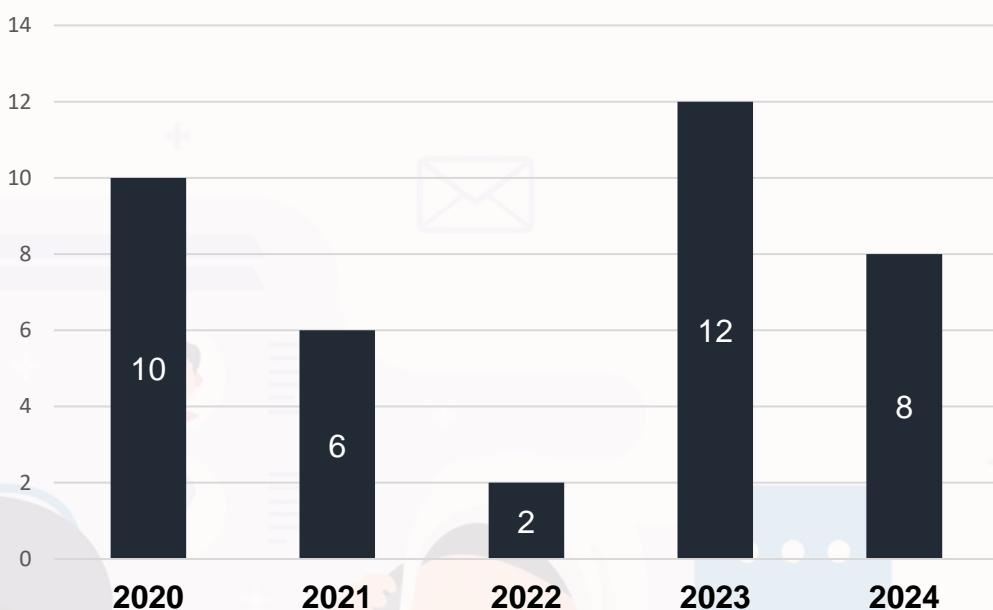


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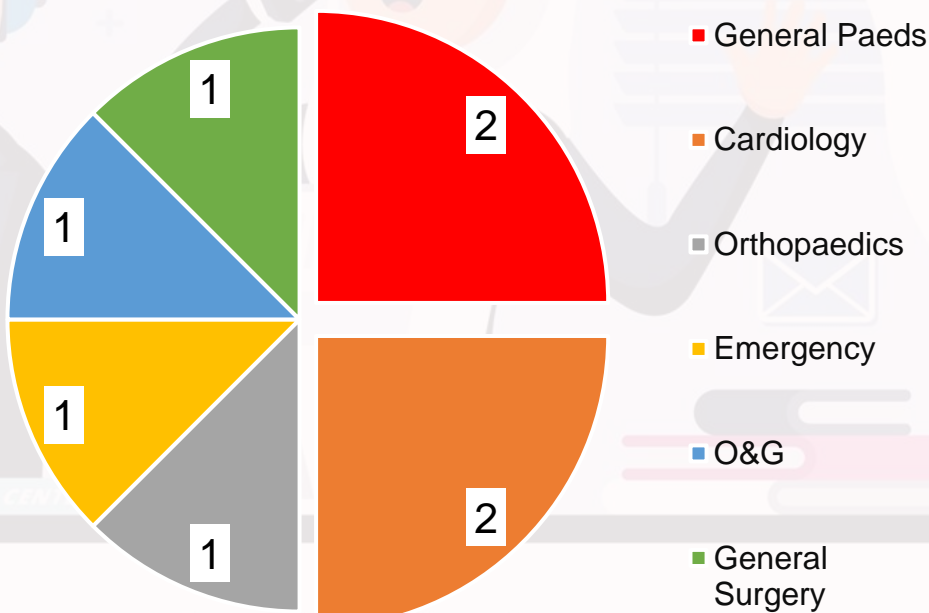
MEDICO LEGAL STATISTICS - HSAJB

HSAJB MEDICO LEGAL COMPLAINTS TREND



TOTAL NUMBER OF MEDICO LEGAL COMPLAINTS RECEIVED BY DEPARTMENTS IN 2024

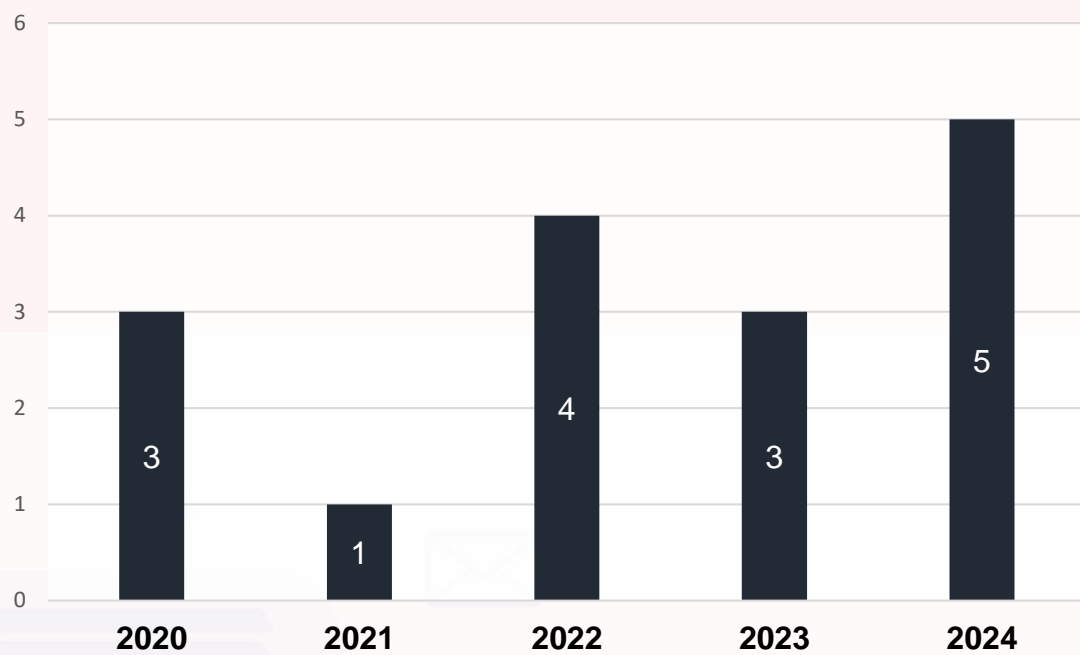
* a complaint may involve multiple departments



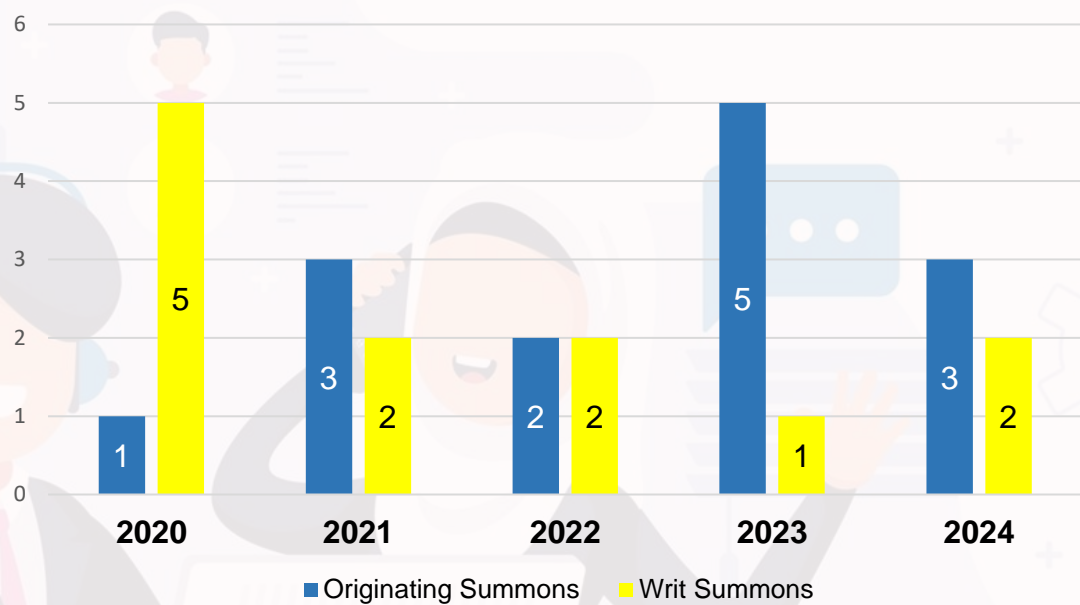
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MEDICO LEGAL STATISTICS - HSAJB

TOTAL NUMBER OF INDEPENDENT INQUIRIES INVOLVING HSAJB



TOTAL NUMBER OF MEDICO LEGAL SUMMONS INVOLVING HSAJB



* Originating summons - usually filed by the plaintiff to compel a healthcare facility to release his/her medical records
 Writ summons - a civil lawsuit filed in the court by plaintiff(s) to claim damages or relief or remedy from defendant(s)

MEDICO LEGAL LITIGATION CASE REVIEW

WHEN “ONE FOR ALL BUT ALL FOR NONE” COSTS RM4.8 MILLION

by Dr. Farah Adibah binti Mohd Taib

**Yusnita Johari v The Government of Malaysia & 16 Others*

CASE SUMMARY

In the realm of medical negligence, many cases encapsulate the complexities of patient care and the implications of negligence as poignantly as this case, concerning a plaintiff who suffered severe consequences from amniotic fluid embolism (AFE) following a Caesarean section. This case centres around the critical issue of suboptimal management of the plaintiff's condition, which stemmed from a pre-existing diagnosis of Placenta Previa Type 3. The urgency of the situation escalated when the plaintiff experienced contraction pains prior to her scheduled elective Caesarean section, culminating in an emergency surgical intervention. Unfortunately, shortly after the operation, she collapsed and required immediate resuscitation in the operating theatre, leading to the catastrophic diagnosis of amniotic fluid embolism accompanied by disseminated intravascular coagulation (DIVC). This series of events ultimately resulted in irreversible brain damage, leading to permanent mental and physical disabilities for the plaintiff.

The legal ramifications of this case came to the forefront when the plaintiff, represented by her husband, filed a lawsuit alleging negligence against the healthcare providers involved, seeking compensation for the extensive damages incurred. The court's ruling of 100% causation linking the defendants' shortcomings to the material damages suffered by the plaintiff, resulting in a staggering award of RM4.8 million. This sum encompassed various components including special and general damages for pain and suffering, loss of amenities of life, future general damages, and legal costs. Rather than focusing solely on the plaintiff's prognosis of potential neurological or physical impairments due to the AFE, the court scrutinized the management practices employed during her care. It became evident that the defendants' implemented measures to mitigate the severe effects of the AFE were nonoptimal. The court found that the defendants exhibited a lack of due care, skill, diligence, candour, and good faith in prioritizing the plaintiff's best interests. The discrepancies noted in estimating the plaintiff's blood loss was a critical point that was highlighted as a tumbling block which set the motion for a series of inadequate measures to manage the plaintiff's brain hypoxia. Alongside ineffective teamwork among the multidiscipline care providers, improper monitoring of vital signs and fluid input-output post-resuscitation, prolonged inattentiveness to the plaintiff's consistently high lactate levels, and hasty decisions regarding the weaning of active clinical management, the defendants were found negligent by failing to meet the legal duty owed to the plaintiff, thereby exacerbating the severity of her injuries. In conclusion, this case serves as a reminder of the ethical and legal obligations that healthcare providers bear. It underscores the necessity for meticulous patient monitoring and responsive care, particularly when faced with potentially life-threatening and poor prognosis conditions such as AFE. The ruling not only reflects the court's commitment to uphold patient rights but also serves as a critical call to action for medical professionals to continually strive for excellence in patient care, ensuring that all possible measures are taken to mitigate risks and safeguard the health and well-being of those entrusted to their care.

*Source Journal: The Malaysian Law Review (High Court) 2023 Edition Volume 4, pg 263-349

WHEN “ONE FOR ALL BUT ALL FOR NONE” COSTS RM4.8 MILLION

by Dr. Farah Adibah binti Mohd Taib

DISCUSSION

The heart of medical negligence litigation lies in the principle that the burden of proof rests with the plaintiff. In such cases, it is essential for the plaintiff to demonstrate that the defendants owed a duty of care, breached that duty by deviating from established standards, caused damage through that breach, and that the harm suffered was not too remote. This intricate relationship between duty, breach, causation, and damages points to the critical importance of thorough and attentive medical practices. This case involving AFE, despite the widely accepted poor prognosis associated with this condition, the defendants' failure to properly mitigate the plaintiff's condition exemplified a failure to meet the requisite standard of care and deviation from the expected standard led to significant neurological deficits rendering the plaintiff becoming severely dependent on others and losing her quality of life.

The court highlighted critical issues, including inadequate documentation and a lack of collaboration among the multidisciplinary teams in the provision of medical care. It was determined that the treatment provided did not reflect the best interests of the patient, partly due to the Obstetrics & Gynaecology (O&G) team's assertion that the responsibility of managing the patient's stabilization fell under the purview of the anaesthetic team, simply due to her placement in the Intensive Care Unit (ICU) was deemed unacceptable by the court. Each team, while possessing specialized skills— whether in critical care or obstetrics management— must recognize that these competencies do not absolve them from their fundamental duty to act in the best interests of their patients. The principle of multidisciplinary management necessitates that all teams work cohesively, discussing any abnormalities and collaboratively suggesting management plans to ensure the patient's best interests are preserved. This includes recognizing critical signs, such as persistently high lactate levels and fever, and understanding the implications of potential treatments, like inotropic support, which could exacerbate hypoxia. The case also highlighted the detrimental effects of poor documentation. Significant discrepancies recorded by the attending doctors in the estimated blood loss post-operation raised concerns about the adequacy of efforts to restore perfusion to the brain.

Furthermore, as pointed out by the plaintiff's expert witness regarding the failure to monitor vital signs and input-output parameters for 1.5 hours while the patient was in the observation bay demonstrated a clear departure from standard resuscitation practices. In conclusion, the ruling reinforced a critical tenet in medical negligence cases: the duty of care is a collective responsibility shared by all professionals involved in patient management, regardless of their specialization. The maxim “one for all and all for one” rings true—highlighting the necessity for teamwork and shared accountability in delivering optimal patient care. This case serves as a poignant reminder of the necessity for collaboration and comprehensive documentation in medical practice in which teamwork and accountability are paramount in preventing medical negligence and ensuring optimal patient outcomes.

DAMAGES AWARDED

Yusnita Johari v The Government of Malaysia & 16 Others

		Award by Court
Damages	Special Damages	RM 289,039.30
	Pre-Trial Damages	RM 459,900.00
	General Damages for Pain and Suffereing, and Loss of Amenities of Life	RM 400,000.00
	Future General Damages *Life Expectancy	RM 3,348,889.60 *19 years
	Total Damages	RM 4,497,828.90
Costs		RM 354,682.47
Grand Total		RM 4,852,511.30

THANK YOU

ACKNOWLEDGEMENT

EDITOR-IN-CHIEF : DR. NUR AINA BINTI ROSTAM
CONTRIBUTOR : DR. FARAH ADIBAH BINTI MOHD TAIB

MEDICO LEGAL UNIT

Head of Unit : Dr. Nur Aina binti Rostam #0070
Medical Officers : Dr. Bharaty a/p Prabhakarah #0071
Dr. Vithyappriya a/p M Nachiappan #0072
email : medicolegalhsajb@moh.gov.my
extension : 6678/5941

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