Doctor’s Defenses

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Causes

1. Poor communication
2. High expectation
3. Judicial activism
4. Hostile Press - Negative role of press
5. Half baked knowledge of patients
Poor communication

a. Treating doctor & staff.
b. Comments of colleagues and doctor relatives
c. Heavy workload
d. Update or Outdate*
e. Ignoring bystanders
High expectation

a. Advertisements
b. Limitations not revealed - Health magazines
c. Human body - mystery
Judicial activism

a. Consumer friendly
b. Not competent enough to handle such specialist job
c. Doctors themselves not aware of the rules that govern them- MCI Act
d. Internet facilities
1. Hostile Press
2. Incomplete knowledge
   a. Print and visual media
   b. Internet facilities
Prevention

1. Improve communication skills – Doctors and staff
2. History taking, Examination, Investigation, Diagnosis, Treatment & Follow up
3. Proper documentation
4. Proper consent
5. Trained staff & proper monitoring
6. Empathy
Communication

- Key to good doctor patient relationship.
- All aspects regarding the illness, investigations planned, treatment and prognosis to be discussed with patient.
- Doctor should communicate with all important decision makers in the case of the patient.
- They should feel part of the decision making, diagnosis and treatment.
- Should avoid technical jargon and use simple language.
Improve communication skills

- Entire care delivery system must behave well
- Should not be averse to a second opinion if desired by patient
- Be conscious about patient’s rights.
- Educate about limitations of medical science—pamphlets, notice boards, etc.
- Never blame another doctor.
Proper & detailed history is the building block on which the diagnosis and treatment rests.

History taking helps build rapport and confidence.

Important negative points in history which help exclude other D/Ds should be noted.
History

- Listen, look and ask intelligently
- Always face the patient with good body language
- Don’t engage in other activities while taking history
- If you missed out or got distracted ask once again. It is better than not.
- If history is unreliable record it.
Physical examination

- Should be complete.
- Examination should be ethical i.e. a female bystander should be ensured while examining a female.
Don’t forget

- To respect the privacy of the patient
- In case of X-rays marking of side should be checked if absent a repeat X-ray should be taken.
- The X-ray should cover the entire field of examination for example X-ray chest should include upper abdomen and lower part of neck.
- Labelling of blood and biopsy samples should be proper before sending to lab.
Investigation

- Make routine blood and urine examinations mandatory for all in-patients.
- Do blood RE, Urine RE, BT, CT (or PT, APTT), Blood Urea, S Creatinine, ECG, Chest X-ray for all preoperative patients.
- Salient investigations to rule out close D/Ds should be done where possible.
- In case of X-rays and CT scan Ultra sound reports etc. name age and address of the patient should be verified.
Investigations

- Order only investigations with a purpose.
- Go through the results and follow up with necessary action.
- Are no substitute for clinical examination.
Diagnosis

- There should always be a working diagnosis.
- Referral or cross consultation can be helpful in difficult diagnosis.
Treatment

- Prescription should be legible.
- Injections causing hypersensitivity should be given only after skin test.
- Important side effects of drugs should be told to patients.
- Diabetic patients should be advised to carry their prescriptions indicating disease and doses of drugs taken.
Treatment

- Prescribe with caution in pregnancy.
- Don’t adopt experimental methods or drugs without clear indication and consent.
- Avoid other system medicines
- Never prescribe banned drugs.
Follow up

- In chronic patients or in important risky cases where the case records are handed over to patients the same may be written in a book with numbered pages.
- Mention what to do in emergency if it is expected in that case.
- Mention where to contact.
Documentation

Preservation and supply of record
Consent to treatment

- Principle of consent – Every treatment involves interference with the body and every adult human has the right to determine what should be done with his body.

- Necessity – a doctor should explain what he plans to do, implication involved, inherent risks etc. in a procedure.
Types of Consent

**Implied consent** –
- when a patient approaches a doctor for treatment
- authorisation to do physical examination is implied.
- Does not authorise procedures more complex than routine like blood examination, PR or PV for which oral or written express consent is necessary.

**Express Consent** – oral or written
- Oral consent preferably in presence of a disinterested third party.

**Written Consent** - for
- All major therapeutic procedures
- Anaesthesia, surgery
- Invasive procedures like LP, bone marrow aspiration
- Intimate examinations
- Examination to prove age, potency, virginity
- Medico legal examination
- Consent best obtained in the patient’s own handwriting.
- If beneath a printed document, record that it was read, understood and then signed.
- Two independent witnesses are ideal.
- It should contain the fact that it is given by the free will of the consenter.
- Time and date of consent should be noted.
- The consent taken should show that the doctor has explained all possible complications and benefits of the procedure planned.
- High risk consent should be taken showing the extra ordinary risks involved in the treatment planned.
Informed Refusal

Refusal to submit to a treatment after

- being fully informed about the risk and possible consequences of not undertaking the treatment.

- Written refusal is ideally obtained.
Where Consent is not required

- Medical emergencies – accidents, tracheostomy etc.
- New admissions to prisons
- Food handlers and dairy men
- Immigrants
- Members of armed forces
- Under court order
- At request of Police by use of force- section 53(1) CCP
- When female is examined so, by or under supervision of a female doctor.
Trained staff & proper monitoring

- Update yourselves and your staff with current knowledge.
- Practice ethical principles
- Have relevant medicolegal knowledge.
Sympathy & Empathy

- Don’t break the rule of confidentiality
- Don’t do or promise anything beyond your competence
- Don’t avoid a distress call at night
Tertiary prevention

- Join PPS
Expert evidence

Value of expert evidence.

- To inform and guide the Judge to correct conclusions.
- Must be adduced to prove medical negligence.
- Judge can assess the weight and usefulness of such evidence to reach his own conclusions.
Responsibilities of Expert Witness

- Refusal to come
- Different protocols
- Indifferent attitude
THANK YOU