Ethical Issue Related to 'Save the Life of the Patient' at Mthatha General Hospital in South Africa

B Meel

Professor, MBBS, MD, DHSM (Natal), DOH (Wits), MPhil HIV/AIDS Management (Stellenbosch), Research Associate, Nelson Mandela University, Port Elizabeth 6031 South Africa

Abstract

Background: Resuscitation of a patient with life threatening conditions, before referral to another department or hospital, is a legal obligation on the part of the health professionals. Several deaths occur every year in hospitals and health care centres without an emergency management.

Objective: To highlight the ethical issue related to 'Save the Life of the Patient' at Mthatha hospital in South Africa.

Case History: This is the case (AM) report of a 16-year-old Grade 10 learner who was assaulted physically as well as sexually. She was bleeding from a stab wound to her when she was brought to the Mthatha General Hospital's (MGH) casualty. She was then referred to the Bedford hospital for repair of the tendon of her right wrist as recommended by the doctor on duty. The patient was referred to Sinawe Centre for forensic management, where she collapsed during an interview. The patient was taken on a stretcher to the MGH casualty for an emergency treatment of her blood pressure. The history of the patient and the care duty of the health professionals are discussed. Ethical issues are also highlighted in relation to the 'preserve the life first' principle in this case report.

Conclusion: There was a serious breach in duty of care by medical officers in the Mthatha hospital, South Africa. It is an ethical priority to save the life of the patient.

Keywords: *Resuscitation, life-threatening, legal obligation, emergency management, and death.*

Introduction

There is a lack statistics worldwide regarding the number of deaths related to medical negligence. A study by Healthgrades found that an average of 195 000 hospital deaths in each of the years 2000, 2001 and 2002 in the United States were due to potentially preventable medical errors.[1] Researchers examined 37 million patient records and found that there were 98 000 deaths annually in USA because of medical errors and this situation should thus be considered a national epidemic.[2] Medical errors are a major concern regardless of patients' life expectancies. A study carried out by Hayward et al. (2001) in the USA showed that almost a quarter of active-care patient deaths were rated as possible preventable by optimal care.[3]

There are four main principles regarding patient care: legal duty of care, breach in duty, injury because of lack of care, and ultimate death or disability of a person.[4] The provision of health care service in resource-poor settings is associated with a broad set of ethical issues. These are related to 'act of omission'

and 'act of commission'. Immediate treatment of a victim of injury on arrival of the patient in a hospital casualty is sometimes lifesaving. Avoidance of unnecessary movement of the victim prevents further injury.[5]Conditions that require immediate attention to avert death include cessation of breathing, severe bleeding, poisoning, and heart attacks. The essential first aid is bandaging of a wound in case of injury.[5]

There is a scarcity of literature on medical negligence in South Africa, but it seems to be a major problem. The dysfunctional public health care system in South Africa is taking a heavy toll on the life of patients especially in former disadvantaged community. People in these communities are most vulnerable to being raped and cannot afford to get private health care. To address this situation, social and structural inequities in South Africa must be changed. The purpose of this case report is to highlight the ethical issue related to 'Save the Life of the Patient' at Mthatha hospital in South Africa.

Case History

AM, a Grade 10 learner, was referred from casualty with a history of being physically and sexually assaulted by two unknown men in 2009 at about 2 am. She was alone at home sleeping as her parents were in the rural areas. Two men entered her house and demanded money. She gave them R130. They demanded more but she did not have more. They beat her up. She asked them to give her a chance to get out and get money from her neighbour, but they did not allow this. She managed to get out, and went to the neighbour's house, but they followed her. They also demanded money from the neighbour (girl G), and they robbed her of her cell phone. After robbing them, they forcefully asked them to undress, and they raped both. They took turns at raping. The girl resisted but they stabbed her with a knife.

The patient was brought to casualty. The doctor on duty bandaged her wrist and referred her to Bedford hospital to get her tendon repaired. She was bleeding continuously. Bedford hospital referred her to Sinawe Centre for examination of her sexual assault injuries. At about 1 pm (after almost half a day), the patient was presented at Sinawe Centre with multiple superficial stab wounds and bleeding profusely wrist. She lost lot of blood. Her bleeding wounds were not managed at the casualty. She was just referred to Sinawe Centre without being assessed. The patient's condition changed during the process of interviewing her. She was sweating heavily and was in shock. She was taken to casualty on a stretcher for management at about 9 pm (almost three quarters of a day later) the patient was examined for a sexual assault. She was pale and hypotensive (90/62 mm hg), and her pulse was rapid and feeble. Intravenous fluid was given, and her wounds were bandaged. Prophylactic treatment was advised, and they asked her to come to the Sinawe Centre the next morning for counselling.

On genital examination, there were signs of bleeding with fresh rupture of the hymen. Margins of hymen are irregular, and the point of bleeding was visible. There was bruised introitus, indicating that there was a recent forceful sexual assault. She was non-reactive on HIV rapid testing. A pregnancy test was also negative.

Discussion

This report reflects the tip of an iceberg, one situation of many where a patient could have been saved from a near death in a public hospital in Mthatha. There are lot of prehospital preventable deaths in this hospital.[6] Very little research has been carried out in this regard, and therefore very few are published. The Transkei region of South Africa is one of the poorest areas, where a very poor health care system is in place. The history of Transkei sheds light on the factors behind the high incidence of rape in

this region. Apartheid made violence an instrument of control and violence became the norm in these people's day-to-day life. The Transkei region suffered under the rigorous apartheid system and women were asked to produce more children to keep on supply the fighting force needed to defeat the apartheid regime.

Rape is a stigma in the community, but it is also so among health professionals. The moment they get a case of rape, they simply they want to get rid of it. This is what happened in the case of AM. She was presented in causality as she was raped, and the medical officer, without assessment of her injuries, assumed that her tendon was cut and referred her to an orthopaedic hospital. So, the doctor had 'done his job' without knowing the consequences for the patient's life. The patient (AM) was admitted to the orthopaedic hospital about ten kilometres away without a diagnosis and was given a bed. In the morning the doctor came on his rounds, heard her history, and referred her to the rape crisis centre. AM was sent from one centre to another centre for about a day, bleeding from cut artery in her wrist. AM was at the casualty for her injury as well as for the trauma of rape. She should have been treated by the casualty doctor for her injuries first, following the basic undergraduate teaching curriculum dictum of save the life first. Her wrist artery was cut and bleeding, a life-threatening situation, but doctor on duty was more worried about her tendon injury.

It is common sense, and has repeatedly been taught to undergraduate students, one must save the life of patient first, and then look for other things to treat. It is surprising that the doctor in the orthopaedic hospital did not pay adequate attention to the referred patient from casualty. As a result, the patient kept on bleeding the whole night from her cut wrist. The next day the patient was referred to the rape management centre, and there a sister picked up the problem and took her to casualty where she was treated for hypotension. It is sad that the doctors were negligent in their actions. There are two hospitals in Mthatha within about 200 metres of each other. The lower hospital has casualty, and the higher hospital is called the Accident and Emergency hospital, although both are carrying out same type of work. Patients are referred from the lower hospital to the higher hospital, and sometimes they die on the way to superior hospital. The procedure of transfer is so slow that it will take a lot of time, and when the patient is in a critical condition, he, or she in between these two hospitals.

There are a high number of rapes and a high risk of unnatural death among children in Transkei.[7,8] A study carried out by the author showed that about 12% of prehospital deaths are preventable. [6] It is not sure how many of these deaths could have been avoided if the patient was not admitted to hospital. There are several deaths that have occurred by the act of commission as well as by the act of omission. They could have been counted as surgical mishaps, but it is difficult to find out if an overdose or the wrong use of medication in hospital was the cause of death. This is because there is no instrumentation to measure the drugs and patients' blood levels in hospital. About 1% of hospital admissions have an adverse event due to negligence in the United States of America.[9]This is much higher in Transkei hospitals. Medication errors are common throughout the health care system and result in significant human and financial cost.[10]

A nursing sister who was in the rape referral centre saved the life of this child. She immediately picked up that the patient was going hypotensive and immediately organised a trolley and took her to casualty where intravenous fluid was given to the patient and therefore the child survived. This is not recognised by the hospital management. The practice of those who are doing right must be appreciated and those who are doing wrong must be reprimanded but this is not in practice in this region. The author has written to Chief Executive Officer of one hospital to

carry out this practice, but she was in fact favoured the politically sound medical officer who was frequently committed the same negligence.

It is a serious ethical issue and doctors must be penalised if there is some responsible governance of the hospital in place but unfortunately it is lacking. The hospital management is generally ignoring this kind of mishap and unethical practice of medical officers in hospitals. It is ironic that they pay more attention after the death when they organise a memorial service and console the family. There is a mechanism in place for reporting to the Health Professions Council, but generally the people are illiterate, and they do not know the system. Transkei people do not have a litigious mind and they do not report to anyone. They accept the death or injury as given by the God.

Mistakes must not happen, but mistake must at least not be repeated in dealing with the life and death of a patient. An independent review of doctors' treatment plans suggests that 14% of admissions can have improved decision-making; many of the benefits would have delayed manifestations.[11] Even this number may be an underestimate. One study suggests that, in the United States, adults receive only 55% of recommended care.[12] At the same time, a second study found that 30% of care in the United States may be unnecessary.[13] AM is not rich to afford private health care. Increasing levels of absolute poverty have been recorded in the Eastern Cape.[14] Seventy-four percent of people in the Eastern Cape live below the poverty line of R800 (equivalent to 105US dollars) or less per month. The poverty level is below 82.3% in the Transkei region.[15]

The rate of sexual assault runs parallel with HIV prevalence. AM was qualified for post exposure prophylaxis (PEP) as she was reported within 24 hours. She lost the opportunity to receive PEP within six hours because of the doctor's negligence as they could not refer her timeously. AM was tense and stress out and in need of counselling and psychotherapy. Some of the victims of rape lead to suicide. A study carried out in UK showed that 20% of victims face psychiatric problems after rape. [16]

The *res ipsa loquitor* (the case speaks for itself) doctrine is currently not being used in the South African courts. [17] AM's case fits the *res ipsa loquitor* context where she was moved to a different hospital which was not needed and, because of that, she was almost near to death. Her PEP was also delayed whereas it is always good to use it as early as possible to provide more effective protection. Poverty alleviation is not only important to fee a human being, but it is also important to bring morality among people and to control increasing HIV infection in the community.

South Africa is having two faces. On the one hand, it has highly developed areas such as Cape Town and on the other hand grossly underdeveloped regions like Transkei. The health care services are also at two extremes. This has been going on from the time of apartheid without much improvement. The public is also not well informed because of illiteracy and therefore they are powerlessness. Life hardly has any meaning in poverty.

Conclusion

The victims of rape are also victims of the dysfunctional health care system in Mthatha Hospital in South Africa. There is a shortage of ethics in the care of patients to save lives. It is not only a legal requirement but also a serious ethical issue in the care of patients. The hospital management must take note of it.

Ethical Issue: The author has ethical permission for case report publication (approved project No. 4114/1999) from the Ethical Committee of the University of Transkei, South Africa. The author has expressed his personal views at places and have no intention to demean the hospital and its management.

Conflict of Interest: None

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