

Malpractice and Medical Litigation

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In 1995 a millionaire grand multipara in her eighth pregnancy came from the province to Bangkok to attend the antenatal clinic at one of the best hospitals in town. She wished her labor to be painless. In the labor room, she was given a continuous epidural block and had her amniotic sac ruptured artificially. She still felt pain from her labor. The anesthesiologist ordered the attending nurse to give another dose of anesthetic drug through the epidural catheter which is not customary. He left the room at the same time. Fifteen minutes later, the pregnant patient had difficulty with breathing and had a cardiac arrest.

Several anesthesiologists and cardiologists were called to see the patient and performed cardiopulmonary resuscitation, but in vain, she died. It should be noted that her husband was in the labor room with his wife at the entire time. He was angry at the doctor who failed to be with his wife as much as he should. He could pay all the hospital bills but why was no doctor available for almost 15 minutes after the second injection of anesthetic drug?

The charges to the court were as followings :

1. Neglecting to see the patient and causing her death.
2. Requesting for 600 million baht as compensation
3. Performing substandard health care.

It will be very stressfull for the doctor to go to court as a client over this case. It will be time consuming and the legal action will last at least 2 years. What will happen to his family and routine work? If he loses the case, how could he pay 600 million baht?

In olden days, life in Thailand was not expensive. People got their health care from a health station provided by the government and paid very little from their own pocket. Transportation, housing and social taxes were not much of a burden to the doctor. The health care system was officially run in a very-friendly manner. The doctor was a respected man in town and dependable and accessible to the citizens. After the sick were treated and became well, they gave their belongings such as ducks, chickens and eggs to their beloved doctor. This kind of system was good to all.

But now it all is changing, especially in large towns. It has developed into a new system.

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Corruption often called commission has become commonplace even in government hospitals. Economics and materialism are the main cause of this.

Today medical practice, private hospitals has become commonplace. The doctor's fee is acceptable. It is a new culture in our society. It may be called "practice with a business promise." It means that nothing wrong should happen and if it happens it can not be accepted. For example, doctors might get sued if the eye and nose reconstruction had complications. It affects all private doctors and soon also those in government hospitals.

Most Thais in country and rural areas can not afford to go to private hospitals. This brings lesser pressure on rural doctors than in big towns. The government health care system can correct ease and compromise most medical complications. Rural doctors are thus still adored as God and parents. They put their lives in doctors' hands. This kind of culture will vanish soon.

At present controversial treatments are widely debated. All Thais have access to T.V. and look at medical shows. Demands for expensive

high-tech treatments are rising.

Examples of medical carelessness that have actually happened are troubling. Oxygen was blown into a vein; fresh milk was dripped into vein and not to the N-G tube, one surgeon removed a uterine fallopian tube in place of the appendix; warming a bag of blood in a boiling water container was also done.

If these cases were all brought to court, the hospital director would be sued as well. The court cases in Thailand are still simpler than in the USA. Doctors who were found guilty, would be punished both by orders of the Medical Board and the court. The license to practice medicine will be withheld for 2, 3, 12 months or permanently.

The most common malpractice or unprofessional complaint at the present time is substandard care, medical advertisement and issuing medical statement that are not true.

REFERENCE

1. Phaosavasdi S, Wilde H, Pruksapong C, Tannirandorn Y. Issue on Medical' Ethics. J Med Assoc Thai 1998; 81: 385-6.