

Medical Malpractice and Patient Safety: A Case Study

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Abstract – *This case study revolves around the harrowing, unethical, unprofessional and being cheated experience of a patient and his family members in a well-known Private hospital. All names are pseudonyms. The patient and their family members description about the hospital, its billing and their “Director level” doctors? About the Un-paralleled business ethics practiced by doctors who rather practice business than medicine. Little did the patient know that he will be experiencing clinical care that is influenced by a morgue?*

Disclaimer: This case was prepared by the author for the sole purpose of aiding classroom discussion. Cases are not intended to serve as endorsements, or sources of data, or illustrations of effective or ineffective management. Certain names and information could have been disguised to maintain confidentiality.

SUMMARY OF EVENTS

Mr. Mohan Srivastava (a Pseudonym) a 83 year old man with severe pneumonia and impending respiratory failure was examined on the medical ward of a Private Hospital Artemis Hospital Delhi(a pseudonym) by Dr. Amit Shukla- Director Internal Medicine. Mr. Mohan Srivastava was immediately transferred to the Intensive care unit (ICU) and subsequently to cardiac care unit (CCU) by Dr. Amit Shukla for urgent intubation and Angiogram by a clinical care specialist. During second Angiogram Mr. Mohan Srivastava slipped into coma which resulted fatal for him. Dr. Amit Shukla was sued for Malpractices.

THE CASE

Mr. Mohan Srivastava, an 83 year old male has a medical history of hypertension, heart and kidney problems. Recently Mr. Mohan

Srivastava had a 3 day history of progressive fever, nausea and vomiting. After having severe breathlessness and uneasiness he was taken to emergency department of Anterim Hospital at around 2.30 p.m. where he appeared to be moderately ill and dyspneic. When Mr. Srivastava and his family members reached Anterim Hospital there was no wheel chair available. Thus Mr. Srivastava (patient) had to wait outside the foyer as he was not in a condition to walk down to inside the hospital. Family members were trying frantically to arrange wheel chair and at the same time completing the procedure to get him admitted but all the staff showed no urgency and took their own time to complete the procedure. Nearly an hour was wasted in all these procedures and meantime the condition of Mr. Mohan Srivastava started deteriorating. After that he was given a bed where oxygen mask was not working properly and he was attended by 2 junior doctors who had no idea about the

line of treatment. Mr. Srivastava had become so restless that he pulled off the oxygen mask as it was not working properly. After making lot of hue and cry Dr. Amit Shukla- Director internal medicine examined him and Mr. Mohan Srivastava ultimately got admitted into intensive care unit (ICU) and became stable after by midnight.

Little did the family members knew about the Un-paralleled business ethics practiced by doctors who rather practice business than medicine and that Mr. Mohan Srivastava will be experiencing clinical care that is influenced by a morgue.

After admitting to the hospital his initial temperature was 38.3 °C, his blood pressure was 140/102 mm Hg, his heart rate was 116 beats/min, and his respiratory rate was 27 breaths/min. His oxygen saturation was 94% on room air. The examination was remarkable for crackles at his right lung base. The examination of his cardiac, abdominal, and neurologic systems was also done. A chest radiograph showed a dense right lower lobe infiltrate.

At 7.45 a.m. a nurse found Mr. Srivastava profoundly dyspneic and diaphoretic. His oxygen saturation had fallen to 68% on 2 L. He was immediately placed on a nonrebreather mask at 15 L/min, which increased the oxygen saturation to 91%. When Dr. Shukla arrived he found.

Mr. Srivastava (patient) in marked respiratory distress. He had a temperature of 37.8 °C, a blood pressure of 140/90 mm Hg, a heart rate of 145 beats/min, and a respiratory rate of 52 breaths/min. The rest of the examination was unremarkable. Acute pneumonia is suspected, said the learned Dr. Amit Shukla-Director Internal Medicine and they need to run “many” tests and many test they ran –relevant and many not so relevant.

A few conclusively confirmed Pneumonia, others just burned holes in Mr. Mohan Srivastava family member pocket.

He also seems to have cancer of the chest.... Quipped the Doctor.

Cancer ??? Really? Are you sure? Asked the family members. Dr. Amit Shukla replied that they will run a few more tests to confirm. Mr. Mohan Srivastava was admitted on the 27th Oct, and till the 2nd, they were still running tests to understand what had happened. Dr. Shukla suggested to conduct a CT Guided Biopsy to the family members and left on a short leave from the 29th till the 1st November.

Fortunately for the family members, his cousin from Ranchi, himself a surgeon with excellent skills landed there to meet Mr. Mohan Srivastava. When he heard the story, he was shocked at the line of treatment being followed. As a family, they decided not to pursue the cancer theory as their cousin mentioned that he was aware of Mr. Mohan Srivastava this part of the pathology and he knew that this was not malignant. Dr. Shukla was very upset and took the matter a tad personally.

Then after couple of days they figured out that Mr. Mohan Srivastava did not have much of a pulmonary problem but had some heart condition. The family members wanted to take a second opinion to a cardiologist but Dr. Shukla was on fire. Dr. Amit Shukla suggested undergoing the BMV (Balloon Mitral Valvotomy) procedure but for that Angiogram was required. In Angiogram procedure ink is used to ascertain the blockage and its extent in the heart and it is not suitable for a person whose kidney is functioning below normal. Since one of the kidneys of Mr. Mohan Srivastava was working below par, doctor told that they have no option but to through the

Angiogram process but they would make sure that they also put stent in case of blockage simultaneously with BMV procedure to avoid repeat angiogram as one of his kidneys was weak. The family member agreed for that and after BMV procedure Mr. Srivastava started feeling better but the doctors forget to put the stent and he was diagnosed with 2 major blockades. After few days they suggested to put stent immediately and for that he would have to undergo the Angiogram once again. By this time Mr. Mohan Srivastava had become fed up and moaned to his family members “beta ab yahan se meri lash hi jayegi.....tum mujhekahan le aaye” and right enough this second angiogram proved fatal for Mr. Mohan Srivastava and he slipped into coma only to leave this world after couple of days.

Now to their dismay on the discharge note the family members noticed the following things:

100 surgical gloves used in one day, 6 IV sets used daily, multiple tests for reasons not known and to top it all up- Dr. Amit Shukla who was on leave, has signed up on all days and his visit charges have been billed to family members. One more thing...the moment they came to know about the fact that Mr. Mohan Srivastava was an insurance patient the bill magically shooted up from 5.75 lakhs to 6.75 lakhs. This magic was beyond the dreams of patient family members as the doctor had royally duped them. When the family members refused to pay the hefty sum and had some verbal confrontation saying that they will be reporting the entire thing to media...they reluctantly revised their bills to 5.95 lakhs and released the patient body. So 15 days in ICU and more than 6lakhs was spent by family members. They really had a tough time facing the ordeal. They thought it should be taken seriously and reported in the

right place about the sad, unethical and cruel ... attitude of a doctor. They are abusing such a pious profession. Un-paralleled business ethics practiced by doctors who rather practice business than medicine.

ANATOMY OF A MALPRACTICE CLAIM

To recover damage, family members of Mr. Mohan Srivastava must prove 1) that the relationship between Mr., Srivastava and Dr. Shukla gave rise to a duty 2) that Dr. Shukla was negligent; his care fell below the standard expected of a reasonable medical practitioner 3) that Mr. Srivastava suffered and lost his life because of Dr. Shukla negligence.

THE PERSPECTIVES OF THE DEFENSE

The malpractice claim seems unfair. The sense of unfairness is compounded by the fact that it blames the individual physician. This event clearly occurred in several layers of the system: the nursing monitoring of the patient's condition; the schedule of attending coverage, as Dr. Shukla “picks up” the care in the morning from another physician; the emergency response and admission to the ICU; and the issue of emergency intubation “on the floor.” It seems unreasonable to blame Dr. Shukla, given the possible contributory role of these systemic factors.

A NEW PARADIGM

In a landmark order, the CIC recommended to the Centre, states and Union territories to bring private hospitals under the RTI ambit, and stated that “They should not be allowed to such malpractices with all impunity and get away without any legal consequences as if there is an absolute immunity .The government, Medical Council of India and the health regulatory has to see that license

to practice medicine will not become license to kill and extort and come to the rescue of helpless patients."

"Forcing private hospitals to provide daily medical records will also act as a check on some hospitals from resorting to extortionist, inhuman and ruthless business of prescribing unnecessary diagnostic tests, unnecessary surgical operations, caesarean deliveries, unwarranted angioplasties, inserting stents without need, or of substandard nature or putting low-quality stent while collecting price of high-quality stent and several such malpractices amounting to medical terrorism," observed M Sridhar Acharyulu, information commissioner, CIC. (Apr 09 2015: The Times of India (Ahmadabad)

Taking suomotu cognizance of a report-- Delhi health minister Satyendar Jain issued a letter to all private hospitals asking them to refrain from unethical practices which stated that "It has come to the attention of this directorate, through an article published in The Times of India on April 2, that private hospitals in the country are forcing their doctors to recommend surgery as the first resort of treatment in order to meet their corporate targets...the authorities of private hospitals in the NCR of Delhi along with their doctors are hereby directed to refrain from the unethical practice of compelling patients to opt for unnecessary or avoidable surgical procedures. (April 12 2015 : The Times of India (Delhi)

Thus Dr. Shukla case illustrates how difficult it is to move forward with error prevention agenda in a heated malpractice environment. Where the providers are reluctant to buy in and it's not surprising. Patients deserve innovative approaches that will reduce their chances of being injured by errors and lead to fair compensation if an avoidable injury occurs; providers deserve

an environment in which participating in patient safety and compensation initiatives does not put them at risk for financial and professional ruin.

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