



Guest editorial

Minimizing medical negligence

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The ophthalmologists together with all other health care providers are today under greater scrutiny than before as the public we serve is more literate, more educated and has easy access to infinite online information. In other words, the public is more aware of possible medical negligence. The days are gone when the doctor was considered next to the Supreme Being. In spite of super specialization in the subject and our best efforts, there could be many allegations of medical negligence, mainly due to the dramatic increase in the public awareness of medico-legal aspects the medical profession needs to fulfil in providing its services.

The public justly expects us to serve the community and puts its priorities above ours. That goes along with the duties of the doctors to help, cure and protect the patient's health and life. In addition, protecting privacy and confidentiality are our other prime duties. However, at the dawn of this new century, our genuine medical professionalism is in peril. People are considering our profession more of a trade or business profession than as one of service to alleviating the suffering of the patients and trying to improve the health of the community as a whole.

It is very important that patients have confidence in their health care professionals and that they can trust them to keep matters to themselves.

This kind of code dates back to the time of the ancient Greeks and Romans, when Hippocrates set out the 'Hippocratic Oath'. This oath has been enlarged upon by the Declaration of Geneva. Of historic and traditional value, the oath is considered a rite of passage for medical practitioners the world over, although nowadays the modernized version of the text varies, with different countries and medical schools having their own modified version of the oath. The Hippocratic Oath requires a physician to swear upon a number of healing gods that he will uphold a number of professional ethical standards. The Nepal Medical Council has also, in accordance with the Nepal Medical Council Act 1964, passed a medical Code of Ethics, which all doctors registered under it are to abide by. However, I feel that most of us medical doctors have forgotten the essence of these oaths and codes that we swore upon, and that, slowly, with the passage of time, our prime interests have become status, fame and finance.

Cases of medical negligence are on the rise all over the world. Some of the reasons for these are our inability to provide accurate documentation of all the services we provide: of informed consent, the history taking and all the following medical examinations and investigations done. We also tend to criticize our colleagues in their clinical decisions without adequate information to base our opinions upon. This is because we lack an adequate and efficient 'professional' communication network among ourselves and tend to act alone without the necessary colleague-consultation.

According to a study in the UK (Tompkins, 2006), cataract surgery accounted for over a third of settled claims in the specialty. Common causes of claims from cataract surgery included technical



and surgical errors, postoperative infection, wrong power, the incorrect size or type of intraocular lens used, and inadequate - meaning, not exhaustively informed - consent. Failure or delay in diagnosing, treating and monitoring glaucoma accounts for approximately one-half of the medical negligence claims in ophthalmology in the UK.

However, there are definite ways to improve the service we provide and to try to minimize the possibility of medical negligence allegations. All of us must seek an informed written consent prior to performing a diagnostic or treatment procedure. Consent should be taken from the patient she/he is above sixteen years, but in the case of minors, it can be taken from the guardian. If there is an emergency and nobody is available to sign the consent on behalf of the patient, it becomes entirely the responsibility of the physician to initiate the treatment and explain the nature of the procedure and the expected result to the family members as soon after the emergency as possible.

It is essential for good and safe patient care that doctors work effectively with colleagues from other health and social care disciplines, both within and between teams and organizations. Whatever the composition of the teams we work in, we must respect and value each person's skills and contributions.

Having a good communication and rapport with patients, colleagues and team members is the first step in minimizing possible medical negligence cases and claims.

Proper practice has to be based on evidence, which is determined by systematic methods and based on literature review with critical appraisal. Evidence-based clinical guidelines improve the quality of clinical decisions, help replace outdated practices, provide a centre for audit of clinical practice, and focus for clinical governance. Each step of such guidelines must be followed. We should also act within our limitations and never undertake a task that is beyond our competence. We should always make a habit of seeking a second or a third opinion in difficult situations.

Let us never forget that according to Bolam's test (1957) 'A Doctor is not guilty of negligence if he has acted in accordance with a practice accepted as proper by a responsible body of medical men skilled in that particular art'.

Finally, there should be national clinical guidelines for disease specific treatments. Defending bodies for ophthalmologists, as for all other medical specialist groups, in cases of untoward incidents have become prerequisites to the professional security and service motivation of all health care providers. It is indeed high time that the concept of medical insurance and indemnity for all medical professionals in cases of allegations of medical negligence be explored, concretized and implemented as soon as possible.

References

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