

DOS AND DON'TS.

- By DR. LALIT KAPOOR

Let us consider a few more extremely important areas wherein can be found the genesis of medico-legal problems. It is worthwhile paying attention to them consciously.

SELECT YOUR STAFF CAREFULLY AND THEIR FUNCTIONS MONITOR CONSTANTLY

As per the Law, an employer is responsible for the actions of his/her employees. This is known as vicarious liability. It is important to remember that it is quite possible to get involved in some medico-legal hassle even if you have personally not done anything wrong. An act of omission or commission on the part of any of your staff can land you in as much trouble as a personal default.

Many cases have had their origin in the actions of a staff member. A recent example is of a nurse administering a wrong injection with serious consequences. The resultant liability had to be borne by the hospital - the employer.

In other words, do not undervalue the importance of selecting your staff judiciously and monitoring their conduct constantly. Remember you are going to be responsible for their actions (or inactions!!) Following are a few guidelines :

As far as possible, try to employ only "qualified" staff even though you may have to pay a higher salary. It may prove less expensive in the long run. In any case, recover the additional expense from the patient. After all, it is for his benefit.

Of course, I know it is not always possible to get qualified staff. But do make a genuine attempt.

While appointing staff, make a point of (a) personally checking the original certificates of the qualifications and keep a record of the Xerox copies. (b) checking up telephonically, or in writing, with the persons or institutions whose references of past employment may have been given (c) keep a proper record of the antecedents of the employee including local address and permanent address.

In a given situation, all this may assume great importance and it may be required to be shown by you that you were not careless in appointing a particular staff to whom you were going to entrust care of your patients. Try to establish a system where your staff is encouraged to improve their skills by training or education by you or the existing senior staff.

Monitor the performance of staff members from time to time. For example, surprise checks of their work such as maintaining register or keeping stock of particular drugs, etc.

To give you another example, I once decided to monitor the accuracy of the blood pressure readings taken by the RMO and nurses in random check. The results were quite revealing and corrective action could be taken.

5. Quite often discourteous or rude behaviour by your staff member, say, receptionist or a nurse, could be at the root of allegations against your otherwise sound management of the patient. The displeasure of the patient against your staff member can easily be transferred and directed towards

you. Reprimand rude behaviour of a , particular staff and let the others know it.

6. Instruct your staff not to act beyond the scope of their duties. This can sometimes create unimaginable problems. For example, a receptionist at a hospital, while handing over some lab reports to the friend of a patient, discussed the contents of the reports with him. Subsequently, this led to a serious problem, since in this particular case the question of breach of confidentiality arose and the management of the hospital had to face some unpleasant music. Clearly, all this happened because the receptionist overreached her

duties and thus created avoidable problems.

While handing reports, etc. to patients, non-medical staff should be instructed to keep their mouths shut. They should only smile and make sure they don't forget to collect the money!!
CAUTION: MAKE SURE DRUGS! MEDICINES PAST THEIR EXPIRY DATE ARE PROMPTLY DESTROYED AND DO NOT REMAIN IN YOUR POSSESSION

In a recent case, a seriously ill meningococcal meningitis patient died in a nursing home. A Police complaint of medical negligence was made by the relatives. The Police took into possession all the ampoules and vial_ of the medicines which had been used on the patient. Amongst these, was one ampoule of Inj Sodabcarb which carried an expiry date two weeks prior to the then current date.

Police and relatives concluded that patient had died because of administration of "expiry-date" drug. Police examined all the other stock of medicines and happened to find 2 vials of Inj Mox which were past expiry date. All other facts of the case were relegated to the background. This became the main issue and the Police said it was now confirmed that expiry date drugs were being routinely used in this nursing home. Even FDA authorities got into the picture. The whole thing got into a mess needlessly. A VOID SUCH A SITUATION. Devise a system where your staff routinely checks at regular intervals the expiry date of drugs and destroys the same irretrievably.

MALE DOCTORS PATIENTS:

It is ironic that even today it should be necessary to repeat this warning in connection with male doctors examining female patients. A MALE DOCTOR SHOULD NEVER, NEVER EXAMINE A FEMALE PATIENT ALONE. The realisation of the value of this warning has come to many a doctor, albeit too late and to his sorrow.

Hence the need for this reminder. **FALSE OR INACCURATE CERTIFICATES OR BILLS: MAY LAND YOU INTO TROUBLE**

(i) Do not give false certificates to patients to oblige them. Sometimes, they will land into trouble because of this, and then so will you. Even worse, these may sometimes be used against you.

(ii) Do not give a death certificate if you think a postmortem is warranted. Do not get pressurised by the relatives. Taking a declaration that they have no allegations against you and they are satisfied by the treatment given by you has no meaning. It will later be said that this declaration was signed under duress.

(iii) Do not give false bills & receipts for re-imburement to patients to oblige them. This has led to a variety of problems for a number of doctors. In a recent case, a patient requested a consultant to give a bill for an inflated amount. Later, when he made a complaint before a Consumer Forum, he alleged, among other things, that the doctor had grossly overcharged him!!

To conclude, please remember: A medico-problem can affect anyone of us. No one is immune to it - whether Family practitioner, Specialist, Superspecialist, private practitioner, or Honorary practitioner. It can occur at any time of our career - it can occur to the junior-most doctor or the senior-most doctor and it may occur on the first day of your practice or in the last days of your practice when you may be just planning to retire.

Hence, one has to be eternally vigilant and practice safe, sound and defensive medicine.