TOPICS

- Negligence in Medical Care
- Remedy Against Negligence
- Medical Negligence under Criminal Law
- Consent for Treatment
- Professional misconduct
- Organ donation in India
- Medical Records
- Diagnostic Center's liability
- Ayurvedic and Homeopathic doctors practicing allopathic medicine
- Steps to avoid Litigation
- Res ipsa loquitur: sponge/hemostat left inside abdomen
- ❄ Vicarious liability
- ❄ Manufacturer's and Chemist's liability
- ❄ Frivolous and vexatious complain
- ❄ Defense against claims of negligence
- ❄ Indemnity Insurance for doctors
- ❄ Violence against doctors : an overview
- ❄ Legislative measures to protect doctors
- ❄ Bioethics in Medical Research
- ❄ Emergency care
- ❄ Patient's right of privacy
- ❄ Expert opinion

REGISTRATION DETAILS

	Till 15th July 08	After 15th July 08 & Spot
Hospital Administrator	5000	7000
Delegate	2500	3500
PG/Resident	2000	2500
Nurses	1500	2000

te: **Hospital Administrator:**- Medical Superintendent, CEO/Director, Owner of any health care facility.

PG/Resident: The candidate has to produce certificate from the Head of the Department.

te: "Registration Fee is acceptable in the form of Demand Draft (DD) drawn in favour of **'LIMP'** payable at Delhi."

शरीरमाद्यं खलु धर्मसाधनम्

National Conference on

LITIGATION & VIOLENCE IN MEDICAL PRACTICE

30th & 31st August, 2008

Venue

JLN Auditorium
All India Institute of Medical Sciences
New Delhi, INDIA

Contact Details
Dr. L.R. Murmu
Convenor

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itigation is like a complication in clinical practice, it could happen with anyone"

Dr.L.R.Murmu
Convenor

M.B.B.S, M.S (AIIMS) L.L.B, L.L.M (University of Delhi)
Additional Professor Surgery, Casualty & Emergency Services,
Consultant Department of Surgical Disciplines,
All-India Institute of Medical Sciences.

ear friends,

e AIIMS has always taken a lead in all fronts of medical sciences, be it education, search and patient care. The conferences organized in this Institute is a way to are the innovative and novel ideas in medicine with the medical fraternity within d outside India, and promote them for ever wider use to mankind.

ecently, a disturbing trend of rising litigation & violence against health ofessionals is noted all over India. This is perhaps inevitable in the emerging social lieu of commercialization of health coupled with growing public awareness, and metimes desperation. Further more legislation and judicial interventions have ovided impetus to movement for enforcement of consumer rights.

e patients have started asserting for quality care. And whenever the treatment and tcome fall short of their perception or expectation, allegation of negligence and ficiency is filed against the provider. There is an urgent need for the Health ofessionals to realize and confront the emerging challenges of litigation & olence, keeping in view the best interest of the patients and the society at large

is Conference is an effort to enlighten the health care professionals about the ays and means to reduce the risk of litigation and violence. I, on behalf of the ganizing committee, looking forward for your active participation.

NEGLIGENCE CASE LAW EXAMPLES

ANESTHESIA : Paralysis of lower limbs after hernia operation under spinal anesthesia. Surgeon and anesthetist not held negligent, as there was no expert evidence to establish that paraplegia was the result of anesthesia or operation.

CARDIOLOGY : Complain of infection and screw driver left behind after implantation of pacemaker. Expert evidence established no negligence because implantation infection is well know risk and the screw driver allegedly recovered from the body was not produced.

SURGERY : Patient was diagnosed as having intestinal obstruction. During operation he died of myocardial infraction. Negligence could not be attributed to the doctor.

OPTHALMOLOGIST : The patient was operated for left eye glaucoma but it did not revive her eyesight. Complainant failed to adduce evidence to prove negligence. The refund of expense by the doctor does not establish deficiency in his service.

PAEDIATRICIAN : A two month old baby admitted for treatment of diarrhoea. The baby expired. The National Commission dismissed the allegation of negligence on the ground that there is no evidence to establish the connection between death and treatment given.

.MEDICAL EVIDENCE : In case the evidence of the witnesses for the prosecution is totally inconsistent with the medical evidence, unless reasonably explained, it is sufficient to discredit the entire case.

COMPLAINANT : Claim brought by the brother of deceased consumer. He can't be treated as legal heir overriding the widow and son who are not coming to file the complaint.

OBSTETRICS : D & C procedure done for MTP, and patient died due to meningitis with cerebral vein thrombosis and brain edema. Expert evidence suggested MTP not the cause of meningitis. No Negligence.

NEGLIGENCE HELD

ANESTHESIA: Hernia operation under general anesthesia. Anesthetist left theatre soon after extubation, patient died. Both the surgeon and anesthetist held equally liable for negligence.

ANESTHESIA: Following administration of anesthesia at 9 a.m, patient died at 9:40 am due to cardiac arrest. No proper monitoring, and why cardiac arrest occurred not explained. Negligence held.

UNQUALIFIED DOCTOR : Eye surgeon not trained in anesthesia but acted as an anesthetist. The patient died during caesarian section. Eye-surgeon, surgeon and hospital held negligent.

OPTHALMOLOGIST: Patient lost eyesight following cataract surgery due to negligence of the doctor in conducting the operation.

EXPERT OPINION : The courts are not bound by the expert opinion with regards to the conduct of the doctors, i.e whether he/she was negligent or not.

CHEMIST : Sale of medicine other than prescribed. The chemist is liable to pay damages even if medicine was not consumed and no injury caused.

SURGERY : The patient was diagnosed as a case of acute appendicitis but not operated for two days. He died due to perforated appendix. Surgeon found negligent.

LAPAROSCOPY : Death during laparoscopic tubectomy in Government hospital, the State was held vicariously liable.

CTVS : Failure to prompt treatment of postoperative sternal infection following coronary artery bypass surgery is deficiency.

ORTHOPEDICIAN : Leg amputation done following gangrene that developed due to improper treatment.