MEDICAL NEGLIGENCE DURING A PANDEMIC

Prof Dr Puteri Nemie Jahn Kassim
Civil Law Department
Ahmad Ibrahim Kulliyyah of Laws
International Islamic University Malaysia

NEGLIGENCE

- A major and important area in TORT LAW.
- TORT LAW is one of the branches of LAW, for instance, Contract Law, Family Law, Land Law, Constitutional Law, Criminal Law.
- TORT LAW generally and specifically under the tort of negligence protects various interests such as interests in physical integrity, interests in property, psychiatric injuries and economic interests.

DEFINITION OF NEGLIGENCE

- Negligence is the CONDUCT FALLING BELOW THE STANDARD demanded for the protection of others against unreasonable risk of harm – Prof Fleming
- Negligence is the omission to do something which a reasonable man, guided upon those consideration which ordinarily regulate the conduct of human affairs would do or doing something which A PRUDENT AND REASONABLE MAN would not do -Blyth v Birmingham Waterworks Co (1856) 11 Ex 781
- Negligence means MORE THAN HEEDLESS OR CARELESS CONDUCT...it properly connotes the complex concept of DUTY, BREACH AND DAMAGE thereby suffered by the person to whom the duty was owing Loghelly Iron & Coal v M'Mullan [1934] AC 1



NEGLIGENCE IS THE COMMON **GROUND FOR MEDICAL NEGLIGENCE** CLAIMS -THE BASIS OF **LIABILITY**

MEDICAL **NEGLIGENCE**

- The TORT OF NEGLIGENCE applied in a specific context – applied to those in the medical practice dealing with two most precious commodities, namely, LIFE and HEALTH.
- Burden of proving Medical Negligence is on the person bringing the claim/plaintiff – the person injured – usually the patient – family members bringing claim on behalf of injured patient.
- The person which a claim is being brought against is the defendant – 'the alleged wrongdoer' – usually those who were in the management of care and treatment to the patient
- EVERY PERSON IS INNOCENT UNTIL PROVEN GUILTY

REQUIRED ELEMENTS TO PROVE NEGLIGENCE

(a) DUTY OF CARE

an existing legal duty on the part of the defendant to the plaintiff to exercise care in such conduct of the defendant as falls within the scope of the duty;

(b) BREACH OF DUTY

failure to conform to the standard of care which the defendant owes the plaintiff;

(c) CAUSATION OR CONSEQUENTIAL DAMAGE

the plaintiff suffers damage as a result of the defendant's breach of duty.



CAN DOCTORS, **NURSES AND THOSE INVOLVED IN THE MANAGEMENT OF CARE AND** TREATMENT OF THE PATIENT BE SUED **FOR MEDICAL NEGLIGENCE DURING A PANDEMIC?**



POPE V NHS COMMISSIONING BOARD (2015)

- Swine flu pandemic in 2009
- Patient felt unwell and thought she contracted the contracted swine flu.
- Went to her local healthcare centre and was seen by an experienced nurse.
- The nurse examined her and advised her to return home and rest in bed.
- ❖ Two days later, she was admitted to the A & E department, where she suffered a cardiac arrest; though she was resuscitated, she was left profoundly disabled due to brain damage.
- Investigations showed she had swine flu with further complications caused by pneumonia.
- ❖ Patient sued the National Health Service ("NHS") for medical negligence claiming that according to the national guidance, any flu-like illness was to be measured as swine flu, which the medical staff should follow.

It was held that by following the guidance, the patient would have been treated for swine flu and pneumonia and will thus, avoid the cardiac arrest. The Court found for the patient, and she claimed agreed damages of GBP2.725 million. POPE DEMONSTRATES THE NEED FOR HEALTHCARE PROFESSIONALS TO FOLLOW RELEVANT GUIDANCE, EVEN IN UNPRECEDENTED SITUATIONS OF INFECTIOUS DISEASE.

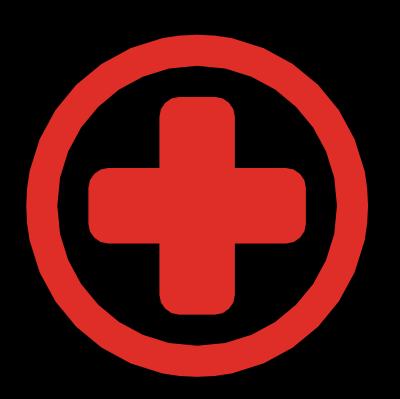


PRIOR TO THE PANDEMIC... THERE IS CERTAINLY A GROWTH OF MEDICAL NEGLIGENCE CLAIMS...

- * AWARENESS OF THE RIGHTS to claim in court for Medical Negligence
- ❖ GROWTH OF PATIENT AUTONOMY the Right of Self Determination
- HIGH EXPECTATIONS Consumerist Attitude
- Medical Negligence Cases are PUBLICISED IN SOCIAL MEDIA
- ❖ HIGH AMOUNT OF DAMAGES AWARDED BY COURT/ Monetary Compensation to compensate not just for physical injuries (tangible loss) but compensating feelings (intangible loss) through the award of AGGRAVATED DAMAGES – RM1million awarded by Federal Court in Dr Hari Krishnan's case (2017)

PROBLEMS DURING PANDEMIC

- Pandemic does not exempt medical negligence claims
- Shortage of Medical Staff
- Choosing what necessitate urgent medical treatment
- Medical Equipment Lockdowns and Restrictions
- Resulting death leading to issues in criminal negligence



To bear in mind Not All Errors are Negligent...

MEDICAL NEGLIGENCE...

Failure to meet the standard of practice of an average qualified doctor/nurse practising in the specialty in question

* Occurs not merely when there is an error, but

❖WHEN THE DEGREE OF ERROR EXCEEDS THE ACCEPTED NORM

UNDERSTANDING THE REQUIRED **ELEMENTS IN PROVING** MEDICAL NEGLIGENCE

ELEMENT 1 - THE DUTY OF CARE

- Definition: an obligation or a burden imposed by law, which requires a person to conform to a certain standard of conduct. The existence of such a duty in a given set of circumstances has given rise to what is known in the law of torts as a "duty situation".
- A person will owe a duty of care to those who are also within his contemplation who will suffer foreseeable loss and those who are closely n directly affected by his act.

PATIENT AS DOCTOR/NURSE'S LEGAL NEIGHBOUR

- If the doctor/nurse realises that the patient might be affected by his act, then it automatically establishes the neighbour principle (foreseeability of harm and proximity) —
- Duty of care arises from the doctor/nurse-patient relationship.

DUTY TO THIRD PARTIES

- Doctor's negligence may have serious consequences not only to his patient but others as well.
- ❖In certain circumstances, the doctor may owe duties to persons other than his patient - those coming within the "neighbour principle" formulated by Lord Atkin in Donoghue v Stevenson.



Third party suffering from an identifiable psychiatric injury through witnessing a trauma or its immediate aftermath Third party coming into contact with patients taking prescribed drugs with certain side effects Third party is the unborn child Third party in danger from harm or infectious disease by coming into contact with the patient

DUTY OF CARE TO STRANGERS

- Without the existence of a relationship, that is, a doctor patient status, there is no duty to act. There is no legal obligation on a doctor to play a "Good Samaritan" and render assistance to a stranger.
- The common law does not require a man to act as the Samaritan did.... THE DICTATES OF CHARITY AND COMPASSION DO NOT CONSTITUTE A DUTY OF CARE. The law casts no duty upon a man to go to the aid of another who is in peril or distress, not caused by him." Hargrave v Goldman (1967)

ANG YEW MENG & ANOR V DR SASHIKANNA N A/L ARUNASALAM & ORS [2011]

- Child came to clinic high fever –
 doctor in charge out on a break the
 only person there was the first
 defendant, an intern doing
 attachment at the clinic parents
 insistent for first def to examine and
 treat the child first def injected
 Voltaren arrival at hosp child died –
 cause of death was myocarditis
 brought about by acute septicaemic
 shock (sepsis) from an infection that
 was likely typhoid
- The court held that the first defendant owed NO DUTY OF CARE TO THE PLAINTIFFS AS THE LAW DID NOT IMPOSE A GENERAL DUTY OF CARE TO BE A GOOD SAMARITAN UNLESS A SPECIAL RELATIONSHIP EXISTED BETWEEN THE PARTIES. However, as soon as the first defendant rendered treatment to the child, he had taken control of the situation and accepted responsibility causing him to owe a duty to the child and his parent to use due diligence, care, knowledge, skill and caution in administering treatment.

2. BREACH OF DUTY / THE STANDARD OF CARE

- After proving D owe P a duty of care, P must further prove, on a balance of probabilities that the CONDUCT OF THE D FELL BELOW THE REQUIRED STANDARD OF CARE.
- The standard of care, which the law demands of a person in a normal case, has been established to be the standard of "reasonable care" - standard satisfied by the hypothetical REASONABLE MAN.



DOCTORS DUTY ARE DIVIDED INTO 3 - DIFFERENT STANDARD OF CARE FOR DUTY TO WARN - FEDERAL COURT IN THE CASE OF ZULHASMINAR (2017):

- 1. DUTY TO DIAGNOSE *Bolam-Bolitho standard*
- 2. DUTY TO TREAT *Bolam-Bolitho standard*
- 3. DUTY TO WARN –

 Reasonable Prudent
 Patient standard



BOLAM-BOLITHO STANDARD

THE TEST: THE BOLAM PRINCIPLE

 In the case of a medical man, negligence means failure to act in accordance with the standards of reasonably competent medical men at the time.... I myself would prefer to put it this way, that he is not guilty of negligence if he has acted in accordance with a practice accepted as proper by a responsible body of medical men skilled in that particular art - Bolam v Friern **Hospital Management Committee** [1957] 1 WLR 582 -

BOLAM TO BE READ WITH BOLITHO

 The Federal court case of Foo Fio Na v Dr Soo Fook Mun & Anor (2007)...applying Bolitho v City & Hackney Health Authority [1997] 4 All ER 771

"The court is at liberty to reject medical expert evidence which does not stand up to logical analysis. The court must scrutinise and evaluate the relevant evidence in order to adjudicate the appropriate standard of care."





1. The doctor must have acted in accordance with "accepted medical practice"



2. The accepted practice must be regarded as proper by "a responsible body of medical men" skilled in that art



3. The court will decide which medical opinion reaches up to a logical analysis...

CLEAR BREACH OF STANDARD OF CARE

- Chin Keow v Govt of Msia [1967] Failure to inquire on the medical history of the patient – whether the patient was allergic to any drugs.
- Kow Nan Seng v Nagamah & Ors [1982] Failure to ensure proper monitoring of blood circulation after plaster of paris has been applied.
- Chelliah Manickam v Govt of Msia [1997] Failure to diagnose between appendicitis and pancreatitis and gave wrong treatment

GURISHA TARANJEET KAUR (AN INFANT SUING BY HER FATHER AND LITIGATION REPRESENTATIVE, TARANJEET SINGH S/O BHAGWAN SINGH) & ANOR V DR PREMITHA DAMODARAN & ANOR [2020] 9 MLJ 409

- BREACH OF DUTY TO WARN failure to discuss with the second plaintiff, the pros and cons of the available delivery options, namely vaginal delivery and caesarean section and the risks associated with each delivery option and thus, to provide the second plaintiff with the necessary information to enable her to make an informed decision.
- BREACH OF DUTY TO TREAT failure to undertake the McRoberts manoeuver correctly and had pulled out the baby's shoulders before the nurses could undertake and complete the McRoberts manoeuver
- FAILURE TO UNDERTAKE THE MCROBERTS MANEUVER CORRECTLY AND APPLY THE SUPRAPUBIC PRESSURE BEFORE APPLYING TRACTION TO DELIVER THE BABY, CONSTITUTES A BREACH OF HER DUTY OF CARE.

KU JIA SHIUEN (SUING THRU MOTHER, TAY PEI HOON) & ANOR V GOVT OF MALAYSIA & ORS (2013)

- DEFENDANTS IN BREACH OF DUTY BECAUSE
- Mother's first pregnancy should not have been admitted to Birthing Centre contrary to the policy by Ministry of Health – no qualified and suitable 0 & G specialists available there
- Delivery should be performed under Caesarian section instead of vacuum due to her congenital deformity – FAILURE TO RECOGNISE THE CONGENITAL DEFORMITY
- Relevant documents relating to mother's birth went missing – infer deficiencies in the institutions ... to rely on oral evidences

LIM ZI HONG V PENGARAH HOSP SELAYANG & ORS (2013)

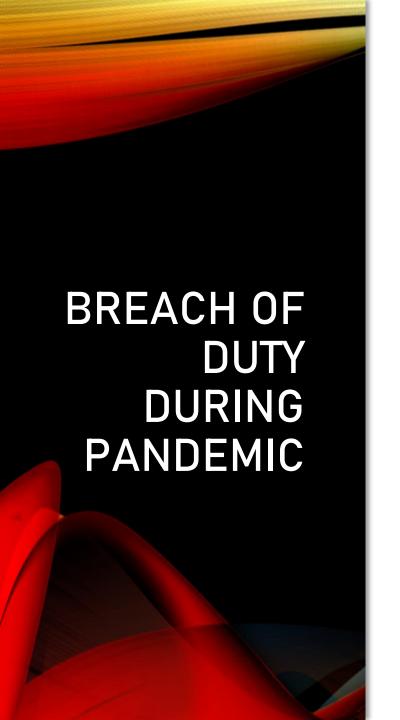
• DEFENDANTS IN BREACH OF DUTY BECAUSE -

- Failure to carry out an elective caesarian section on the pff's mother early and the delay in delivery of the pff showed that the defendants were in breach of their duty.
- FAILURE TO FOLLOW MOH GUIDELINES "It is reasonable to infer that a safe obstetric system would require an emergency lower segment caesarian particularly to a high risk patient, such as the pff's mother, to be attended to promptly, anticipate difficulties and have a specialist to conduct the delivery or to be immediately available to prevent any injury to the baby" paragraph 53.

ZULHASNIMAR BT HASAN BASRI & ANOR V DR KUPPU VELUMANI P & ORS [2017]

DEFENDANTS NOT IN BREACH OF DUTY BECAUSE -

- 1. Failure to prove that she was in labour and merited an earlier CS to be performed on her as it can be shown that she was CLOSELY MONITORED and there were NO SIGNS OF BEING IN LABOUR.
- Failure to show that uterine rupture was forseeable and preventable as given her OBSTETRIC HISTORY, AN ELECTIVE CS WOULD HAVE BEEN DONE IF SHE WAS AT 38 WEEKS GESTATION.
- 2. She suffered an ABNORMAL PRESENTATION namely, placenta percreta which was not detectable during the normal check up...this condition led to the vessels on the outer surface of the uterus to rupture.
- 3. From the time of her collapse, the delivery of the baby was within 30 minutes WHICH WAS WITHIN AN INTERNATIONALLY ACCEPTED STANDARD.



FAILURE TO FOLLOW
STANDARD OPERATING
PROCEDURES AND
GUIDELINES SET IN
PLACE BY THE RELEVANT
AUTHORITIES

FAILURE TO FOLLOW THE ACCEPTED PRACTICE IN THE FIELD OF SPEACILIASATION YOU ARE IN

DUTY TO DIAGNOSE IS ALWAYS AN ISSUE DURING THE PANDEMIC

An error of diagnosis will not necessarily amount to negligence, unless the patient can establish that the doctor failed to carry out an examination or a test which the patient's symptoms called for or his conclusion was one that no reasonable, competent doctor would arrive at in that area of diagnosis.



BASIC DUTIES

- Doctor must consider the patient's medical history as the patient may, eg allergic to a particular drug, preexisting illness Chin Keow v Govt of Malaysia (1967)
- Doctor must ask the patient relevant questions and listen to his account of the illness. *Maynard v West Midlands RHA* [1984] 1 WLR 634
- In cases of doubtful diagnosis, it is good practice for the patient to be referred to a specialist for further consideration of the case. *Gordon v Wilson* [1992] 3 Med LR401

DELAY IN DIAGNOSIS DURING BUSY TIMES DUE TO PANDEMIC

• SCENARIO -

- ❖Patient that attends hospital for a non-corona virus illness.
- There is a delay in him receiving the appropriate medical treatment which results in injury.
- From the plaintiff's perspective, he should have been seen, diagnosed and treated in a timely manner.
- ❖The Defendant's position is that resources were stretched and therefore it was not possible to assess him earlier.

MORRISON

V

LIVERPOOL

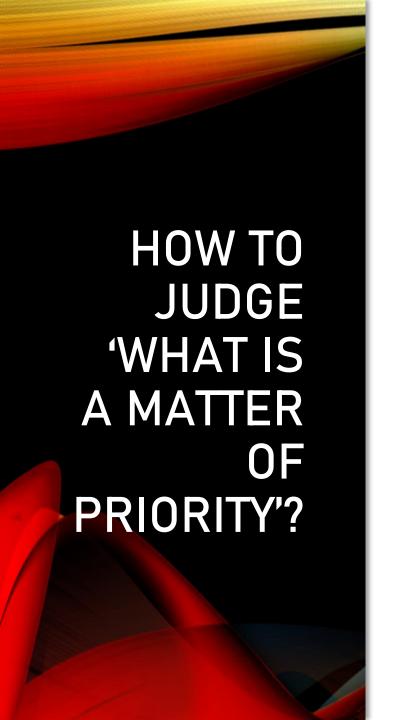
WOMEN'S

NHS TRUST

2020 EWHC

91 (QB)

· the seriousness and urgency of a patient's presentation and the absence of any conflicting factors will MANDATE A SWIFT AND DECISIVE RESPONSE. On other occasions, it is equally obvious that the needs of the patient must be deprioritised to allow the clinicians to attend other demands on their time of as A MATTER OF PRIORITY.





The courts will RELY ON EXPERT EVIDENCE – the expert witness that is competent to know about the realities of providing care during the pandemic.



What were the resource implications for the decision?



What sort of decisions need to be prioritised?



How much time do each professional have to spend with each patient?

 $\sqrt{1}$

Thus, it is good to have the REQUIRED SOPS IN MANAGING THESE CIRCUMSTANCES

UNIVERSITY COLLEGE LONDON **HOSPITALS** NHS **FOUNDATION** TRUST V MB [2020] EWHC 882 (QB)

- This case relates to the resource implications of the pandemic that was taken into account by the Court concerning the allocation of NHS resources during the current pandemic in which the judge granted an injunction requiring a patient to vacate a hospital bed.
- ❖Whether there was a breach in the patient's human rights when the decision on allocation of resources was made?

ARTICLE 3 OF THE EUROPEAN CONVENTION ON HUMAN RIGHTS.

 Where the decision to discontinue in-patient care involves the allocation of scarce public resources, the positive duty can only be to take REASONABLE STEPS to avoid such suffering ... It is difficult to conceive of a case in which it could be appropriate for a court to hold a hospital in breach of that duty by deciding, on the basis of an informed clinical assessment and against the background of a desperate need for beds, to discontinue in-patient care in an individual case.

FACTORS CONSIDER

THE COURTS WILL TAKE INTO ACCOUNT:

- The exceptional circumstances in which professionals are being asked to act;
- ❖In view of the huge strain on the hospitals the treatment of patients will not always be conducted in accordance with standards that would be expected at normal times.
- ❖ The expected standards of care will reflect the stresses imposed on the particular healthcare providers and professionals.
- ❖But bearing in kind, THE PANDEMIC IS NOT A LICENSE TO ACT NEGLIGENTLY, if a defendant has given unacceptably poor care to a patient, there may exist a CLEAR BREACH OF DUTY.

Poole, N, Coronavirus and clinical negligence; Journal of Patient Safety and Risk Management 2020, Vol. 25(3) 97–98.

MULHOLLAND V MEDWAY NHS FOUNDATION TRUST [2015]

- This case concerns the standard of care owed by a doctor operating in a busy A&E Department.
- The claimant suffered a brain tumour which was removed in due course. He brought a case in negligence against the relevant professionals who had first seen him in the Accident Emergency Department as no one assessed him as warranting an immediate CT scan until mid August 2010, some seven months presented. after he | first Queen's Bench Division FAILED TO FIND A BREACH OF DUTY OF CARE in regard to any of the medical professionals in charge of the claimant **BEARING IN MIND** PRESSURES AND MANNER OF AN DEPARTMENT

COURT'S DECISION

- In forming a conclusion about the conduct of a practitioner working within triage within an A&E Department context cannot be ignored.
- The assessment of breach of duty is not an abstract exercise but one formed within a context – which here is that of a busy A&E where the task of the triaging nurse is to make a quick judgment call as to where next to send the patient.
- The A&E department was busy seeing up to 200 patients per day. There is No opportunity for a triage nurse to devote a great deal of time to the taking of a detailed history or the performance of an extensive diagnosis.
- Such an exercise would be beyond the minimum necessary to enable that nurse to form a decision as to how to stream the patient. The reasonable nurse is one who operates in a busy A&E which has a procedure which the nurse will follow for streaming and which does not contemplate an exhaustive diagnosis being formed.



DUTY TO WARN/ DISCLOSE MATERIAL RISKS

REASONABLE
PRUDENT
PATIENT
TEST

"DOCTOR'S DUTY OF CARE TAKES ITS PRECISE CONTENT FROM THE NEEDS, **CONCERNS AND** CIRCUMSTANCES OF THE INDIVIDUAL PATIENT" "PATIENTS ARE NO LONGER PASSIVE RECIPIENTS IN MEDICAL CARE" LORD KERR AND LORD REID IN MONTGOMERY V LANARKSHIRE (2015)

GLOBALLY LAW ON **INFORMED CONSENT HAS BEEN DEVELOPED THROUGH** PATIENT-**CENTRED APPROACHES**

FEDERAL COURT IN ZULHASMINAR (2017)

DOCTOR NEEDS TO DISCLOSE TO THE PATIENT ALL 'MATERIAL RISKS' INHERENT IN A PROPOSED TREATMENT. WHAT IS "MATERIAL" WOULD BE DETERMINED BY THE "PRUDENT PATIENT" TEST WHICH WAS INTRODUCED IN THE UNITED STATES CASE OF CANTERBURY V SPENCE (1972) 464 F. 2D 772 AND LATER ADOPTED IN THE AUSTRALIAN CASE OF ROGERS V WHITAKER (1992) 175 CLR 479.

The Reasonable Prudent Patient Test

WHAT RISKS ARE MATERIAL?

REASONABLE PATIENT

What a reasonable patient would want to know and would likely attach significance to it

PARTICULAR PATIENT

What the particular patient you are treating would want to know and would likely attach significance to it

THE STANDARD OF CARE DEMANDED BY ROGERS V WHITAKER

- The standard to be observed by medical practitioners will no longer be determined solely or even primarily by medical practice as there will no longer be a conclusive force to medical opinion.
- It is for the courts to judge what standard should be expected from the medical profession taking into account not only medical opinion but other relevant factors surrounding the circumstances of the patient.

- The likelihood and gravity of risks
- The desire of the patient for information
- The physical and mental health of the patient
 - The need for treatment and alternatives available
 - Medical practice at the time
 - Nature of the procedure whether routine or complex

MEDICAL OPINION **NO LONGER CONCLUSIVE...OTHER FACTORS** SURROUNDING CIRCUMSTANCES OF THE PATIENT NEED TO **BETAKEN INTO** ACCOUNT...

CASES WHERE CONSENT IS NOT NECESSARY

- ❖ Provision 5 MMC Guidelines 2016 - Consent of the patient may not be required for any treatment that may be ordered by a court of law, for example, an order for the specific treatment of a minor, or a patient on life-support.
- Statutory Exceptions Example THE PREVENTION AND CONTROL OF INFECTIOUS DISEASES ACT 1998
- ❖ Defence of NECESSITY: "treatment which is necessary to preserve life, health and well-being of the patient my lawfully be given without consent." F v West Berkshire Health Authority or Re F (Mental Patient: Sterilisation) [1990]
- ❖Therapeutic Privilege

3. CAUSATION

There must be a causal link between the defendant's breach of duty and the damage sustained by the plaintiff - for the plaintiff to overcome the issue of causation, he must show that the damage he suffered was caused by the defendant's negligence.

There are two types of Causation:

- 1. Causation in Fact
- 2. 2. Causation in Law

CAUSATION IN FACT

- ► The "but for" test whether the damage would not have occurred "but for" the defendant's negligence? If yes, the defendant will be liable
- ► Cork v Kirby Maclean Ltd [1952] 2 All ER 402 if the damage would not have happened but for a particular fault, then that fault is the cause of the damage, if it would have happened just the same, fault or no fault, is not the cause of the damage.

LOO CHOOL **GAIK V** DR LOH LAY SOON [2019] 4 **CLJ 281**

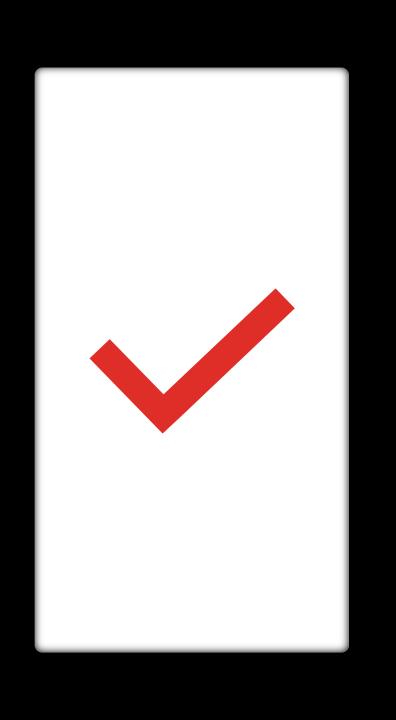
- ❖ Plaintiff had undergone a facial cosmetic operation known as "Bi-**Directional Silhouette Futures with** Restorable Cones" at the defendant's clinic. After the operation, the plaintiff complained of swelling. **Despite** taking the antibiotics prescribed, her swelling did not improve. After seeing several doctors, she was diagnosed as having suffered from 'nosomical infection of the skin which was complicated after the procedure' took new medication and was healed but left with a scar.
- ❖On the issue of causation, the court held that the plaintiff had successfully proved on balance of probabilities that THERE WAS A CAUSAL LINK BETWEEN THE INJURY SUFFERED AND THE INFECTION OCCURRED AT THE DEFENDANT'S CLINIC DUE TO THE LACK OF STERILITY AT THE DEFENDANT'S PREMISE.

CAUSATION IN LAW

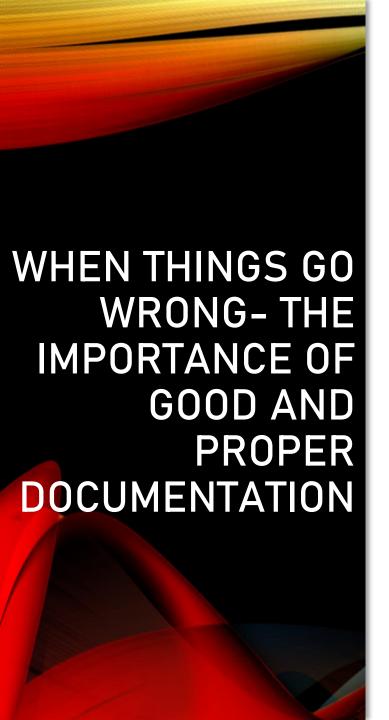
- ► The foreseeable consequences test: *The Wagon Mound* (No 1) [1961]
- Test: the defendant is liable for all the damage of a certain type which is reasonably foreseeable.
- ▶ The Wagon Mound (No 1) [1961] AC 388 In order to recover for damages, the plaintiff must prove that the kind or type of damage which he incurred must be foreseeable. The kind of damage must be reasonably foreseeable although neither the extent of the damage nor the precise manner of its occurrence need be reasonably foreseeable.

MORE CASES ON CAUSATION

- Elizabeth Chin Yew Kim & Anor v Dato' Ong Gim Huat (sued as public officer of Hospital Lam Wah Ee) and other appeals [2017] 1 MLJ 328 - Failure to employ the McRobert's position and apply suprapubic pressure which had CAUSED THE INFANT'S INJURIES.
- Abdul Ghafur bin Mohd Ibrahim v Pengarah, Hospital Kepala Batas & Anor [2010] 6 MLJ - Failure to prove the causal link between the death of the victim and the alleged negligence or delay in sending the victim to Penang Hospital for the neurosurgery. Whether there was delay or not, there was NO PROSPECT OF SAVING THE VICTIM'S LIFE AS 'SUBARACHNOID HAEMORRHAGE WITH CEREBRAL ANEURYSM' ATTRACTED ALMOST 100% MORTALITY. Thus, any surgical intervention would not have help in saving her life as there appeared no prospect of saving her life.



IMPORTANCE OF GOOD DOCUMENTATION





Proper document ation of case notes, lab results, x-ray etc.



In the event that they are required to release these documents when the case goes for trial, non-production will be detrimental to the case court may invoked-Section 114 (g) of the Evidence Act 1950 evidence which could be and is not produced would if produced be unfavourable to the person who withholds it.

PROVIDES DOCUMENTARY EVIDENCE

Written evidence carries more weight than oral evidence

GOOD RECORD
GOOD DEFENCE
BAD RECORD
BAD DEFENCE
NO RECORD
NO DEFENCE

SHOULD MEDICAL PRACTITIONERS BE GIVEN LEGAL IIMUNITY DURING THE PANDEMIC?

... Medical Defence Union of the United Kingdom - Legal immunity should be granted to healthcare workers in relation to the coronavirus pandemic, or the United Kingdom NHS "could be faced with billions of pounds of medical negligence claims".

GLOBAL OUTLOOK

- United Kingdom –
- ❖NHS Resolution has launched "Clinical Negligence Scheme for Coronavirus" – an indemnity scheme to support "healthcare providers for any clinical negligence liabilities which arise where existing arrangements ... do not apply"
 - ❖ The Medical Defence Union stated that medical negligence claims would be damaging to the country's finances and "expose those who have volunteered to 'extremely distressing' and potentially career-damaging hearings."

THANK YOU...

- If you need more details on medical law, please purchase my books on
- 1. Nursing Law and Ethics"
- 2. Medical Negligence Law in Malaysia
- 3. Cases and Commentary on Medical Negligence
- 4.Law and Ethics relating to Medical Profession
- Email: nemie@iium.edu.my