



Legal and Ethical Issues in Reproductive Health

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Accountability for doctor exists since ancient time but now medico legal problems are increasing exponentially in medical discipline. But in reproductive health these are maximum as in obstetrics there are two potential litigation duration is also very long. Causes duration which litigation has increase in recent time is due to following reasons:

- Consumer protection act which was implemented since 1986 for protection of sufferer. Patients are going to court for intense grief Agitation Vindictive attitude, financial benefit.
- Commercialization of medical services and because of those patients is losing trust.
- Awareness due to media and internet.

Who all can be at Fault?

- Doctors & Paramedical: Overworked, exhausted, Outdated, apathy Inadequate skills and Knowledge may be contributing factors
- Infrastructure support: Inadequate & lack of facilities causes poor care
- Health authorities
- Community: Misconception

Medical Ethics

Word Ethics is derived from Greek word 'Ethos' meaning manner and habit of a man.

- Behaviour – Free from ego, worry, agitation
- Efforts for care and comfort for patient
- No ill will or intentions
- Not to consume any liquor
- Truthful, virtuous, mindful in patient's treatment, useful in practices, courteous and well behaved

- Maintain professional secrecy

Potential Areas of Litigation

1. Pregnancy:

(A) Antenatal	(B) Internatal	(C) Postnatal
Antenatal :	Most Common	
Internatal :	31% Brain damage	
Postnatal :	16% Perinatal Loss, 5% Retained swabs, Antenatal, 22% other problems	

Antenatal

Antenatal litigation has increased because of advancement in foetal surveillance increased cost and more expectation.

1. *Diagnosis of pregnancy:*
 - Unwanted Pregnancy
 - Ectopic pregnancy
 - Drugs given during pregnancy
 - Lack of advice at proper time may be the litigation causes
2. *Detection of high risk cases:*

For satisfactory outcome, timely detection, proper history, thorough clinical examination advise of USG at correct time, foetal surveillance are the important appropriate treatment and for timely referral.

Fail to detection may lead to maternal and fetal to catastrophies.

3. *Congenital anomalies and genetic testing delay in USG, Counselling & advice for USG*
 - Like Amniocentesis, CVS, Cardocentesis
 - Abnormal Screening results

Problems: Inability to make diagnosis, inaccurate diagnosis, false negativity of test Iatrogenic loss,

Termination specially when crosses 20 wks of pregnancy.

- Failure to give advice
- Wrong advice, all these issues may lead to litigate.

4. Multiple pregnancy

Intrauterine death: Why there is detection of malformation in one baby, genetic testing results to correlate easily with fetal so right selection of treatment of fetal, reduction investigations are not done & no proper check up routine autopsy system lacking are various concerns.

5. Diagnosis and management of ectopic pregnancy prescribing right medicine on time during pregnancy and lactation

6. Legal challenge while prescribing in pregnancy and lactation

7. AID in obstetrics

- HIV testing after counselling are very important in pregnancy
- HIV +ve recounselling, & advice to continue or terminate

Internatal

1. Labour Monitoring

Proper monitoring, CTG monitoring & precise evaluation are must. There is risk of false & unnecessary intervention.

Difficult deliveries due to delayed or wrong decision, faulty technique, & complications in Forceps delivery, Breech delivery, caesarean section – vaginal delivery after LSCS, Oxytocine use, Birth trauma, Scalp cut, Asphyxiated Baby & Fresh still birth.

2. Rupture uterus

Postnatal

Fistulas, Infant brain damage are a birth injuries common causes due to litigates. Delayed decision & failure to identify fetal compromise are generally attributed to intrapartum events but may occur due to other causes in foetal life also.

Maternal Mortality and Litigation

- MMR 4/1000 live birth in India
- 20% of all maternal deaths occur in India
- 80% of them are preventable.

Causes of maternal mortality are obstetric haemorrhage, Pre-eclampsia, eclampsia, unsafe abortion, Sepsis, Obstructed labour & Anaemia etc.

1. MTP : Legalized up to 20 weeks

Legal Problems may be due to continuation of pregnancy, excess of bleeding, Injury to organ and death following procedure, proper place of MTP not approved, without consent & after 20 weeks.

2. Sex selective MTP – Due to social and family pressure on the patient.

- Sterlization: Considerable medical claims are causes of without diagnosing existing pregnancy, without adequate counselling or consent of Injuries.
- Failure of Ectopic pregnancy & mortality or morbidity afterwards.

3. Sterlization failure and contraceptive problems

- Counselling, cafeteria approach is must.

Potential Areas of Litigation in Gynaecology

1. Male gynaecologist should take consent and always examine the patient in presence of lady attendant.
2. Diagnosis of gynaecological diseases
History, Maternal History, Examination delay of or wrong diagnosis, Investigations & Bladder evaluated Pregnancy to be ruled out & ectopic pregnancy to be diagnosed.
3. Endoscopic Surgery: Skill is required and there are risks of over inflation, Injury to viscera & death due to endoscopic surgeries.
4. Gynaecological malignancies delay in diagnosis, detection of precancerous condition, wrong diagnosis & radical surgeries for borderline and early age and early stage complications & treatment of the patient.
5. Gynaecological operation
Hysterectomy with or without oophorectomy: or ovariontomy vs ovarioncystectomy all can lead to legal problems where removal of organ is absolutely indicated as these surgeries are conservative surgery, highly effective drugs & awareness aspects where from litigation may arise, include improper consent, poor counselling, and inappropriate indications.
6. Infertility and Assisted Reproductive Techniques are causes of infertility management, needs various investigation-physical, mental & contributions. Explain about treatment, its success rate, possible hazards, and cost.

Legal problems in ART may be as follows:

Donor insemination ethical moral or legal issue, it

can bestow motherhood but incompleteness of father, Surrogacy – ‘Rent a womb’, surrogate mother may refuse to give the baby, commissioning couple may refuse to take if handicapped, ovum donation surrogacy & cryopreservation of ovum.

Embryo research

IVF- ET

- ♦ Consenting parents should have full responsibility of baby & it will be legitimate child.

IVF may be of various combinations.

- ♦ Fertilization of wife's oocyte and husband sperm, fertilization of wife's oocyte and donor sperm, fertilization of donor oocyte and husband sperm.
- ♦ Fertilization of donor oocyte and donor sperm

Consent and Counselling is very important.

Ways to Minimize Medical Litigation in Obs. & Gynae

1. Education of medical ethics to doctor & paramedical involves in:

- ♦ Behaviour, conduct, relation with fellow staff & diagnosis, treatment ‘Codes of conduct’
- ♦ Sympathetic behaviour & friendly with fellow staff
- ♦ Treat with best knowledge ability, sincerity, suitability
- ♦ Not to hurt sentiment of sufferer, privacy and secrecy of patient

2. Awareness of medico legal problems.

3. Appropriate training of Doctors, nurses, paramedical

- ♦ Well accepted protocol
- ♦ Updating

4. Good communication, listen to patient note all the complaints

5. Proper counselling:

- ♦ Adolescent with congenital anomalies Unmarried MTP
- ♦ Preconceptional: Birth defects, diabetes Rh isoimmunisation
- ♦ Perinatal: Screening, procedure, fetal growth
- ♦ Infertility, operation, malignancy

Family welfare: ‘Gather’

G-Greet client

A - Ask about their need

T- Tell about methods

H - Help the client to choose method

E - Explain how to use

R - Return for follow up

6. Consent: Consent is very important part & well informed in language which patient can understand and should be voluntarily given by patient.

No forced consent or refusal but in emergency surgery for life can be done with consent of doctor and one colleague.

Third party consent no value

Husband consent: Especially in sterilization consent for research.

7. Investigation: Right needful investigations at right time, non-invasive,

Invasive after risk and benefit well judged and explained.

8. Timely referrals & timely management and surgical intervention, Pre and Post operative management.

9. Standard facilities of equipment, drugs and disposals.

10. Record keeping

Evaluation of physical status

Diagnosis making, management plan, discussed plan with relative and patients operation and labour notes.

Dates to be mentioned

Inadequate documentation – indefensible

11. Audits

MMR, PMR & Caesarean section

Records of anaemia, eclampsia, sepsis

12. Quality assurance in reproductive health

Impacts of legal implications

I. Doctors and Paramedical: Defensive medical practice, Indecisive, approach, use of various gadgets, unnecessary investigations & more operative intervention in tremendous emotional stress.

II. Patients: Medical services are getting costly & unnecessary troublesome diagnostic investigations.

III. Society: More and more suspicious & unsatisfied, Lack of trust consumer forum is cheaper, so number of litigations some are genuine, others flimsy and false, increasing distrust between patient and doctor.

Need of Time

- ♦ Rational approach
- ♦ Conduct and about patient
- ♦ Adequate knowledge
- ♦ Proper informed consent
- ♦ Communication
- ♦ Adequate supervision
- ♦ Good Record Keeping

'C' To Prevent Litigation

- ♦ Conduct
- ♦ Care
- ♦ Concern
- ♦ Communication
- ♦ Consent
- ♦ Cognition
- ♦ Case Record

Consensus is require to find out solution to minimize medical litigation

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