

Medical negligence: A growing problem in Pakistan

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By definition,¹ Medical malpractice or medical/professional negligence is an act or omission by a health care provider in which care provided deviated from accepted standards of practice in the medical community and causes injury or death to the patient. Clinical negligence is an expression which can be applied to the illegal behaviour of a medical doctor or consultant.² Pakistan has witnessed a number of cases related to medical negligence. Using faulty operation techniques, leaving gauze pieces and instruments in abdomen, administration of wrong injections, use of expired drugs, making wrong diagnosis and giving wrong treatment can lead to complications and even death. Media reported a number of cases recently in which an inexperienced doctor administered anaesthesia to a young man leading to partial brain damage,³ administration of a lethal injection to a Pakistani-American engineer raised a serious criticism on the level of training of Pakistani doctors,⁴ it was stated that growing number of cases where people are dying at the hands of ill-trained medical professionals who lack knowledge, competence, professional integrity and commitment. Under these circumstances, WHO's standard guideline can easily be adopted but implementation has been a formidable task in Pakistan. Independent inquiries in cases of medical negligence revealed that the concerned doctor was found

unqualified for the work he was assigned, many doctors working in public sector hospitals have been running a private practice, showing indifference to their patients' suffering, which has remained an important cause of medical negligence. It was further transpired from reports that the quality of medical education, lack of professional ethics, concurrent private practice, faulty health policy and non-application of professional laws has much to do with this scenario.⁵ Pakistan Medical and Dental Council (PMDC) should have effective authority to curb medical negligence. In a press statement, the then secretary of the council mentioned that PMDC had revised its code of ethics to include modern and religious concepts but was not responsible for all health practitioners such as homeopaths, opticians, lady health workers and quack-doctors.⁶

Medical errors are a problem in health care systems all over the world irrespective whether is a developed country like USA and UK or a developing nation like Pakistan. Researchers believe that between 45,000 and 98,000 fatalities occur every year due to medical workers' mistakes in US. There are many more that survive but develop severe painful and debilitating conditions.⁷

In UK the NHS (National Health Service) Litigation Authority is responsible for handling claims made against

NHS bodies in England. It plays an important role in developing risk management programme and monitoring of human rights law.

In 2004-5 the Authority dealt with 5,609 claims of clinical negligence and 3,766 of non-clinical negligence. About 38% of claims are abandoned by the claimant, and about 43% are settled out of court. In 2004-5 £502.9 million was paid out in respect of clinical negligence claims, and £25.1 million in respect of non-clinical negligence.⁸

In a study, 30,121 randomly selected records from 51 randomly selected acute care, non-psychiatric hospitals in New York State were reviewed. It was found that adverse events occurred in 3.7% of the hospitalizations, and 27.6% of the adverse events were due to negligence. It was concluded in the said study that there was a substantial amount of injury to patients from medical management and many injuries were the result of substandard care.⁷

There is no way one can develop a health care system where there are no errors and negligence. Human beings are not perfect and bound to cause some error. However, there is a need to develop a system where the negligence, issues of probability and error can be recognized and the accused whether an individual, a group of people, an organization, a department or the responsible persons who are the policy makers should be identified, accounted for, condemned and penalized. At the same time the victims and their relatives should be provided with the justice and compensation according to the rule of law.

Medical litigation is an expensive, time consuming; complex process requires highly professional skills. The lawyers and doctors do develop such specialized skills after achieving expertise in their profession as generalist. Clinical negligence can overlap with other area like personal injuries, fatalities related to accidents and disabilities caused at work. Therefore a distinction must be made and professional advises are usually require before analysing a case.

In Pakistan charitable organizations have developed services at a large scale e.g. blood banks and ambulance services and have provided tremendous support to government sectors in the delivery of health care. The voluntary contributions of social workers have also developed citizen liaison services in controlling crimes. There is need for an initiative to be taken by doctors, lawyers and social workers to develop a group of people and an

organization who can provide a professional service for the victims of medical errors and negligence.

Once the patients and their loved ones will start going through a litigation process, doctors and medical experts would consider protecting themselves by acquiring support from lawyers for their professional defence. Hence, in majority of the civilized countries doctors cannot practice unless they are a member of a medical defence union or a protecting society. In civilized world victims of medical negligence go through the court of law rather than taking law in their hands and similarly medical professionals do the same in their defence. We can only hope and wish to have similar practice in our country.

We also need to look into our health system in Pakistan. There is a need for close monitoring of medical training, regularization of duty hours and work commitment by medical professionals, legal protection to patients and doctors, absolute authority to PMDC, adequate pay scales for doctors, assessment of professional competence at regular intervals and above all open register of medical practitioners registered with PMDC with all details about individual practitioner that can be accessed by general public through the net. This is perhaps the best way to verify the credentials of the practitioner and any associated information about any medical litigation. This can control quackery and will curb medical negligence to a greater extent. What do you think?

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