Reducing Litigation Risks in Obstetrics and Gynaecology

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"It is always good to remember that if you step into a muddy pond and wash your feet thoroughly, the smell of the mud will still linger on." Justice Dato' (Dr) R. K.Nathan

This quotable quote is from a chapter written by a well-known medico-legal personality in the above book. Doctors will always dread ending up in court as a defendant. The odds are increasing year by year that a doctor will face this unenviable position. "Reducing Litigation Risks In Obstetrics and Gynaecology" is a 45-page handbook providing valuable tips on how to avoid this predicament to the practicing obstetrician and gynaecologist as well as those in training to be one. The handbook is written by Prof MacDonald and Dr Kumarasamy who are academic staff from the Penang Medical College.

The authors bring their medico-legal experience to bear in penning their various sections. The handbook opens with a short section on communication. It is suggested that if the risk or complication of a procedure is greater than one per cent, the patient should be told about it. The reader is also informed that courts have suggested that patients have the right to know about all possible complications-however rare. This is invaluable advice to the Malaysian doctor who often decides for the patient what should be told.

The sections are then divided into obstetrics and gynaecology. There is a distinct difference in the

way these two sections have been written in the form of content although the writing style is similar. The obstetrics section provides less technical details but is heavy on preventive advice. The gynaecology section provides a good balance of both.

There is also a section on the pitfalls facing the clinician who embarks on the more recent techniques of laparascopic and hysteroscopic procedures. This is commendable.

The authors provide some very practical and valuable advice when a gynaecologist experiences some unexpected injuries during surgery. The junior doctor would find the advice on the ways of determining bladder injuries very useful. "The limits of the bladder can be defined by inflating the bladder with methylene blue in saline." The flat tire test is introduced for locating very small vesicovaginal fistulae. "The bladder is filled with carbon dioxide, the vagina with water and the opening of the fistula is identified from the location of rising bubbles." There is also advice about recognizing bowel injury. The authors recommend that if there is concern about rectal damage, the pelvis can be filled with water. Subsequent milking of the colon towards the rectum may reveal gas bubbles indicating leakage. It is rare to find such valuable snippets of information in one place. This handbook would be useful even for those who feel they are in no need of medico-legal advice.

BOOK REVIEW

Justice Dato' (Dr) R. K. Nathan has written a chapter on "Avoiding litigation in O&G". This is a "must-read" for doctors of all disciplines. He suggests that doctors should never underestimate the opponent's Counsel. "He might not be a specialist, in your field but he will be just as prepared. Doctors be warned!

The writing style is clear and readable. The authors could improve on this by providing summaries of useful tips and practice points through out the text. Illustrations or cartoons could have also helped to impart the message better. The handbook could have been improved by providing local case

scenarios and data in relation to medico-legal claims. The authors allude to this in the acknowledgement but I do not recognize it in the text. Perhaps some reference to landmark judgements in the Malaysian context would help doctors gauge the present medico-legal climate better.

This handbook is a very commendable effort. Professional bodies in O&G and medical defence societies should distribute this handbook widely to all doctors practicing in O&G. I would definitely make it compulsory reading for all trainees in O&G.

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