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## Case Series

# Examining compensated cases of negligence in caesarean sections and its legal implications- A case series

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## ABSTRACT

Litigation related to Caesarean section which itself is a lifesaving procedure, is a complex issue with global implications. By addressing the factors that contribute to litigations and encouragement of better communication, we can ensure safer childbirth experiences for both mothers and babies. This case series investigates illustrations of compensation claims related to negligence in caesarean section procedures. The focus is on cases where patients experienced adverse outcomes, such as urinary problems and abdominal pain, following cesarean operations. In these cases, subsequent medical examinations revealed complications in newborns, retained surgical instruments, and foreign bodies inside the patients' bodies. All of these issues resulted in claims for compensation due to negligence against the doctors, which were subsequently settled by the commissions under the purview of the Consumer Protection Act, 2019.

The series sheds light on the implications of negligence in the context of caesarean sections, where the failure to adhere to standard care protocols led to evident harm. The cases highlight the need for doctors to ensure thorough post-operative procedures, including proper instrument accountability and removal. The consequences of negligence in these cases necessitated additional surgical interventions to relieve patient's symptoms, prompting claims for compensation.

By analyzing this case series, we aim to contribute to the understanding of legal consequences associated with caesarean section negligence and highlight the importance of maintaining the highest standards of care to prevent adverse consequences and subsequent litigation.

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## 1. Introduction

Litigations in medical profession that too against gynaecologist is becoming a common problem. So it is necessary to know what constitutes negligence and what is required to prove it and how far it is preventable.<sup>1</sup> Recently, the entire planet has been rocked by the emergence of numerous cases of medical negligence, which demonstrates the need for constant monitoring and control of the medical profession. Thus, it is possible to mention a focus on the field of obstetrics. Moreover, a particular focus is observed

in negligence on caesarean sections. A caesarean section is a medical procedure that is undoubtedly necessary and safe for giving birth to a baby when performed correctly. However, sometimes incidents of non-compliance and tragic consequences illustrate the possibility of neglecting the quality of the method. In both developed and developing countries, an increase in the number of caesarean sections is clearly seen as the number of them grows, so does the need for attention to be paid to ensure the highest standard of care. In this light, it is necessary to examine cases where negligent acts are believed to have taken place, given the consequences for patients and potential repercussions

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for health systems and the field of medicine overall. In India, the Consumer Protection Act of 2019 is an extensive statute designed to ensure consumers' rights to receive compensation for injuries and harms they have sustained due to medical negligence. The act enables the creation of Commissions on Consumer Disputes Redressal that operate at three levels: District commission, State commission, and National commission. Consumer victims of medical negligence can file their complaints with the consummate commission depending on their claim's value.

Through an in-depth analysis of compensation cases related to negligence in caesarean sections, this series aims to contribute to the ongoing dialogue surrounding patient safety, medical ethics, and the legal ramifications faced by doctors. By examining the global landscape, we seek to identify patterns, common challenges, and potential solutions that can enhance the quality of care provided during caesarean sections, ultimately fostering a safer environment for both mothers and infants worldwide.

This case series, which includes decided cases by the consumer redressal forum regarding compensation claims against gynecologists, aims to shed light on the current scenario of negligence in cesarean sections, exploring the various factors contributing to adverse events and their aftermath. From unforeseen complications to lapses in communication, this series will dissect real-life cases where negligence has been alleged, leading to legal actions and compensatory measures.

### 1.1. Case scenario no. 1

A new born was diagnosed with Erb's palsy, leading to allegations against a healthcare professional. The accusations included failure to recommend ultrasound (USG), providing misleading information about consent for cesarean section, applying excessive traction during shoulder delivery, and manipulating records.<sup>2-5</sup>

**Doctor's Counter Allegations:** The doctor contended that the patient refused cesarean section despite advice, lacked cooperation during shoulder delivery, didn't disclose previous delivery details, and the fear of asphyxiation justified the application of excessive force.

**Commission's Findings:** The state commission dismissed the doctor's plea, citing failure to recommend USG, inadequate record-keeping, and failure to obtain necessary consent. Expert affidavits supported the commission's view that the doctor did not exercise due and reasonable care during delivery.

**Compensation Awarded:** The commission awarded ₹1.75 lakhs for general damages, as no special damages were proven. The healthcare professional, who was insured, and the insurance company jointly bore the compensation responsibility.<sup>6</sup> Top of Form

### 1.2. Case scenario no. 2

**Case Overview:** A woman was admitted for her second delivery at a medical facility, alleging negligence during the childbirth process. The complaint suggested that the attending doctor's improper use of forceps resulted in the formation of a utero vesicle fistula, which necessitated additional surgical treatment at tertiary care centre.<sup>7</sup>

**Commission's Findings:** After expert witness testimony, the state commission upheld the complaint, concluding that the fistula could have been avoided if the doctor had applied forceps more carefully.

**Compensation Awarded:** Consequently, a monetary compensation of ₹12,500 was awarded to the affected woman for the damages incurred due to the alleged negligence during the delivery.

### 1.3. Case scenario no. 3

**Case Overview:** Following a cesarean operation, a patient experienced urinary troubles and abdominal pain. A subsequent medical examination revealed a mass in her body containing a metallic tip of a suction tube. A second operation was performed to remove the mass, relieving the patient of her symptoms.

**Commission's Findings:** The commission observed that the patient's suffering resulted from the doctor's negligence, causing both physical and mental stress.

**Compensation Awarded:** In response, a compensation of ₹2 lakhs was awarded to the patient for the distress and harm caused by the alleged negligence during the cesarean operation.<sup>8</sup>

### 1.4. Case scenario no. 4

**Case Overview:** Following a cesarean section, a patient continued to experience pain. Subsequent investigation at a different hospital revealed the presence of an artery forceps left behind in her abdomen. Further examination found a loop of small intestine surrounding the forceps, necessitating the removal of a portion of the intestine.

**State Commission's Decision:** The state commission awarded a certain amount as compensation, covering some expenses. However, the patient, deeming the compensation inadequate for the suffering endured, appealed to the National Commission.

**National Commission's Considerations:** The National Commission argued that several factors should influence compensation, including the financial condition of the patient and the doctor, as well as the age and earning capacity of the patient.

**Final Decision:** Ultimately, the National Commission enhanced the compensation, recognizing the need for a more substantial award given the patient's agony and the impact on her life.<sup>9</sup>

### 1.5. Case scenario no. 5

**Case Overview:** Following a cesarean operation, a foreign body was discovered in the patient's abdomen, leading to a second operation for removal.

**Legal Findings:**

1. **Negligence and Right to Life (Article 21):** The High Court identified negligence during the operation as a denial of the right to life under Article 21 of the Indian Constitution.
2. **State Government's Liability:** The court emphasized the state government's liability to compensate for negligence on the part of its employees, holding them accountable for medical malpractice.
3. **Freedom to Pursue Legal Action:** The court acknowledged that the petitioner had the liberty to take action under both civil and criminal law.

**Compensation Award:** A compensation of ₹3 lakhs was awarded to address the consequences of the negligence and uphold the patient's right to life.<sup>10</sup>

## 2. Discussion

The severity of cases where death occurs due to negligence in caesarean sections cannot be overstated, as it represents a tragic outcome with profound and lasting consequences for the affected families. In such instances, the very procedure designed to ensure the safe delivery of a child becomes a source of immense grief and often triggers legal actions against healthcare providers.

In case scenario no.1, the case underscored alleged negligence during childbirth, resulting in a compensatory award for the impacted new born. The commission found the healthcare professional's actions lacking in due care, emphasizing the need for accountability in medical practice. In such cases, parents and caregivers may suffer from financial burden due to future treatment costs and loss of income when providing long-term care for their child.<sup>11</sup> In case scenario no.2, the case involved allegations of negligence during childbirth, leading to the formation of a fistula. The state commission supported the complaint, resulting in a compensatory award to the affected party.

In India, most cases of urinary fistulas occur because of pressure damage after a prolonged and challenging childbirth. It's important to note that while Caesarean sections are helpful in childbirth, they also come with risks. They can lead to injuries in the bladder or ureter, increasing the chances of developing fistulas.<sup>12</sup> So, doctors are anticipated to proficiently negotiate such challenging obstetric scenarios and manage prompt medical interventions. As an explanatory instance, physicians might find themselves obliged to promptly respond in emergency situations wherein either the maternal or neonatal entity faces imminent threat.

A dereliction of duty in such exigent situations may possibly be construed as medical negligence. Undesirably, the consequences of such complications have the potential to inflict enduring or even irreversible damage upon infants or their maternal counterparts.

In case scenario no.3, the case highlighted the importance of patient well-being, emphasizing the responsibility of healthcare professionals to exercise due care and prevent avoidable physical and mental distress in patients. In this case, the fact that the patient experienced urinary troubles and abdominal pain indicates a deviation from the standard of care expected in medical procedures. Reasons for claims for compensation due to leaving behind swab/foreign body during LSCS or normal delivery is rare as reported only 1.7 % as studied by Gowda et al.<sup>1</sup>

In case scenario no.4, the case underscored the importance of considering various factors to ensure fair and just compensation in medical negligence cases.

In case scenario no.5, the case underscored the significance of protecting patients' rights and holding the state accountable for the actions of its employees in medical negligence cases.

Cases of foreign body retention in body cavities though rare in incidence in caesarean section, often can lead to claims for compensation due to suffering and pain caused by resulting complications.

Negligence leading to maternal death in caesarean sections can take various forms, including failure to timely recognize complications, improper surgical technique, inadequate monitoring during and after the procedure, and lapses in postoperative care. These cases often involve complex legal considerations, as families seek accountability and justice for the avoidable loss of a loved one.<sup>13</sup>

Furthermore, the aftermath of a maternal death due to negligence in a caesarean section can have lasting effects on the reputation of healthcare institutions and healthcare professionals involved. Public trust in the medical system may be eroded, and the incident may prompt regulatory bodies to reevaluate protocols and standards to prevent future occurrences.

Addressing the severity of such cases requires a comprehensive approach that includes thorough investigations, transparent communication with affected families, and an earnest commitment to improving patient safety. Learning from these tragic events can lead to systemic changes aimed at preventing similar instances in the future and fostering a culture of continuous improvement within the healthcare community.

In conclusion, the severity of cases where death occurs due to negligence in caesarean sections serves as a stark reminder of the profound impact that medical errors can have on individuals and society at large. It underscores the imperative for the healthcare industry to prioritize

patient safety, invest in ongoing education and training, and implement robust systems for monitoring and improving the quality of care provided during childbirth procedures.

### 3. Conclusion

To prevent negligence in caesarean sections and minimize the risk of compensation claims, healthcare providers should:

1. Adhere strictly to established clinical guidelines and update staff on evidence-based practices regularly.
2. Promote open communication with patients and within the healthcare team about risks and complications.
3. Conduct thorough preoperative assessments and maintain accurate patient medical histories.
4. Implement continuous monitoring of maternal and fetal parameters during procedures.
5. Provide regular training and simulations to enhance teamwork and crisis management skills.
6. Use standardized documentation procedures to ensure accurate recording of care details.
7. Establish robust postoperative monitoring protocols and clear postoperative care instructions.
8. Implement ongoing quality assurance programs with regular audits and evaluations.
9. Strengthen the informed consent process and thoroughly document discussions about potential complications.
10. Provide legal and ethical training, fostering a culture of accountability and continuous learning.

These measures collectively contribute to improving patient safety, reducing the likelihood of negligence, and enhancing the overall quality of care during caesarean sections.

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### 5. Conflict of Interest


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