# News and Views

## Note on Action Against False Assumptions of Medical Practitioners

The Delhi Medical Council Act, 1997 has been enacted to provide for the Constitution of the Delhi Medical Council, and the maintenance of a register of medical practitioners who are engaged in the practice of modern scientific system of medicine and all its branches in the National Capital Territory of India and for matters connected therewith.

According to Section 27 of the Delhi Medical Council Act, any person who falsely assumes that he is a medical practitioner as defined in Clause (7) of Section 2 and practises the modern scientific system of medicine, shall be punishable with rigorous imprisonment which may extend up to 3 years or with fine which may extend up to Rs. 20,000/- or with both.

The above mentioned offence of false assumption of any person as a medical practitioner practising modern system of medicine is a punishable offence which is a cognizable and non bailable offence as per Schedule II of CrPC.

When the Delhi Medical Council comes to know about any person who is falsely assuming himself/herself as a medical practitioner practising modern system of medicine, then Delhi Medical Council files a police complaint against the said person. On receiving the complaint from Delhi Medical Council, the Police officials promptly register FIR against the said person.

The SHO shall adequately brief Division/Beat staff to gather information about the quacks proactively. Credentials of such persons violating provisions of Section 27 of Delhi Medical Council Act, 1997 shall be verified by the police from Delhi Medical Council. If the report of the Delhi Medical Council discloses that the said person is a quack, then SHO shall promptly register a case under appropriate sections of law.

The cognizance of theses offences can be taken by the Court only on the complaint of the competent authority under Section 28(2) of the Delhi Medical Council Act, 1997. After completion of investigation, the SHO shall forward the outcome of investigation to the Delhi Medical Council. Thereafter, the Delhi Medical Council would file a complaint in the Court in accordance with law. After the filing of the complaint by Delhi Medical Council in the Court, the SHO will file chargesheet (final report of police investigation) in the Court.

The Deputy Commissioner of Police, Delhi Police has vide circular dated 22.05.2014 clarified to all police officers about the cognizance of the offence under Section 27 of the Delhi Medical Council Act, 1997.

***Source:*** *(i) Delhi Medical Council Act, 1997. (ii) Circular dated 22.05.2014 of Deputy Commissioner of Police*

### CIRCULAR

No. 15/2014

**Subject-** Action~ against false assumption of medical practitioners (Quacks).

**False assumption of medical practitioner in terms of the Delhi Medical Council (DMC) Act, 1997 and the Delhi Bhartiya Chikitsa Parishad (DBCP) Act, 1998 is a cognizable and non-bailable offence under the respective Act as per schedule II of CrPC.**

2. Section 27 of the DMC Act, 1997 reads as under:

   "*Any person who falsely assumes that he is a medical practitioner or practitioners as defined in Clause (7) of Section 2 and practices the modern scientific system of medicine, shall be punishable with rigorous, imprisonment which may extend up to 3 years or with fine which may extend up to Rs. 20,000- or with both*".

3. Section 30 of the DBCP Act, 1998 reads as under:

   "Any person who falsely assumes that he is a practitioner as defined in Clause (K) of Section 2 and practices the Bhartiya Chikitsa (Indian System of Medicine) shall be punishable with rigorous imprisonment which may extend up to three years and with fine which may extend upto fifty thousand rupees".

4. In case a complaint is received from the DMC and the DBCP warranting action u/s 27 of the DMC Act, 1997 or u/s 30 of the DBCP Act, 1998 respectively, FIR should be registered promptly.

5. SHOs adequately brief Division/Beat' staff to gather information about quacks proactively. Credentials of such persons violating provision of Section 27 of the

DMC Act, 1997 and Section 30 of the DBCP Act, 1998 shall be got verified from the concerned Council.

If the report of the concerned Council discloses that the suspect is a quack, the SHO shall promptly register a case under appropriate sections of law.

Cognizance of these offences can be taken by the Court only on the complaint of the competent authority empowered u/s 28(2) of the DMC Act, 1997 and u/s 31(2) the DBCP Act, 1998 respectively. After completion of investigation, the SHO shall forward the outcome of investigation to the concerned Council. The concerned Council would then file a complaint in Court in accordance with law. After Filing of such complaint, SHO will file chargesheet in the Court.

Contact details of the Councils:

a. Delhi Medical Council
Room No. 308A, 3rd Floor, Administrative Block
Maulana Azad Medical College Campus,
New Delhi - 110002
Phone: 011-23237962, Fax: 011-23234416
E-mail: delhimedicalcouncil@gmail.com
Website.: delhimedicalcouncil.org

b. Delhi Bhartiya Chikitsa Parishad
Csc-III, First Floor, Preet Vihar, Delhi - 110092,
B Block, Preet Vihar - 92
Phone: 011-22059046, Telefax: 011-22059032
E-mail: dbcp111@gmail.com
Website: www.dpcp.co.in

This supersedes the earlier Circular No. 2/2014 dated 8.01.14 issued on this subject.

(Harendra K. Singh)
Dy. Commissioner of Police:
Head Quarters, Delhi

No. 2829-2925/Record Branch/PHQ dated, Delhi, the 22.05.2014. Copy forwarded for information & necessary action to:

All Spl.CsP/Joint CsP/Addl. CsP, Delhi.

All Districts/Units Addl.CsP/DCsP including P/PTC, Crime, Railways, IGI Airport, Sp1. Cell, SPUWAC and FRRO, Delhi. SO to CP/Delhi.

LA to CP, FA to CP, Delhi & DCP/PRO.

All ACsP/PHQ.

All Inspectors, PHQ.

SO to DCP/HQ, Delhi

All ACsP/C&T Branch/PHQ
HAR/PHQ with 5 spare copies

## New York Surgeon Gets 13 Years in Prison for Medicare Fraud

**Medscape Excerpts:** New York surgeon Syed Imran Ahmed, MD, was sentenced in federal court in Brooklyn to 13 years in prison for multimillion-dollar Medicare fraud, according to a statement released by the US Department of Justice (DOJ).

He was also asked to pay $7.3 million in restitution, forfeit $7.3 million, and pay a $20,000 fine.

Ahmed, of Glen Head, New York, who specialised in wound care and weight loss, was convicted in July 2016 on one count of healthcare fraud, three counts of making false statements related to healthcare matters, and two counts of money laundering.

"*Dr Syed Ahmed treated Medicare like a personal piggy bank, stealing over $7.2 million by making fraudulent claims for medical procedures he never performed.*"

"*Dr Ahmed will now pay the price for violating the trust that Medicare places in doctors. His 13-year prison sentence and the heavy payments imposed should send a powerful message of deterrence to other medical professionals.*"

Evidence presented at the 11-day trial by the government showed that from January 2011 through December 2013, Ahmed billed Medicare approximately $85 million for wound debridement procedures and incision-and-drainage procedures that he didn't perform.

"*Ahmed wrote out lists of phony surgeries and sent the lists to his billing company in Michigan with instructions that they be billed to Medicare. Ahmed also directed that the surgeries be billed as though they had taken place in an operating room so as to increase the payout for the fraudulent scheme.*"

In some of the claims, Ahmed billed for multiple procedures on the same patient on the same day for several days in a row.

**Comment:** Criminalisation of medical practise is now a routine all over the world.

## Medical Board of California Accuses Gastroenterologist of Gross Negligence

- Dr Dhaliwal is a gastroenterologist at Newport Beach, Calif-based Hoag Hospital.
- As per the Board Dr Dhaliwal repeatedly performed negligent acts, failed to maintain accurate records and violated the medical practice act when treating a 73-year-old, now deceased, man.
- Dr Dhaliwal first saw the patient in April 2011. The man was taking three separate drugs to treat diabetes and coronary artery disease.

- Dr Dhaliwal had the man undergo laboratory studies, an upper endoscopy, a colonoscopy and an abdomen scan.
- A lesion was apparent in the upper part of the man's liver.
- Additional testing was recommended. The lesion wasn't found in a follow-up ultrasound, so an MRI was recommended to get a closer look. Dr Dhaliwal allegedly did not order any additional imaging, nor did he follow-up on the lesion or any abnormal liver radiographic findings.
- Dr Dhaliwal did conduct an upper endoscopy a few days later, but allegedly misidentified the patient as a 73-year-old female in his notes.
- A pathology report noted the patient had either an infection or stomach ulcers. The pathology report asked Dr Dhaliwal to advise the patient to schedule a follow-up. Allegedly, Dr Dhaliwal did not schedule a follow-up, nor did he adjust any of the man's medications, despite a risk of peptic ulcer disease-related bleeding or other complications.
- The man was admitted to the hospital by another physician in October 2011. The lesion on his liver was allegedly "significantly larger." The new physician scheduled imaging treatment, unaware that imaging had recently been done.
- The patient returned to Dr Dhaliwal in late October 2011. Dr Dhaliwal allegedly noted the liver lesion, but neither evaluated it nor attempted to treat it. Between October 2011 and August 2012, Dr Dhaliwal allegedly made no mention of the liver lesion in any of his notes.
- The patient was hospitalised due to liver pain in August 2012. Dr Dhaliwal consulted on the case. He attributed the pain to bloating, while noting an imaging scan found a mass on the patient's liver. Allegedly, his physician's note ended with, "Overall the patient has a poor prognosis."
- The patient died October 2012 of liver cancer. Physicians said the mass was too large to properly remove.
- The Board submitted the allegations and is considering future disciplinary action against Dr Dhaliwal, including revoking his medical license. [*Beckers GI & Endoscopy*]

**Lessons and Comments: Dr KK Aggarwal**

- Even clerical errors can be put against you (mistakenly writing F and not M).
- Always respond to comments written by Radiologist or Pathologist. If you do not follow their advise reason it out in your file.
- Always explain every finding to the patient even if you want to ignore it?
- Always ask the patient about previous investigations.
- You are often prosecuted for not investigating a case.

## FDA Warns Against Women Using Domperidone, to Increase Milk Production

Women may be using an unapproved drug, domperidone, to increase milk production the US Food and Drug Administration (FDA) is warning breastfeeding women not to use this product because of safety concerns.

Domperidone increases the secretion of prolactin, a hormone that is needed for lactation, 30-40 mg dose the effects can be seen.

Domperidone is approved in India to treat certain gastric disorders, it is not approved in any country for enhancing breast milk production in lactating women and is also not approved in the US for any indication.

There have been several published reports of cardiac arrhythmias, cardiac arrest and sudden death in patients receiving an intravenous form of domperidone.

Domperidone may increase the risk of cardiac arrhythmias therefore, an electrocardiogram should be performed at baseline and while on treatment. Domperidone should be withheld if the corrected QT is >450 ms in men and >470 ms in women.

The chance of abnormal heartbeats or sudden death are higher when used at doses more than 30 mg/day or in patients older than 60 years.

All 'D' preparations contains domperidone 10 mg and 'D-SR' preparations contains domperidone 30 mg.

## Transgender, Biological Male Breastfeeds

A transgender woman became the first to be able to breastfeed his baby. The journal *Transgender Health* published a case study last month highlighting a 30-year-old unnamed biologically male transgender woman who is believed to be first case of "induced lactation in a transgender woman". The transgender woman's partner was pregnant and not interested in

breastfeeding, the transgender woman was more than willing to take on the role of providing the baby's primary food source. Transgender woman has not received any kind of "gender-affirming" surgery. But with the help of extensive hormone therapy, the study states that the transgender woman was able to breastfeed their child naturally for at least 6 months.

Doctors used protocols for "non-puerperal induced lactation," a process used to help women lactate. Spironolactone was used to suppress testosterone, while estradiol and progesterone were used to mimic the high levels of the hormones produced during pregnancy. Domperidone, to increase milk production and banned by US FDA was also used, along with a breast pump. [*Samuel Smith. The Christian Post*]

## Insurance Company: Will not Pass Claim if Lab Report not Signed by Qualified Doctor

New India Assurance Company has now issued a circular to all the regional offices across the country instructing them not to approve medical claims if the reports are signed by unqualified staff.

The insurance company circular states that the reports attached for approval of insurance claims will have to be signed by a registered medical practitioner, registered with the Medical Council of India (MCI) and having a post-graduate certification in pathology. The circular states that the instructions of the Supreme Court of India and the MCI have to be strictly adhered to by all offices without any exception.

Illegal laboratories and unqualified staff pose major risks to the health of innocent patients and are making a killing despite the central government and various courts issuing directives prohibiting such activities [*Pune Mirror*]

## Father Charged for Medical Negligence

A father's alleged mismanagement of his teenage son's diabetes led to charges. Robert Glazner, 49, was charged recently with second-degree reckless homicide. He faces up to 25 years in prison if found guilty. Glazner's son, 15-year-old Bryden, died in August 2017 from complications related to diabetes. The father did not ensure Bryden was taking his insulin properly. The teen was diagnosed with type 1 diabetes in 2014 and authorities say Glazner was resistant to being educated on how to treat the disease. A judge ordered Glazner jailed under a $100,000 cash bond.

## WHO: Stop Rushing Women in Labour

Doctors should not intervene to speed up a woman's labour unless there are real risks of complications, says the WHO. Overturns decades of previous advice, which said that labour which progressed at a slower rate than 1 cm of cervical dilation per hour in the first stage was risky. Women are often given the drug oxytocin to speed up labour and end up with epidurals because of the pain, followed by forceps or vacuum deliveries and in some cases a cesarean section. Many women want a natural birth and prefer to rely on their bodies to give birth to their baby without the aid of medical intervention.

If labour is progressing normally, and the woman and her baby are in good condition, they do not need to receive additional interventions to accelerate labour.

## 48% Dip in Indian Doctors Who Went Overseas in 2017

In what must come as good news to a stretched healthcare system, the number of doctors going abroad dipped by 48% in 2017 compared to the previous year and 51% over 2015. Doctors say policy changes in western countries such as US and UK have made it tougher for Indians there while the improving infrastructure and salary back home are proving to be a draw.

Medical experts say the country needs far more doctors than the 10.4 lakh practising as of 2017 - the ratio is one doctor to 1,596 patients, the government admitted last year. There is a heavy geographical skew in the current distribution as well, with just five states accounting for 52% of the force. According to the MCI, the number of doctors seeking the Good Standing Certificate (GSC), issued to Indian doctors who wish to serve abroad, stood at 1,469 at the end of 2017, compared to 2,985 in 2015 and 2,802 in 2016. Dr Niranjan Reddy, who has just returned from the United States, says, "My wife's still working there, but the situation is not the same as last year. The politics has changed policies and the locals are also protesting the selection of too many Indians into residencies." Fall in salaries in US forcing docs to return. There are multiple factors that we must consider. Earning good money is no longer difficult in India, there are also social pressures that come into play, which is why several of them are seen returning to India," says Dr A Jagadeesh of Abhaya Hospital. "But yes, changes in policies abroad have had a huge impact."Reddy says that apart from policy changes, diminishing salaries in the US have tipped the balance and would continue to do so. "In the last 4-5 years, the

salaries of doctors in the US - barring cardiologists - has reduced by 30-40%. Contrary to this, in India, the salaries are going up. Also, the way private clinics work here is very encouraging for many doctors."

Another doctor who worked in the UK until recently says access to insurance in India has proved a game-changer. More people are able to afford expensive procedures, thereby allowing the healthcare industry to pay doctors better.

Shortfall Concerns: The fall in migration, however, is not enough to impact the ground situation in India significantly, say medical experts.

As of September 2017 - the latest data available - there are 10.4 lakh doctors registered and practising in India. Just five states - Maharashtra, Tamil Nadu, Karnataka, Andhra Pradesh (includes Telangana) and Uttar Pradesh - account for 5.4 lakh doctors or 52% of the pool. Also, according to MCI, at any point in time, only 80% of them - 8.3 lakh - are available for service, which means that India has one doctor for 1,596 people. This is a slight improvement from 10.1 lakh doctors in April 2017, and 9.5 lakh doctors in 2015. "We need to have tens of more colleges coming up in rural areas if we want to see more doctors registering and practising in India," says Dr Ajit Benedict Ryan of Hosmat Hospital. "Even among the doctors we have, a majority are in urban areas, and mostly in big cities."

### Hyderabad: No Doctors Sign on Bill, No Insurance

Public sector insurance companies have stated that they will only reimburse bills if the laboratory reports are countersigned by a registered medical practitioner.

These instructions have been issued based on the orders of the MCI and the Supreme Court. Regional branches and third-party administrators have been asked to check medical reports and not grant reimbursements unless they are signed by a registered practitioner.

The MCI in its order dated June 14, 2017, has said that only persons qualified with an MBBS or an MD in pathology, biochemistry, or microbiology are eligible to sign laboratory reports.

Eighty percent of laboratory reports are signed by persons with MSc or PhD degrees in applied sciences, life sciences, medical microbiology, medical biochemistry or biotechnology. This practice is not followed in accredited hospitals and diagnostic centres as the rules do not permit it.

The issue was stirred up when the National Accreditation Board for Testing and Calibration Laboratories sought clarification on who was eligible to sign medical reports. Insurance companies have taken a cue from this and amended their reimbursement policy.

### Beware: Lassa Fever in Nigeria

- Do not ignore any fever with deafness in Nigerians.
- Why talk in India: Large number of patients from Nigeria come for treatment in India.
- Lassa fever is a viral hemorrhagic fever caused by Lassa virus.
- In West Africa; each year, there are approximately 3,00,000 cases and 5,000 deaths.
- The primary mode of transmission to humans is via exposure to infected Mastomys rodents (direct contact with urine or faeces, inhalation of aerosolised rodent excretions).
- Person-to-person transmission may occur after exposure to Lassa virus in the blood, urine, faeces, or other bodily secretions of an infected individual.
- Lassa fever infection is not spread through casual contact.
- Individuals with Lassa fever infection are not believed to be contagious prior to onset of symptoms.
- The incubation period is 1-3 weeks.
- Most (80%) have mild symptoms (low-grade fever, malaise, and headache).
- The most common complication of Lassa fever is deafness, which occurs in up to one-third of patients and may develop in the setting of mild or severe illness.
- Disease progresses in 20% cases with pharyngitis, cough, nausea, vomiting, diarrhoea, myalgias, retrosternal chest pain, back pain, and abdominal pain.
- Most recover after 8-10 days of symptoms.
- Death usually occurs within 2 weeks.
- One percent of Lassa virus infections result in death.
- The diagnosis is suspected in individuals with fever, malaise, headache, pharyngitis, cough, nausea, vomiting, diarrhoea, myalgia, chest pain or hearing loss in the setting of relevant epidemiologic exposure.
- The diagnosis of Lassa fever is usually established via serum enzyme-linked immunosorbent serologic assay, which can detect immunoglobulin (Ig)M and IgG antibodies and Lassa antigen.

- Serum IgM is detectable 10-21 days after symptom onset; serum IgG is detectable approximately 21 days after symptom onset.
- Treatment of Lassa fever involves intravenous ribavirin or oral ribavirin.
- Clue: Platelet count low but always >1 lakh; low TLC, fever with deafness, SGOT > SGPT >10:1, high amylase (dengue like illness with negative serology.

## Fake News

Dr Naresh Trehan denies any disinvestment or sale of Medanta Group. In a personal conversation with me he said it was a fake news.

It is also false that he has any personal health issues.

## To Err is Human Now No More True in Medical Practice: The Famous Dr Bawa-Garba Case

**Dr KK Aggarwal**
*Recipient of Padma Shri*

A single clinical error can do away with all the good that we do as doctors.

The case of Dr Hadiza Bawa-Garba, a trainee paediatrician in the NHS-UK, convicted for homicide for the death of a child from sepsis, and hounded by the General Medical Council (GMC), is every junior doctor's fear today.

### Case synopsis

Jack, a 6-year-old boy with Down syndrome was referred by a GP for nausea, vomiting and diarrhoea on February 18, 2011. At 10:30 am Jack was assessed by Dr Bawa-Garba, a trainee paediatrician in the NHS-UK, who made a presumptive diagnosis of fluid depletion from gastroenteritis and gave IV fluid bolus and started maintenance fluids. The patient had a past history of repaired atrioventricular canal defect and was on enalapril.

The doctors ordered a chest X-ray, which was done at 12.30 pm. Blood count, renal function and inflammatory markers were also done. Blood gases showed that Jack was acidotic with a pH of 7 and a lactate of 11. The metabolic profile confirmed her working diagnosis of shock from gastroenteritis; but, judging from the tests she ordered, pneumonia was in her differential. Repeat blood gas showed pH of 7.24, heading towards a normal pH of 7.4.

Dr Bawa-Garba looked at the chest X-ray only at 3 pm, which showed pneumonia. She prescribed antibiotics, which were given at 4 pm. At 4:30 pm, she met Dr O'Riordan, her boss, in the hospital corridor. She showed him Jack's blood gas results and explained her plan of action. Her boss did not see Jack.

In the ward, Jack received enalapril. Dr Bawa-Garba had not prescribed enalapril, and she clearly stated in her treatment plan that enalapril must be stopped. Nor was enalapril given by the nursing staff. But, she did not make it clear to the mother not to give it, who subsequently gave it to the child that day at 7 pm (*Wikipedia*). He suffered a cardiac arrest 1 hour after receiving enalapril. CPR was interrupted because Dr Bawa-Garba mistakenly believed that there was a DNR order for Jack, but was then continued with. Jack died from streptococcal sepsis at 9.20 pm.

### The verdict

Dr Bawa-Garba, and the two nurses who were caring for Jack, were charged with manslaughter. The doctor was not only clueless, but also grossly negligent.

Clinical errors or mistakes by the doctor cited were delay in getting chest X-ray, delay in reading the X-ray, which would have helped reaching a diagnosis of sepsis much earlier and delay in prescribing the antibiotics for the same.

Unwittingly, the court was exposing system failures, but Dr Bawa-Garba was being held responsible for each failed component. Expert doctors opined that had Jack received antibiotics within 30 minutes, rather than 6 hours, his chances of survival would have increased dramatically.

Dr Bawa-Garba was found guilty of manslaughter by gross negligence for the preventable death from sepsis; the jury returned the verdict 10:2 and was sentenced to 2 years in prison, suspended for 2 years. GMC appealed against that decision and called for Bawa-Garba's "erasure from the medical register".

The case made by the GMC was allowed in the High Court of Justice and on the 28th January 2018, the Court ruled that the doctor's name be erased from the Medical Register, ostensibly to protect public confidence in the profession.

### Final comments

The case of Dr Hadiza Bawa-Garba and the Court action taken by the GMC against Dr Bawa-Garba and the subsequent erasure of her name from the Medical Register has created controversy, and has raised several areas of concern for doctors working not only in UK, but all over the world. One being that Dr Bawa-Garba has been unduly punished for system failings, especially the understaffing. It has also generated fear among junior doctors. A reflective note written by Dr Bawa-Garba on e-portfolio was allegedly used in evidence against her.

More than 8,000 doctors have signed a petition in her support, a crowd funding campaign has raised over £260,000 for an appeal against the decision.

Dr Bawa-Garba was held responsible for a sequence of failings.

- She did not recognise the early features of sepsis in the child and as such appropriate antibiotic treatment was delayed.
- She appeared not to recognise the implications of seriously deranged blood gas results and failed to fully communicate the implications to her consultant.
- When the child suffered a cardiac arrest, there was a further problem as the patient was wrongly identified as another child for whom a DNACPR order applied.

Inquiry revealed that multiple errors and failings contributed to the mishap. No one cause could be found that led to the death of the patient.

- Dr Bawa-Garba had only recently returned to work following maternity leave.
- She was covering the work of another registrar, with her supervising consultant teaching on a different site, and the two junior colleagues, for whom she had supervisory responsibility, had no pediatric experience.
- She was expected to review unwell patients and perform procedures on six wards over four floors, field the GP calls and struggle without a functioning IT system.
- The patient was shifted to a bed previously occupied by a patient with a DNR order; that change had been made without her knowledge. She was blamed for failing to recognise this.

### Implications of this Judgement for us

Such a case has now happened in the UK. We face this situation every day in India. And an event such as this is waiting to happen in our country.

Resident doctors can be called the backbone of the hospital. They work long shifts. At times, they may have to continue shift, which may extend to as long as 36 hours, to cover for their colleague without break, putting the needs of the patients first rather than their own. Such an overworked and exhausted doctor is liable to make mistakes.

In Martin F. D'Souza vs. Mohd. Ishfaq SCI: 3541 of 2002, dated 17.02.2009, the Supreme Court of India had observed that: "The higher the acuteness in an emergency and the higher the complication, the more are the chances of error of judgement..." Errors can be made in an emergency even by experts and may not amount to negligence.

The judgement in the case of Dr Bawa-Garba may impact decisions in cases of medical negligence in India too and error of judgement may no longer be a defence.

We have been fighting against criminal prosecution of doctors, but such judgements may weaken our stand on this issue.

What this judgement also implies that if you are overworked, ask for help. And, if there is staff shortage or you do not have adequate staff to share the volume of work, report it to your superior.

But even with the prevalent staff shortages, inadequate or poor infrastructure, can residents/doctors really refuse to work to save themselves from such a possible criminal conviction? And also from possible employer retribution?

Like a batsman in cricket, a single error can ruin your career.

With the rising trend of litigation and violence against the medical profession, clinical medicine may well become defensive medicine.

### *What can be done?*

#### For Residents

- Let your senior know about lack of adequate staffing, availability of support, IT functionality or other system issues.
- If you write your experience in e-Portfolio, do not put the name of the patient or other such details.
- Do not make any judgemental statement about any patient or staff involved in patient care. Avoid emotive language.
- Consult with your seniors for such potentially serious cases.

#### For Consultants

- Be proactive in ensuring a safe and supportive environment for your staff so that they can report incidents and clinical concerns. Encourage reflective practice for your residents without fear of legal action.
- Discuss such issues with residents as their Educational Supervisor or Clinical Supervisor.