

## Medical case worth mulling over

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### LETTERS

Tuesday, 6 Feb 2018

THE Malaysian Medical Association (MMA) is aware of the recent controversy surrounding the conviction of Dr Hadiza Bawa-Garba for manslaughter by gross negligence. We understand that this matter is still under appeal and will not comment on it at present.

However, what has caused uneasiness among many doctors internationally is the fact that evidence from her personal appraisals (meant to be used for personal reflection and learning) was used against her in the trial. We fear that this precedent may lead to doctors being reluctant to admit mistakes to their superiors or write down anything that might be viewed as even slightly wanting.

This will surely reduce the chance of anyone learning from inevitable mistakes, and will increase the chance that systemic errors will be perpetuated and multiplied rather than corrected.

The action of the General Medical Council (GMC) in the United Kingdom to apply to the High Court to erase Dr Bawa-Garba from the register was taken contrary to the decision of its Medical Practitioners Tribunal Service, which recommended a 12-month suspension. The MMA takes note that investigations undertaken by the hospital and health authority concerned showed that though Dr Bawa-Garba did make mistakes, there were mitigating factors – she was covering the duties of four doctors, the hospital IT system was malfunctioning (meaning lab results could not be accessed online) and at one stage the patient who died was given medication in error (and without orders from the doctor).

Where systemic errors such as these have occurred, it is unjust to place the whole blame on one person and deny her any chance of rehabilitation by removing her from the medical register. We note with approval and gladness that Dr Bawa-Garba is receiving concrete and overwhelming support from her colleagues around the world to correct this miscarriage of justice.

Finally, we would like to draw this case to the attention of our own authorities so that they may study it and draw up procedures to ensure that doctors can discuss confidentially among themselves errors that they may have committed and that they may learn and improve. The process and outcome of such discussions should be kept confidential and not used in malpractice suits or disciplinary procedures.

This is not to shield anyone from blame or justice because evidence can be derived from other sources including case notes.

Rather, it is to ensure that doctors can discuss frankly and freely what may have gone wrong so they can try to reduce the chances of a similar error occurring again.

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**Malaysian Medical Association**

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