

Case Report

The Missing Link - Medico - Legal Aspect of Communication

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Introduction

There is an increasing disagreement and dissatisfaction among common public regarding the current status of health care. With an exponential increase in the number of malpractice lawsuits, the trend is shifting towards the practice of defensive medicine. In an attempt to protect oneself from defamation and harassment, the health care providers anticipate problems and act to prevent them. Amidst the advancements and sophistication of medical practices, at times the very basic component of a physician patient relationship is being overlooked: communication. While effective communication brings down the stress levels of patients and relatives, a healthier and timely discussion might protect a practitioner against malpractice allegations. The present case is an example of how a doctor patient/ relative discussion could have avoided unnecessary legal and emotional hassles for the relatives of the patient and the investigating authority.

Key Words: Doctor, Patient communication, medico – legal, malpractice lawsuits.

Case Report

A thirty year old man was brought to the hospital in altered sensorium by his room mates. The patient allegedly belonged to another state and lived in his rented room with his co workers from his home town. The patient was a daily wager and habitual alcoholic. In the evening of the fateful day, after his routine of alcohol and dinner, he started climbing down the stairs from the third floor, when he stumbled and fell on the floor. There were eyewitnesses from the neighbouring balconies who raised an alarm and brought him to hospital. After initial examination, he was admitted in the Neurosurgery department. CT scan showed left side Subdural hematoma with midline shift and left frontotemporal contusions. As there were no immediate relatives who lived nearby, the patient was operated with permission from the Medical Superintendent of the hospital as per 'Loco parentis'. After the procedure, the patient was shifted to the ICU in the intubated state. He never regained consciousness to give his statement to the relatives or to the investigating agencies. Meanwhile, after two days his siblings had arrived from his hometown and started taking care of him. They only knew what they had heard that their brother had sustained injury and is under treatment. Lack of communication from the doctors on rounds and the paramedical staff as to the procedure that had been performed on the injured already in their absence, lead to their conspiring theories as to how their brother sustained the injury. When the para medical staff removed the drain tube from his craniotomy wound, the brothers saw the left frontotemporo parietal 'C' shaped surgical wound and

assumed it to be caused by a weapon and decided it to be a case of homicide.

After a few days, the injured succumbed to his injuries and its complications and was brought to the mortuary for an autopsy where the relatives started protesting that it was a case of homicide and that the police had taken bribe from the accused for letting him go and made it into a case of accidental fall from height. There was huge hue and cry from the relatives and public, and having the tainted reputation, the police were subjected to media criticism. At the time of autopsy, the police and the relatives cornered the autopsy surgeon and both gave their versions of the incident. The police having eyewitnesses who had given written statements gave their version, and the relatives based on their suspicion, theirs. While asked the basis of their suspicion the relatives mentioned the large wound they had seen on their brother's head. With great efforts they were explained that the deceased had undergone a surgical procedure before their arrival and were shown the wound before starting autopsy. They were further advised that if they had suspicions other than that, they should register a formal complaint, stating their suspects rather than raising slogans and creating public nuisance. Though eventually there was no complaint or proceedings in the case, the incident brought to notice the lack of adequate communication between the health care providers and patients' relatives. Public demonstrations, mental and emotional anguish of the relatives were preventable events. Allegations could have misled the investigating authority with conviction of an innocent. The medical, emotional and medico legal outcomes of effective patient doctor communication are discussed in this article.

Discussion

The very basis of medical consultation is the physician patient relationship. Though it has been described in the first few chapters of medical text books, very few give importance to them. Students prefer to learn directly history taking and examinations which are considered more fruitful topics and the present teaching is also diagnosis and management oriented rather than being communication oriented. In the chaos of coming to a correct diagnosis and treating the disease, the patient is being ignored as a person. In the era of specialization and super specialization, the patient is dissected and is being treated as a system rather than as a whole. This has gradually led to disharmony and dissatisfaction among the patients and relatives. Though great efforts are being taken by the health care professionals to care for the patients among their busy schedules, most of the time the patients end up feeling dissatisfied. Many of the patients complain that the duration of consultation was inadequate and that the consultation was hurried. Physicians commonly redirect and focus clinical interviews on issues they consider important before giving patients even the opportunity to complete their statement of concerns.¹ A whole lot of this scenario can be changed by a healthy communication. In the present scenario of getting an informed written consent, patients expect a doctor to give full information regarding their medical conditions and willfully participate in the decision making regarding their treatment options.

The ultimate objective of any doctor-patient communication is to improve the patients health and medical care². The main goals of current doctor-patient communication are to create a good interpersonal relationship, facilitate exchange of information, and to include patients in decision making³. It has been observed that communication skills tend to decline as medical students progress through their medical education, and over time doctors in training tend to lose their focus on holistic patient care⁴. Patients want doctors who can skillfully diagnose and treat their sicknesses as well as communicate with them effectively⁴.

It is important that communicating to the guardian or caretaker of the patient also plays a vital component of a physician patient relationship. A healthy and effective doctor patient relationship not only enhances the health and emotional well being of the patient, it also improves patient compliance to treatment and follow ups.⁵ The newly proposed curriculum of undergraduate medicine, where emphasis is made on communication skills, will be a good start to improve the present scenario.⁶ A foundation course has been proposed wherein the student shall be trained to enhance skills of interpersonal relationships, communication, self directed learning, time and stress management. Also every health care professional is expected to follow and practice medical ethics for the betterment of the society at large.

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