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MEDICOLEGAL ISSUES IN NEUROLOGY PRACTICE IN PAKISTAN

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Neurology despite its challenges have made tremendous improvement in past few decades. At the same time, the rapid advancement of media and internet has changed the traditional doctor-patient relationship into one of a service provider-consumer relationship¹. The health service is now considered a commodity, and has become prone to lack of trust and litigation. Medical professionalism is challenged by increasing commercialism and influence of legal system².

Violence against doctors have become a commonplace in the recent decades. Violence including both verbal and physical abuse often stems from the alleged doctor's negligence and is quickly portrayed in media, often with one perspective of the story³. The violent people or mob often claim support of influential political parties^{3, 4}. The doctors often do not report these acts of violence citing lack of response^{4, 5}. Patient's attendants are the most often source of violence against medical professionals and property damage is reported in more than 40% of the cases, in addition to physical and verbal abuse⁴. Nearly half of these incidence of violence are not reported, and when reported, most of the reports are made to colleagues⁵. Anger, fear, anxiety and disappointment are common consequence of violence among health care professionals⁵.

There is very limited resource available to doctors in the event of violence. Media often portrays doctors as the 'bad guy' and all blame is unilaterally shifted to doctors without understanding or narrating doctor's perspective³. Most hospitals lack a support system for doctors and health care workers in cases of such violence. Verbal assurance and temporary security measures are often the reaction of the hospitals without any meaningful outcome⁴. The attackers are almost never brought to justice. Such violent acts do not fall under the jurisdiction of the regulatory bodies of the profession, like PMDC or the medical organizations like PMA. This violence does not only have negative impact on mental and physical wellbeing of doctors, but also results in brain drain out of the country as well as skilled personnel moving out of profession.

When the doctors resort to presenting their demands of situations in protests, it is not uncommon that the law enforcement agencies take a high hand and end up beating and humiliating doctors⁶. The recent pandemic of Corona virus has resulted in unprecedented anger and violence against doctors. In a recent incident, a policeman shot and wounded a doctor in emergency room after being refused sleeping pill. The attacked doctor was not even the one who refused the pill. It was one of his colleagues who had refused to provide sleeping pill earlier⁷.

Medical professionals are involved in legal complaints now more than ever. The rise in the number of legal complaints against doctors is seen worldwide⁸. A study conducted in UK showed that over 1700 litigation claims were identified involving neurology and neurosurgery. Diagnostic error was the most common cause identified in this study⁹.

It is very easy for the general public to complaint against physicians in Pakistan. The complaints can not only be made with PMDC, but also complaints can be registered in police stations. The complainant does not require to submit any proof or evidence of the complaint. Once a complaint is registered, the following process is lengthy and painful, particularly for physicians whose profession is at stake after such a complaint. Not only this brings disrepute to the physicians, it also causes continuous mental agony and loss of professional valour. The legal proceedings may last long periods of time, and the complainant often lose interest in pursuing the complaint, yet the physician remains under scrutiny.

Pakistan Medical and Dental Council (PMDC) is the governing body in Pakistan that deals with the conduct and ethics of medical profession in Pakistan¹⁰. Pakistan Medical Association (PMA) is the largest representative organization of physicians in the country¹¹. PMDC deals with complains against physicians by public. There is a very elaborate

complaints system for the public, but the proceedings and decisions are often debated. In a recent decision, a neurologist was banned to practice for life after complaint from patient's family. The decision which was later overturned by court of law. This recent case highlighted the importance of having a formal contractual agreement of work with the hospital or organization. Additionally, it is imperative that the neurologists should register themselves with PMDC with their appropriate qualification and speciality. They must have specialty specific license. This ensures that appropriate privileges and responsibilities are granted to the neurologist. The license must be maintained in valid status with appropriate renewals. All physicians, particularly neurologists should have clearly defined contracts with rights and responsibilities. The role of hospital or organization in safeguarding the rights of neurologists should be well addressed in the contract.

The doctors do not receive adequate medico-legal training during their medical school, residency training and thereafter. Though they are taught about forensic medicine at undergraduate level but that's mainly theoretical. There is a need to update curriculum and include medico-legal issues in medical school and residency so that the physicians become familiar with medicolegal terminology, legal definitions of medical negligence, and current standards within their speciality. Evans A et al. developed a pilot medico-legal curriculum for internal medicine residents, and demonstrated that the learners were interested in learning legal system, and the content was pertinent to their practice¹².

It is important that the national media should take responsibility and show due respect for the profession. Every information whether right or wrong should not be sensationalized, and brought as a breaking news. Patient and doctor's privacy and dignity should be respected. Use of mobile phone cameras and other means of recording should be banned in healthcare organizations, unless prior informed consent and permissions are obtained.

National organizations like Pakistan Medical Association, Pakistan Society of Neurology and other representative national and regional bodies should play an active role in resolving this chaotic situation. Representatives from these organizations, patient support groups, public in general and governmental organizations including PMDC, Pakistan Bar Council, and Prime Minister's Special Commission on health should sit together and formulate a national guideline on this issue, which should be made part of national and provincial laws. There is no question that patients have grievances against doctors and healthcare system that need to be addressed, however, this should be done under proper legal framework and not as violence and crime against medical community.

All physician organizations and large healthcare providers should have legal committees to help physicians and other healthcare providers deal with complaints and allegations. Violence should never be a way to solve issues. Those involved in violence and misconduct should be promptly brought to justice to discourage such behaviour.

One of the protection for physicians in the developed world is malpractice insurance. This concept should be introduced in the appropriate religious and legal context. National organizations of physicians should have takaful systems that encourage the participation of all physicians and help both patients and physicians through appropriate channels.

References:

1. Jayalakshmi S, Vooturi S. Legal challenges in neurological practice. *Annals of Indian Academy of Neurology*. 2016 Oct;19(Suppl 1):S3.
2. Larriviere D, Beresford HR. Professionalism in Neurology: The Role of Law. *Neurology*. 2008 Oct 14;71(16):1283-8.
3. Khawaja A, Irfan H. Violence against doctors in government hospitals and the role of media. *J Pak Med Assoc*. 2011 Nov;61(11):1163-4.
4. Nayyer-ul-Islam, Yousuf-ul-Islam M, Farooq MS, Mazharuddin SM, Hussain SA, Umair-ul-Islam. Workplace violence experienced by doctors working in government hospitals of Karachi. *J Pak Med Assoc*. 2011 Nov;61(11):1163-4.
5. Imran N, Pervez MH, Farooq R, Asghar AR. Aggression and violence towards medical doctors and nurses in a public health care facility in Lahore, Pakistan: a preliminary investigation. *Khyber Med Univ J* 2013; 5(4): 179-184.
6. Pakistan doctors beaten by police as they despair of 'untreatable' pandemic. <https://www.theguardian.com/world/2020/apr/09/pakistan-doctors-beaten-police-despair-untreatable-pandemic> (accessed on June 19, 2020)
7. NICVD doctor shot at, wounded by policeman. <https://www.dawn.com/news/1564450/nicvd-doctor-shot-at-wounded-by-policeman> (accessed on June 19, 2020)
8. Vogel L. Growing number of medical trainees named in complaints. *CMAJ* 2019 June 24; 191:E717-8. doi: 10.1503/cmaj.109-5762
9. Coysh T, Breen DP. A nationwide analysis of successful litigation claims in neurological practice. *JRSM open*. 2014 Feb 26;5(3):2042533313518914.
10. Pakistan Medical and Dental Council (PMDC) – Code of Ethics <http://www.pmdc.org.pk/Ethics/tabid/101/Default.aspx> (accessed on June 18, 2020)
11. Pakistan Medical Association <http://www.pmacentre.org.pk/index.html> (accessed on June 19, 2020)
12. Evans A, Refrow-Rutala D. Medico-legal education: a pilot curriculum to fill the identified knowledge gap. *J Grad Med Educ*. 2010 Dec;2(4):595-9. doi: 10.4300/JGME-D-10-00114.1.

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