

Fatal case of Misdiagnosis: A case report

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ABSTRACT

With increased incidence of litigations against doctors even for frivolous/ flimsy reasons, it is pertinent for a practicing doctor to be aware of basic degree of skill and care expected of him while he is fulfilling his professional obligations. In spite of this known fact doctors do error simply neglect the basic level of skill that is required of him and involve in unnecessary litigations. A case is reported where in simple error in diagnosis resulted in the death of a patient posted for elective abdominal hysterectomy.

Keywords: Negligence; hysterectomy; skill; litigation; doctor.

INTRODUCTION

The modern legal provisions identify doctor and patients as partners under a contract. Legal consequences of negligence in surgical procedures Malpractice litigation mostly concerns medical negligence. The liability problem in gynecology practice is not insignificant, and has increased in importance in the last several years. This is particularly true in the areas of failure to diagnose and complications of surgery.¹ Medical errors during surgery are usually under-reported and not well studied.² We report a case of fatal postoperative hemorrhage as a result of missed/

wrong diagnosis by the treating gynecologist in a 33-year-old-woman.

CASE REPORT

A 33 year old lady with complaints of dysmenorrhea and white discharge per vagina was posted for elective abdominal hysterectomy at a government hospital by a senior Surgeon. Pre-operative and intra-operative status was uneventful. The patient's vitals started deteriorating after 4 hrs postoperatively, diagnosed to be in a state of supraventricular tachycardia and was treated with fluids. But the condition worsened and was later shifted to a higher center situated around 200 km from the aforementioned Hospital. Here the patient was diagnosed to be in hypovolemic shock and was immediately treated for the same, but the patient could not be saved and expired. So a case of medical negligence was filed against the operating surgeon and an autopsy was requested to be conducted.

At autopsy the deceased was found to be moderately built and nourished, postmortem lividity could not appreciated, both the sclera were pale and a horizontally placed surgically sutured

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wound was present on the lower part of the front of the abdomen 15 cm below the umbilicus. No other external injuries were present other than venesection wounds on either side of the neck. All the internal organs were pale on cut section. But the most intriguing finding was the presence of 4500 ml of both fluid and clotted blood in the peritoneal cavity (Fig.1&2) without any evidence of trauma to any of the abdominal organs. But the hysterectomy ligatures were lax. Routine viscerae were subjected for chemical analysis which was negative for any toxin.

So the cause of death was given as death due to haemorrhagic complications as a result of abdominal hysterectomy.

DISCUSSION

The incidence of medical malpractice litigation is increasing world over, whether this increasing incidence of malpractice litigation gives doctors and hospitals, an economic incentive to provide high-quality medical care by requiring that they compensate patients for harm caused by negligence remains to be seen.³ In this background, where a Doctor is expected to maintain a minimum standard and degree of skill, if not the highest during his discourse of treatment to the patient, it might strike as an irony that not uncommonly even specialist doctors fail to maintain even a minimum level of skill and care.

Negligence is not susceptible to any precise definition. A physician prescribing drugs with dangerous side effects without informing the patient of risk of those side effects and without carrying out the recommended tests in order to discover whether such side effects are happening is guilty of "carelessness". Secondly, the negligence is a careless conduct without reference to any reference to any duty of care. And lastly, negligence refers to a "breach of legal duty of care".^{4,5,6}

Abdominal hysterectomy is one of the most frequent major surgical procedure performed in women.⁷ The morbidity rate for hysterectomy ranges from 25% to 50% and mortality is one to two deaths per 1000 hysterectomies performed.^{8,9} The most common intraoperative complication is haemorrhage requiring blood transfusion fol-

lowed by bowel, bladder and ureteric injury^{7,8}.

In the present case the treating surgeon made an elementary blunder of not being able to diagnose primary haemorrhage, a known complication of abdominal hysterectomy procedure. Instead a wrong diagnosis of supraventricular tachycardia was made and referred to a higher center without any proper communication of the patient's condition to her relatives. Here the doctor was not just careless in managing the patient's condition but also shows lack of basic skill to communicate with the patient's kin. Death due to primary haemorrhage could have been avoided if a prudent diagnosis was made by the doctor. There is a direct causal connection between the negligence and the cause of death, without which the patient would have survived. The treating doctor has shown dereliction of duty by not diagnosing the complication arising out of the procedure which was the direct cause of death of the patient making him liable for medical negligence as per Indian Penal code 304 A IPC.¹⁰

To conclude, we would suggest that, Medical malpractice litigations are commonly brought against doctors involved in patient care. They can be enormously expensive as well as damaging to a doctor's career. While doctors cannot eliminate the risk of lawsuits, they can help protect themselves by providing competent and compassionate care, practicing good communication with patients (and their families), and documenting patient communications and justifications for any medical decisions that could be challenged.¹¹ But the rule of thumb for a doctor to avoid litigations would be to follow a standard degree of care and skill expected from him. This case reinforces the fact as they say in sporting parlance "that basics should be strong and never be forgotten". The doctor will stay in good stead if he follows this simple rule and keeps himself up-to-date of the recent innovations in patient health care and in addition not to forget the basics.

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Fig 1: Peritoneal cavity showing evidence of Fluid and Clotted blood



Fig 2: Clotted and fluid blood collected from the peritoneal cavity



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