

Postoperative Medical Negligence

Dr. Rakesh Kumar¹, Dr. Awdhesh Kumar²

¹MD (Anesthesiology), Assistant Professor, Department of Anesthesiology Mayo Institute of medical science Gadia, Barabanki, Uttar Pradesh, India

²Corresponding author Resident, Department of Forensic Medicine and Toxicology Institute of Medical Sciences, Banaras Hindu University, Varanasi, India

Abstract: *The medical profession is governed by legislation and by a code of ethics and etiquette. Aim of the study to know awareness about medical negligence among the medical and surgical specialists working in private and Government hospitals and to highlights problem regarding negligence. Medical malpractice is professional negligence by act or omission by a health care provider in which the treatment provided falls below the accepted standard of practice in the medical community and causes injury or death to the patient, with most cases involving medical error.*

Keywords: Medical negligence, Forensic medicine, Unnatural death

1. Introduction

Medical negligence, now days have become one of the serious issues in India. The medical profession is governed by legislation and by a code of ethics and etiquette ^[1]. Negligence is defined as absence of reasonable care and skill or willful negligence of a medical practitioner in the treatment of a patient which cause bodily injury or death of the patient ^[2]. Our experience tells us that medical profession, one of the noblest professions, is not immune to negligence which at times results in death of patient or complete/partial impairment of limbs, or culminates into another misery. There are instances wherein most incompetent or ill- or under-educated doctors, on their volition, have made prey the innocent patients. The magnitude of negligence or deliberate conduct of the medical professionals has many times led to litigation. It was found that the awareness about medical negligence among the medical as well as surgical specialists was unsatisfactory.

2. Aim of the Study

- The current study was conducted to know awareness about medical negligence among the medical and surgical specialists working in private and Government hospitals.
- To highlight problem regarding negligence.

3. Case Report

- A 30 year old female prime from rural area was admitted with labour pain at 7:45 P.M., on clinical & ultrasonic examination, diagnosed as full term pregnancy with oligohydromnios.
- She was advised for cesarean section because of delayed labour with oligohydromnios.
- Patient attendant gave consent for operation at 9.00 P.M.
- Patient was operated under spinal anesthesia by giving lax heavy (Xylocain 5 % with dextrose) 2 ml and on the basis of monitoring patient find to intraoperatively stable on vital parameter Blood pressure(110/70), pulse rate(74 per minute), spo2(99% on air), respiratory rate and ECG

and LSCS was done and patient was shifted to ward at 11:30 P.M.

- Next day at 4:00 A.M patient complained of dizziness & pain in lower abdomen, for this complaint she was given some injection by nursing staff.
- On repeated complaint she was not attended by any specialist Doctor & in the mean time she collapsed. At about 6:30 her attendant was informed that she died due to cardiac arrest.
- Patient attendant complained foul play and lodged FIR nearby police station, after conducting inquest police sent the body for postmortem examination

4. Autopsy Examination

External Examination

Bloody vaginal discharge otherwise no specific finding.

On general examination patient look pale.

Internal Examination

All viscera and vital organs are appeared pale.

- Heart was normal in size. Cardiac chambers contained few ml of fluid blood, great vessels normal and coronaries patent.
- Both lungs were normal in size and cut section pale. No evidences of petechial hemorrhages or features suggestive of fat embolism.
- Stomach contained 60 ml of white colored fluid with semi digested food, with no specific odor, mucosa pale.
- Liver, spleen and kidney: normal in size and pale on cut section.
- Urinary bladder was empty.
- Haematoma in lower abdomen was found involving an extent of 19x16 c.m. covering both sides of lower abdomen & weight about 1500 gram Figur [2] photograph showing blood clot. Figur [3] photograph that showing retroperitoneal heamatoma
- No evidences of petechial hemorrhages or features suggestive of fat embolism.
- Empty uterus after delevery of baby figur [1] photograph showing.
- Skull and brain was found to be intact.

Volume 6 Issue 3, March 2017

www.ijsr.net

Licensed Under Creative Commons Attribution CC BY

5. Discussion

- On the basis of history and examination of deceased, there was no adequate & timely monitoring of vital status and bleeding continued resulted to shock.
- In this case even though the cause of death is cardiac arrest, the treating doctor thought it is a case of death due to cardiac arrest.
- Failure to give proper postoperative care is included as instances of medical negligence^[1].
- Thus by avoiding medical negligence we can bring improvements in monitoring care to a great extent possible and thereby preventing valuable human life from being a prey to accidents.

Opinion

Cause of death "hemorrhagic shock due to iatrogenic bleeding."

6. Conclusion

Due to failure proper post operative care result continue bleeding leading to shock culminating in death.

References

- [1] Dr. K.S. Narayan Reddy 31st edition 2012 the essential of forensic medicine and toxicology, pp: 22.
- [2] Gautam Biswas; thanatology; review of forensic medicine and toxicology; 2nd edition; 2013; Jaypee brothers medical publishers(p) LTD; PP:13.
- [3] Lidocain hydrochloride local. The American society of health system pharmacists. Retrieved Aug 26, 2015.
- [4] J. P. Nolan & P. J. F. Baskett (1997). "Analgesia and anaesthesia". In David Skinner, Andrew Swain, Rodney Peyton & Colin Robertson. Cambridge Textbook of Accident and Emergency Medicine. Project co-ordinator, Fiona Whinster. Cambridge, UK: Cambridge University Press. p. 194. .

Figure



Figure 1: Photograph Showing Empty Uterus After Delevery Of Baby



Figure 2: Photograph Showing Blood Clot



Figure 3: Photograph that Showing Retroperitoneal Heamatoema