIV testing, blood transfusion, minor surgical procedures).
- 85% correctly noted that a dying declaration may be recorded by any doctor, a judicial magistrate, or a police officer.
- 91.5% correctly identified that an unconscious, unaccompanied patient must be treated immed ately, with police informed thereafter.
- 86.5% correctly identified the Nat onal Med cal Commission (NMC) as the regulatory body for professional ethics.

Forensic and Custodial Procedures (Moderate Competence)

- 88% correctly identified glass bottles with preservatives as the proper container for stomach contents in suspected poisoning cases.
- 85% correctly identified that a custodial death autopsy must be conducted by a board of doctors.
- 91.5% correctly identified all elements—documentation, police intimation, and evidence preservation—as mandatory in a medicolegal case.
- However, only 68.5% correctly defined "chain of custody" as the continuous record of evidence handling, reflecting a notable terminology gap.

Statutory Timelines and New Legal Frameworks (Variable to Low Competence)

- 81.5% were aware of the 24-hour mandatory report ng requirement for suspected child abuse.
- 79.5% correctly identified BNS Sect on 25 as defining consent.
- 74% correctly identified BNS Sect on 106 as dealing with medical negligence.

- 74.5% correctly identified BNSS Sect on 33 as mandating public and medical intimation to police in medicolegal cases.
- The lowest performance was observed for BNSS Section 184(6): only 65.5% correctly identified the 7-day deadline for forwarding a sexual assault medical examination report to the investigating officer the most critical and operationally significant new provision assessed.

VI. DISCUSSION

The findings reveal a two-t ered knowledge profile among interns at DSMCH. Foundational clinical and ethical concepts emergency management, consent principles, and basic documentation were well understood, consistent with established undergraduate forensic medicine teaching. This suggests that traditional medicolegal content is being adequately delivered and retained during the MBBS program.

However, notable gaps emerged in two key areas. First, long term record preservat on (only 61% correct for the 10-year retention rule) may reflect that this operational detail receives insufficient emphasis in clinical postings or examination preparation. Second, and more critically, awareness of the BNS and BNSS provisions was consistent y

Lower particularly for procedurally time-sensitive obligations such as the 7-day report forwarding mandate under BNSS Section 184(6) (65.5% correct). Given that these laws came into force recently and current curricula have not yet been fully revised to incorporate them, this deficit is both expected and concerning.

The finding that "chain of custody" was correctly defined by only 68.5% of interns is clinically significant, as improper evidence handling in real cases can compromise legal proceedings and expose the physician to liability.

These gaps are consistent with findings from similar studies across Indian medical colleges, which have uniformly noted that statutory updates lag behind in undergraduate and internship-level training. The results underscore the need for structured iterat ve med colegal educat on throughout internship, with deliberate focus on newly enacted legislation and forensic procedural competencies rather than relying solely on theoretical instruction from preclinical years.

VII. CONCLUSION

Medical interns at DSMCH demonstrate a robust foundational understanding of clinical ethics, emergency management protocols, consent principles, and general medicolegal documentation. These represent genuine competencies that can be built upon. However, significant and operat onal y consequent al knowledge gaps exist in long-term record retention requirements, chain of custody terminology, and most critically specific statutory provisions under the newly enacted BNS and BNSS

Given that India's criminal law framework has been comprehensively overhauled, it is no longer suffici ent for interns to be familiar only with IPC/CrPC-era medicolegal obligations. Targeted educational interventions are urgently needed, including:

- Dedicated BNS/BNSS orientation modules during internship induction
- Structured clinical forensic workshops with case-based scenarios
- Periodic competency assessments on statutory updates throughout the internship year
- Integration of current legislation into departmental teaching sessions by forensic medicine faculty

Bridging these gaps during internship before independent clinical practice begins is essential to producing physicians who are not only clinically competent but also legally literate.

VIII. POTENTIAL OUTCOMES

1 Ident fication of curricu um gaps: The study will provide objective, institution-level data on which medicolegal domains are inadequately covered in existing undergraduate and internship training, enabling targeted curriculum reform.

2 Informed pol cy recommendat ons: Findings can be submitted to institutional academic committees and shared with the NMC to advocate for mandatory BNS/BNSS literacy training as part of the internship framework.

3 Development of educat onal intervent ons: Results will directly inform the design of structured medicolegal workshops, simulation exercises, and e-learning modules tailored to identified knowledge deficits.

4 Reduced med colegal risk at inst tut onal level:

Improved intern awareness of documentation standards, chain of custody, and statutory timelines will reduce the institution's exposure to complaints, litigation, and regulatory action.

5 Foundat on for mu t centre research: This study can serve as a pilot for a broader, multi-centre study assessing medicolegal literacy across medical colleges in Tamil Nadu or nationally, contributing to the evidence base for forensic medicine education reform.

6 Publ cat on and academic contribut on: The study findings are suitable for submission to peer-reviewed journals in forensic medicine or medical education, contributing to the growing literature on medicolegal preparedness among Indian medical graduates.