



**DENTAL PROFESSIONALS PERSPECTIVES ABOUT THE CONSUMER PROTECTION
ACT AND ETHICAL PRACTICES IN PATNA, BIHAR**

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ABSTRACT

The dental profession is a vocation in which knowledge and skill is used for the service of others. Throughout the world, patients have become more aware of their rights & legal literacy to which India is no exception. The Consumer Protection Act(COPRA) has been formulated for the promotion and protection of the rights of consumers. On the other hand, for the dentists; The dentists (Code of Ethics) regulations were laid down by the Dental Council of India in 1976; later revised in the year 2014. **Aim:** To assess the awareness of the Consumer Protection Act and ethical practices amongst dental professionals of Patna, Bihar. **Methodology:** A descriptive cross-sectional study was conducted among 200 dental professionals of Patna, Bihar. Simple random sampling was done. A close-ended questionnaire containing 30 items was used for data collection. Data were collected, compiled & tabulated using Microsoft excel & analyzed by Chi-square test with $p < 0.05$ as significant. **Results:** The dental professionals with postgraduate degree and undergraduate degree were 51.50% and 48.50% respectively. A total of 53% of the study participants were aware about COPRA and 86.5% subjects thought that knowledge of ethics is important for them in their work. Qualification and practice experience were significantly associated with awareness towards COPRA($p=0.0001$). **Conclusion:** The study revealed that the participants with higher qualification and those who are practitioners had better knowledge and awareness towards COPRA and code of ethics.

KEYWORDS: Consumer Protection Act, Dental Professionals, Legal Literacy, Code of Ethics.

INTRODUCTION

The dental profession is a vocation in which knowledge and skill is used for the service of others.^[1] The profession of dentistry has seen unprecedented change during the last century. We have moved from a paternalistic view of medicine in which the dentist decided what was best for the patient. Today, however, there is a new alliance between the dentist and patient, based on cooperation rather than confrontation, in which the dentist must 'understand the patient as a unique human being'. More and more patients are getting aware of their rights and are keen to make free choices and decisions on their treatment. So, there is a duty on the part of the dentist to perform such obligation with proper care.^[2]

The consumer rights have been specified initially by the US president John F. Kennedy and The International Organization of Consumer's Union (IOCU) in 1983.^[3] In

India, earlier (before 1995) the remedy for medical negligence was available only under the Law of Tort. Finally, it was on 13th November 1995 that the honorable Supreme Court of India delivered judgment on application of Consumer Protection Act (1986) to the medical/dental profession, hospitals, dispensaries, nursing homes, and other health care related services.^[4] Consumer Protection Act has been formulated to be customer friendly, as there is no court fee payment, the person can plead their own case, and the decision is taken within 3–6 months.^[5]

On the other hand, for the dentists; the dentists (Code of Ethics) regulations were laid down by the Dental Council of India (DCI) in 1976; later revised in the year 2014. Dental ethics is a moral obligation that encompasses professional conduct and judgment imposed by the members of the dental profession.^[6] The code of ethics for dentists specifies certain duties and rights of a dental

practitioner including those that concern the welfare of patients. The major principles are: (a) To do no harm, (b) To do good, (c) Respect for patients, (d) Justice. (e) Veracity or truthfulness, and (f) Confidentiality.^[4]

It is now a firmly established belief that legal modalities are integral to dental practice. Hence, dental practitioners should be aware of the related laws and preventive approach from litigation;^[8] and should also be familiar with his legal liabilities and the meaning of some terms used.^[6] Hence, keeping this in mind the present study was conducted with the following aim and objectives.

AIM OF THE STUDY

To assess the awareness of the Consumer Protection Act and ethical practices amongst dental professionals of Patna, Bihar.

Objectives of the study

- To assess the awareness of dentists regarding implications of Consumer Protection Act.
- To assess the dental professionals awareness about the Code of Ethics.

METHODOLOGY

A descriptive cross-sectional study was conducted among dental professionals from February 2018 to April 2018 in Patna City. Ethical approval for the study was obtained from the Institutional Review Board, Buddha Institute of Dental Sciences & Hospital, Patna and Informed Consent was obtained from the participants.

Data had been obtained from a sample of 200 dental professionals of Patna City selected by simple random sampling method. Dental professionals who are either practitioner, teaching faculty or both were included in the study; whereas postgraduate students and dental professionals not willing to participate in the survey were excluded from the study.

The data was collected using close-ended self-administered 30-item questionnaire constructed from previous studies. The questionnaire had three major parts; the first part consisted of sociodemographic data variables such as age, gender, educational qualification, job profile, and duration of dental practice. The second part consisted of questions regarding awareness and implications of Consumer Protection Act. Third part consisted of knowledge and awareness towards ethical dental practices.

All dental professionals were visited at their working hours on weekdays. All the available and willing dental professionals were given the questionnaire on the day of visit. The participants were asked to respond to each item according to the response format provided in the questionnaire. Dental professional's identities were kept confidential and questionnaires were collected on the same day.

The data obtained were compiled and entered in MS Excel sheet and analyzed using Graph Pad (version 5). The recorded values were represented as number (n) and percentage (%). Chi – Square test was applied to analyze the association between two parameters and level of significance i.e., 'p' value of less than 0.05 was considered as significant.

RESULTS

A total of 200 dental professionals, 103(51.50%) MDS and 97(48.50%) BDS in the age group of 23-56 years participated in the study, among whom 124(62%) were males and 76(38%) were females. The distribution of study subjects according to Job profile has been shown in table 1.

Among teaching faculties; 70 (74.50%) were teaching in private institution. Whereas 24 (25.50%) were teaching in government institute. In whom, 34 (36.20%) had a teaching experience of ≤ 5 years, while 32 (34.00%) and 28 (29.80%) had teaching experience of >5 & ≤ 10 years and >10 years respectively (Table 2).

Majority of the dental practitioners i.e. 86 (48.31%) had a practice experience of ≤ 5 years, while 61 (34.27%) and 31 (17.42%) had practice experience of >5 & ≤ 10 years and >10 years respectively (Table 3).

A total of 53% of the study participants were aware about COPRA; among whom only 31.13% knew that doctors /hospitals paid by an insurance firm for treatment of patient were liable under COPRA, while 54.72% of the subjects were aware that the treatment provided at hospitals/ health centres/ dispensaries free of charge are excluded from the purview of COPRA & 64.15% subjects were aware that delay in treatment or negligence caused by the dentist is liable for punishment. 75.47% subjects felt that COPRA affects their professional freedom. The responses of the subjects regarding questions of COPRA have been given in Table 4.

In the present study 85% subjects thought that knowledge of ethics is important for them in their work & majority of the subjects (69.0%) were aware that it is unethical to use abbreviations of memberships in associations or organizations as a suffix to their name and 68% were aware that it is unethical to affix a signboard in chemist shop or in other places where the dentist does not reside or work. Nearly 61.0% of the participants agreed that it is ethical to advertise a dental clinic, within the decorum. The responses of the subjects regarding questions of ethical practices have been given in Table 5.

A significant association is observed between the qualification of the dental professionals & their awareness towards COPRA. Dental professionals with higher qualification had high awareness compared to others (p-value=0.0001) (Graph 1). Also years of experience as practitioner and awareness towards

COPRA was found to be significantly associated (Graph 2).

The association of the study subjects regarding the awareness towards ethical dental practice and their qualification (Graph 3), job profile (Graph 4) & years of experience as a practitioner (Graph 5) revealed that subjects with higher qualification, practitioners and those having practice experience of less than five years had more awareness.

Table 1: Distribution of study subjects according to Job profile.

Job profile	N (%)
Teaching faculty	22 (11.00%)
Practitioner	106 (53.00%)
Both	72 (36.00%)
Total	200 (100.00%)

Table 2: Distribution of study subjects according to Teaching Experience.

Teaching Experience	N (%)
≤5	34 (36.20%)
>5&≤10	32 (34.00%)
>10	28 (29.80%)
Total	94 (100.00%)

Table 3: Distribution of study subjects according to Year of Experience as a Practitioner.

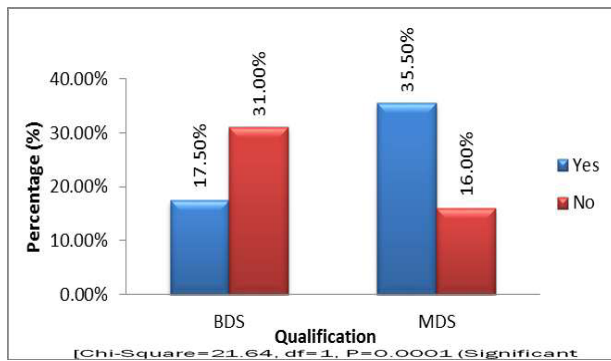
Year of Experience as a Practitioner	N (%)
≤5	86 (48.31)
>5&≤10	61 (34.27)
>10	31 (17.42)
Total	178 (100.00%)

Table 4: Distribution of study subjects according to their knowledge of Consumer Protection Act (COPRA).

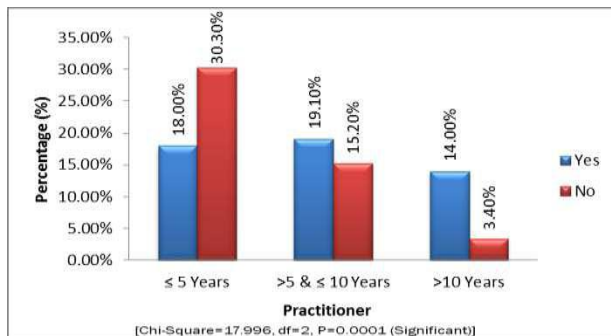
Question	Response	N (%)
1. Are you aware of the Consumer Protection Act ?	Yes	106 (53.00%)
	No	94 (47.00%)
	Total	200 (100.00%)
2. Doctors/hospitals paid by an insurance firm for treatment of patient are liable under COPRA ?	Yes	33 (31.13%)
	No	73 (68.86%)
	Total	106 (100.00%)
3. Treatment provided at hospitals/ health centres/ dispensaries free of charge are excluded from the purview of COPRA?	Yes	58 (54.72%)
	No	48 (45.28%)
	Total	106 (100.00%)
4. Maximum period within which a patient can sue the concerned doctor with evidence is?	within 6 months	47 (44.34%)
	within 2 years	59 (55.66%)
	Total	106 (100.00%)
5. According to COPRA, compensation that can be claimed upto (At district forum)?	20 lakh	87 (82.08%)
	10 lakh	17 (16.04%)
	5 lakh	2 (1.88%)
	Total	106 (100.00%)
6. According to COPRA, compensation that can be claimed upto (At state commission)?	1 crore	82 (77.36%)
	75 lakh	16 (15.09%)
	50 lakh	8 (7.54%)
	Total	106 (100.00%)
7. Are you aware that delay in treatment or negligence caused by the dentist is liable for punishment ?	Yes	68 (64.15%)
	No	38 (35.85%)
	Total	106 (100.00%)
8. Do you feel COPRA affects your professional freedom ?	Yes	80 (75.47%)
	No	26 (24.53%)
	Total	106 (100.00%)

Table. 5: Distribution of study subjects according to their awareness about the code of Ethics (Ethical dental practice).

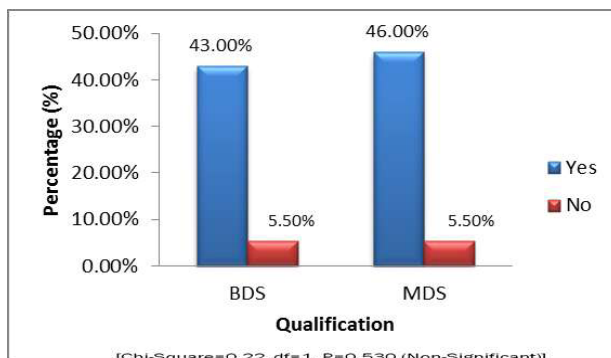
Questions		Response	N (%)
1.	Is knowledge of ethics important for you in your work ?	Yes	178 (89.0%)
		No	22 (11.0%)
		Total	200 (100.0%)
2.	Is it ethical to refuse the treatment, because the patient is	HIV positive	0
		Medically compromised	1 (0.5%)
		Mentally compromised	8 (4.0%)
		Disabled	1 (0.5%)
		Emergency case	9 (4.5%)
		All	8 (4.0%)
		None	173 (86.5%)
		Total	200 (100.0%)
3.	Do you explain in detail the procedure, duration, cost, success and failure rates associated with any dental treatment ?	Yes	176 (88.0%)
		No	24 (12.0%)
		Total	200 (100.0%)
4.	Do you take consent before starting any procedure ?	Yes	187 (93.5%)
		No	13 (6.5%)
		Total	200 (100.0%)
5.	Which type of consent do you take?	Written	36 (19.25%)
		Verbal	151 (80.75%)
		Total	187 (100.0%)
6.	Every dental surgeon should maintain his each patient's record for a minimum of	2 Years	63 (31.5%)
		3 Years	87 (43.5%)
		5 Years	50 (25.0%)
		Total	200 (100.0%)
7.	Do you maintain information secrecy and privacy of patients?	Yes	183 (91.5%)
		No	17 (8.5%)
		Total	200 (100.0%)
8.	Can dentists use abbreviations of memberships in associations or organizations as a suffix to their name?	Yes	62 (31.0%)
		No	138 (69.0%)
		Total	200 (100.0%)
9.	Is it ethical to affix a signboard in chemist shop or in other places where the dentist does not reside or work?	Yes	64 (32%)
		No	136 (68%)
		Total	200 (100.0%)
10.	Is it ethical to advertise a dental clinic?	Yes	122 (61.0%)
		No	78 (39.0%)
		Total	200 (100.0%)
11.	Is it ethical to use a dentist's name in commercial products like toothpastes, toothbrushes, etc.?	Yes	108 (54%)
		No	92 (46%)
		Total	200 (100%)
12.	Is it ethical for a dental surgeon to supply or sell drugs in his clinic?	Yes	99 (49.5%)
		No	101 (50.5%)
		Total	200 (100.0%)
13.	Is it ethical for a dental surgeon to receive gifts from pharmaceutical companies?	Yes	30 (15.0%)
		No	170 (85.0%)
		Total	200 (100.0%)
14.	Is it mandatory to offer free consultations to fellow dentist and their immediate family?	Yes	108 (54.0%)
		No	92 (46.0%)
		Total	200 (100.0%)
15.	If you encounter any ethical problem, who will you approach?	Colleague	78 (39.0%)
		Hospital administrator	16 (8.0%)
		Ethics committee	65 (32.5%)
		Professional association	35 (17.5%)
		Close friend/ family	4 (2.0%)
		Textbook/ Internet	2 (1.0%)
		Total	200 (100.0%)



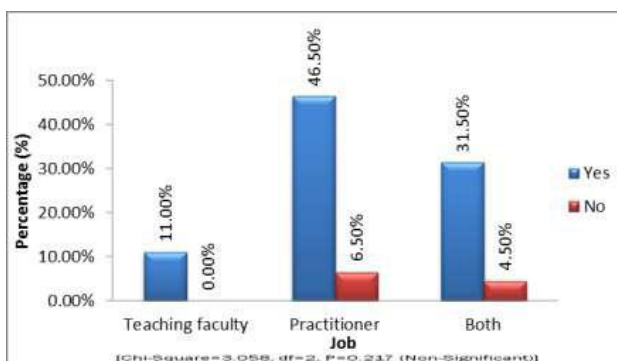
Graph. 1: Association of the study subjects regarding the awareness towards COPRA and their qualification.



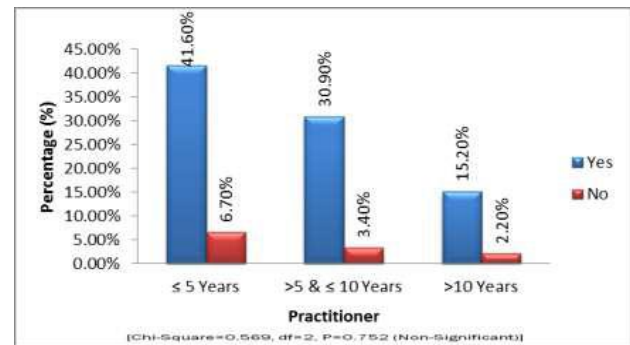
Graph. 2: Association of the study subjects regarding the awareness towards COPRA and their years of experience as a practitioner.



Graph. 3: Association of the study subjects regarding the awareness towards ethical dental practice and their qualification.



Graph. 4: Association of the study subjects regarding the awareness towards ethical dental practice and their job profile



Graph. 5: Association of the study subjects regarding the awareness towards ethical dental practice and their years of experience as a practitioner.

DISCUSSION

The present study was done to know the dental professionals perspectives about the COPRA and the ethical practices in Patna, Bihar, India. In the present study, comparatively female participants were lower than the male participants and more number of subjects was engaged in private practice (53%) compared to subjects doing combined practice (academic and private) or only academics. The collective reason behind this could be family or domestic commitments^[7] and also gender-wise male dentist has more tendency to go for private practice than females and comparatively devote more time to routine practice than females.^[7] This finding is in accordance with other studies conducted by Gambhir *et al.*^[7] and Yashoda *et al.*^[8]

In the present study, 53% of the professionals were aware of COPRA; this is in accordance to study done Swapna *et al.* (57.81%)^[4] and in contrast to the studies conducted by Kesavan *et al.* (65%),^[6] Khare *et al.* (87%),^[9] Prasad *et al.* (63.56%)^[2] Yashoda *et al.* (67%),^[8] Reddy *et al.* (38.6%).^[10] Among whom 68.86% of the subjects were unaware of the fact that the patients being covered under the insurance policies can seek help from COPRA; this finding was in accordance with the study conducted by Yashoda *et al.* (60.6%).^[8] and in contrast to the study conducted by Reddy *et al.* (38.3%).^[10] this may be due to the fact dental professionals in their daily practice are not much getting payments by insurance companies normally. It might be due to, as most of the routine dental procedures are not being covered in health policies. Also 54.72% of the professionals responded correctly that treatment provided at hospitals, health centres or dispensaries free of charge are excluded from the purview of COPRA; this was found to be in sharp contrast to the studies conducted by Yashoda *et al.* (27.4%),^[8] Reddy *et al.* (23.6%),^[10] Kesavan *et al.* (35%),^[6] and Gambhir *et al.* (65%).^[7] 64.15% of the professionals were aware that delay in treatment/negligence caused by them is liable for punishment, which was similar to the study of Swapna *et al.* (68.73%);^[4] also 75.47% of the participants stated that COPRA affected their professional freedom, this was in contrast to the study conducted by Swapna *et al.* (19.27%).^[4]

Thus, it is evident that majority of the participants reported correctly when asked about the COPRA; which might be due to the fact that the expanding patient population is becoming more knowledgeable and aware of their rights, consequently taking action by contacting the consumer forum to lodge their complaints.

In the present study, majority i.e. 89% dental professionals thought that knowledge of ethics is important for them in their work; similar responses were obtained in the study conducted by Janakiram and Gardens (85.42%).¹¹ Nearly, 86.50% of the subjects found it was unethical to refuse treatment because the patient is HIV positive/ medically or mentally compromised/ disabled or in emergency; which is similar to the findings of the studies by Prasad *et al.* (82%)² and Yashoda *et al.* (78.4%)¹⁸ and in sharp contrast to that conducted by Gambhir *et al.* (48%)¹⁷ and Kesavan *et al.* (74%).⁶ Majority of the respondents (69%) knew that it is unethical to use abbreviations of memberships in associations or organizations as a suffix to their names; which is in contrast to the study by Kesavan *et al.* (58%).¹⁶

In contrast to the findings of Kesavan *et al.* (55%),¹⁶ 68% of the subjects in the current survey were aware that its unethical to affix a signboard in chemist shop or in other places where dentist does not reside or work.

The respondents gave diversified opinions when asked about the advertisement of dental clinics. According to the revised code, it is not unethical to advertise the dental clinics provided the decorum, and moral obligations were maintained;¹² In the present study, most of the participants (50.50%) did not know that it is ethical for a dental practitioner to sell drugs and dental appliances in his clinic, as long as there was no exploitation of the patients but he should not run an open shop, similar responses were obtained in the study conducted in Chennai.⁶ The respondents gave diversified opinions when asked about consultations and treatments to fellow dentists and only 46% participants were aware that according to the revised regulations, it is not mandatory to offer free consultations and treatment to the fellow dentist and their immediate family. This finding was similar to that of the study conducted in Chennai.⁶ Majority of the respondents chose to consult their colleague (39%) to resolve their ethical dilemmas, while ethics committee (32.50%) was the next preferred option. These findings are in sharp contrast to those of the study done by Janakiram and Gardens.¹¹

In this study, the participants with higher qualification had better knowledge and awareness towards COPRA and ethics. This might be due to the reason that with the increase in the academic knowledge, they are more exposed and accessible to the recent updates of the current topics and case reports because of their mandatory curriculum of attending conferences, workshops, CDE programs and reading journals and

discussion. Also as per their curriculum they have to do research work/ studies and paper presentations. These findings are similar to the studies conducted in Bengaluru¹⁸ and Punjab.¹⁷

It was also observed that practitioners showed higher awareness towards ethical practices and the COPRA as compared to academic and combined practitioners, which may be because they are more exposed to the clinical scenario and encounter numerous clinical cases in their daily practice; similar responses were found in the study conducted by Reddy *et al.*¹⁰

It was also observed in the present study that the practitioner's having a experience of > 5 & ≤ 10 years and ≤ 5 i.e. less than 10 years were having more awareness for COPRA and ethical practices as compared to those having more than 10 years of experience. This may be attributed to the fact that practitioners having more experience may had a conventional type of practice and patients approaching them also might be more conventional types, i.e. not much familiar with the recent technology. So, both patients and doctors might not be updated with COPRA and revised Code of Ethics. Whereas, those having experience of less than 10 years were more aware to both conventional and recent methods of informatics and technology and might be well versed with the COPRA and revised Code of Ethics.

CONCLUSION

Public awareness of medical and dental negligence is growing in India and patients have become more aware of their right & legal literacy. Dental law and dental ethics is an inevitable addition to the practice of dentistry. A sign of a mature society is one where the consumer or patient is given the legal right to question and has an established framework in which to do so. This is as much protection for the patient as it is for the dental professional.¹⁰

Considering the present study, it was observed that the participants with higher qualification had better knowledge and awareness towards COPRA and ethics. It was also observed that practitioners showed higher awareness towards ethical practices and the COPRA as compared to academic and combined practitioners. Also the practitioner's having a experience of less than 10 years were having more awareness for COPRA and ethical practices as compared to those having more than 10 years of experience.

In this current era of globalization and consumer satisfaction, information is easily accessible to both practitioners and general public and dentists are increasingly facing legal challenges from dissatisfied patients. With this changing scenario, doctors have to adapt to the situation and may have to face such legal tangles, which is intangible and disturbing sometimes. Hence, all dental professionals irrespective of their higher degrees or job profile should be aware of the

related laws and preventive approach from litigation. Thus, it is imperative that all dentists should be aware of the medicolegal aspects of the field.^[8,13]

Public Health Significance

It is now a firmly established belief that legal modalities are integral to dental practice. Hence, all the dental professionals irrespective of their higher degrees or job profile should be aware of the related laws and preventive approach from litigation.^[8]

Whereas in the present study it was only a particular section i.e. participants with higher qualification and those who are practitioners had better knowledge and awareness towards COPRA and code of ethics. So, certain recommendations for eliminating this disparity of knowledge and awareness could be.

- Compulsory CDE programs and workshops on dental ethics and jurisprudence should be arranged frequently for dental professionals.
- Emphasis should be made to make the teaching faculties more aware of the COPRA and Code of Ethics, as they are the ones who are going to shape the knowledge of future dental professionals.
- Mobile Applications for recent updates and amendments regarding the COPRA and Code of Ethics can be recommended.
- Dental professionals should internalize quality – assured health standards in their routine professional duties to ensure protection of customer rights.

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