

MEDICAL NEGLIGENCE IN UGANDA: A CASE STUDY OF MUKONO MUNICIPALITY

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**UGANDA CHRISTIAN
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AUTHORS DECLARATION

I **AANYU JOSOPHINE**, do hereby declare that this dissertation was carried out in accordance with the requirement of the University’s Regulation and Code of Practice for Research Degree Program’s and that it has not been submitted for any other academic award. Other works cited and referred to are accordingly acknowledged.

Signature.....Date.....

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APPROVAL

This dissertation has been submitted for examination with my approval as University
Supervisor

Signed.....Date.....

KKAAYA EXPEDIT

DEDICATION

I dedicate my dissertation work to my family. A special feeling of gratitude to my loving parents, papa Kkonde, toto Prossy and toto Esenu Florence whose words of encouragement and push for tenacity ring in my ears.

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ABSTRACT:

Medical negligence is said to be an act committed by a health professional or care provider in which the provided treatment was supposedly below the standard expected. The overwhelming incidences of medical negligence mostly go without any legal action leading to a frustrating situation where public trust is completely lost on the medical service providers. There is an urgent need to put a check on increasing trend in the number of medical negligence cases and deteriorating quality of healthcare in Uganda. In this study, With the purpose of assessing the factors contributing to the increase of medical negligence cases in Uganda with a key focus of Mukono municipality hospitals, respondents were asked provide insights into the factors mainly responsible for medical negligence, prevailing circumstances and impact on doctor-patient relationship etc. General lack of communication and misunderstanding amongst patients' relatives about medical services being provided by medical professional, failure by patients to disclose all relevant information pertaining to their illnesses, understaffing were found to be major reasons behind the increasing cases of medical negligence in Mukono.

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CHAPTER ONE

MEDICAL NEGLIGENCE IN UGANDA; CASE STUDY OF MUKONO MUNICIPALITY

1.0 INTRODUCTION:

It is every patient's right to have access to good quality medical care and the healthcare provider is obliged to uphold that right. In Uganda the standard of healthcare services rendered to patients is below average, medical errors are rampant in most government hospitals. The hospitals are under-staffed and ill-equipped. The situation is made worse by unqualified personnel offering health care within the private health care system. In some hospitals it is common to find nurses playing the role of doctors and medical interns running the floor of an entire major hospital. This has seen an increase in numbers of victims of medical errors considering the fact that the nurses and interns may not be equipped with the necessary knowledge to handle certain health complications.

The Daily Monitor newspaper article on 18/08/2023¹, reported a case of a child who had her hand amputated after a cannula error. She had a fever and was taken to a private clinic, a drug was administered wrongly through her left hand and it got burnt leading to amputation. Such cases continue to happen to patients with little or no intervention at all from the regulatory authorities.

Additionally, healthcare is highly commercialized and providers are seeking for opportunities to maximize profits from people's illnesses. This has caused some

¹ Daily Monitor 18/08/2023, child loses left hand after cannula error
<https://www.monitor.co.ug/uganda/news/national/child-loses-left-hand-after-cannula-error-4339550>. Accessed on 4/04/2024

patients to undergo medical procedures which they don't actually need and some have lost their lives in the process.

Even with the strict guidelines set by² and the Hippocratic Oath taken by the healthcare professionals, patients still fall victims to the medical errors.

Medical negligence is a legal concept that involves the failure of a healthcare professional or institution to provide a standard of care that meets the accepted medical standards, causing harm, injury, or grave outcomes to a patient. It typically includes actions or omissions by healthcare providers, such as doctors, nurses, or hospitals that deviate from the expected level of competence and care leading to harm to the patient. Medical negligence may take the form unsafe medication practices and errors - such as incorrect dosages or infusions, unclear instructions, use of abbreviations and inappropriate or illegible prescriptions - are a leading cause of avoidable harm in health care worldwide³.

Chapter one of the study will cover the background to the study, the problem statement, the significance, justifications, the objectives, the scope and duration of the study, definition of key terms in medical negligence. Chapter two will entail the literature review. Chapter three will cover the methodology and research design. Chapter four will entail a study of the legal regime governing the healthcare professionals, gaps in the various healthcare professional laws and Regulations, the role of Healthcare Regulatory bodies and the weaknesses of these regulatory bodies. Chapter five will cover the summary of findings, conclusions and recommendations.

² Uganda Medical and Dental Practitioners Council (UMDPC)

³ Global Patient Safety Action Plan 2021–2030 Towards eliminating avoidable harm in health care, [patients safety.pdf](#), accessed on 4/05/2024

1.1 BACKGROUND TO THE STUDY:

Today, patient harm due to unsafe care is a large and growing global public health challenge and is one of the leading causes of death and disability worldwide⁴. Most of this patient harm is avoidable. As countries like Uganda strive to achieve universal health coverage and sustainable Development Goals⁵, the beneficial effects of improved health services can be undermined by unsafe care. Patient safety incidents can cause death and disability, and suffering for victims and their families. There is often reduced public confidence and trust in local health systems when such incidents are publicized. Health workers involved in serious incidents involving death or serious harm to a patient can also suffer lasting psychological harm and deep seated feelings of guilt and self-criticism.⁶

Medical negligence emanates from the general domain of the law of negligence that was set forth in the English case of *Donoghue Vs Stevenson*⁷, where court established that one has a legal duty to take reasonable care when relating with people who are so likely to be affected by their acts or omissions, breach or neglect of which gives rise to liability in negligence.

Medical negligence is deemed to occur when a medical or health professional, through a negligent act, falls below the standard of care accepted in the medical profession and thereby causing injury to a patient.

⁴ Global Patient Safety action plan 2021–2030 Towards eliminating avoidable harm in health care

⁵ SDG's

⁶ Global Patient Safety action plan 2021–2030 Towards eliminating avoidable harm in health care

⁷ [1932]UKHL 100

In Uganda, the 1995⁸ under objective xx of NODPSP⁹, provides that the state shall take all practical measures to ensure the provision of basic medical services to the population, further it guarantees the right to life under **Article 22(1)**.

The Ministry of Health is a key stakeholder in respect to health related matters since it bridges the gap between the people and the medical profession and supervises both government and private facilities within the country. The health profession in Uganda has many bodies that regulate the different medical professions; the **Uganda Medical and Dental Practitioners Council¹⁰** is a body corporate established by an Act of Parliament-the **Medical and Dental Practitioners Act, Cap 272** responsible for licensing, registration, monitoring and regulating the practice of medicine and dentistry in Uganda. Clause 4 of the Uganda Medical and Dental Practitioners Council Code of Professional Ethics states that a practitioner shall not violate the human rights of a patient. **The Nurses and Midwives Council Act, Cap 274**, mandated to train, register, enroll and discipline nurses and midwives of all categories in Uganda. **The Allied Health Professionals Council** is established under the **Allied Health Professionals Act, Cap 268** mandated to regulate, supervise and control allied health professional when a violation of human rights in respect to health particularly through medical negligence arises, complaints are to be lodged with these appropriate bodies. This latter law protects patients' rights, a segment of human rights that correlate with the sanctity and inviolability of human life. In 2009, **the Uganda Patients Charter** was adopted to raise the standard of healthcare, empower patients to

⁸ Constitution of the Republic of Uganda as amended

⁹ National Objectives and Directive Principles of State Policy

¹⁰ UMDPC

responsibly demand good quality healthcare from health facilities, and medical professionals, and inform patients of their entitlement to appropriate healthcare with regard to its quality assurance based on clinical need.

However, despite the above laws being in place, medical negligence in Uganda is an increasing public health concern among healthcare providers which affects patient's safety. It poses significant risk of patient injury, disease, disability or death. And according to a report by **CEHURD**¹¹, the vice of medical negligence is on a rise both in government and private hospitals country wide leading to high maternal deaths for instance a mother that was admitted at St. Charles Lwanga Hospital in Buikwe District, died along with her baby because of the hospital administration's failure to refer her to another hospital for better management. The death of Mrs. Irene Nanteza in Nakaseke Hospital while awaiting obstetric care.

Similarly, the **World Health Organization Global Patient Action Plan 2021-2030** which aims and focuses at eliminating avoidable harm in healthcare, has established that every year, large numbers of patients are harmed or die because of unsafe healthcare, creating a burden of death and disability worldwide, especially in low-and middle income countries. Accordingly that on average, an estimated **one in 10 patients** is subject to an adverse event while receiving hospital care in low-income countries. That available evidence suggests that **134 million** adverse events due to unsafe care occur in hospitals in low-middle-income countries, **contributing to around 2.6 million deaths** every year.

¹¹ Center for Human Rights and Development [CEHURD]

Undoubtedly, medical negligence undermines the efficacy of patients' rights. More so, the audacity of Ugandans to demand accurate compliance with their patient rights by healthcare providers is limited by inadequate, lack of in-depth awareness of the rights. This hurdle is akin to a challenge of inequitable access to information on patients' rights by those in most need. Consequently, victims of medical negligence discreetly bear the pain; blame their financial incapacities on having informed the quality of healthcare received.

It is also undisputed fact that, **the quasi-disciplinary actions taken by the Uganda Medical and Dental Practitioners Council¹²** against medical workers, for instance, warning the medical practitioners, putting them on probation, withdrawing their licenses, and de-registration are a lingering mockery to the victims of medical negligence. Such are incapable of atoning the extent of medical damage or injuries and their implications on the physical state of the victims and/or their families. This has prompted the medical stakeholders to bow to the fate of aggressive- adversarial court litigation.

In light of the above, there is a wide gap with regards to how the issue of medical negligence is being handled at various health centers. As a matter of fact, its prevalence creates need to investigate the matter whilst involving various stakeholders. This study will therefore, ascertain the causes of medical negligence, identify its impact on patients, assess the current legal and regulatory framework pertaining to medical negligence with focus on Mukono Municipality as the case study area representative of other private and public health centers in Uganda experiencing

¹² [UMDPC]

similar occurrences. Subsequently, the study will make recommendations to the relevant stakeholders in order to mitigate the implications that arise from the medical negligence occurrences and to achieve social justice in health.

1.2 STATEMENT OF THE PROBLEM:

Ideally the government of Uganda is committed to promoting and providing medical care and services¹³, at the same time ensuring the protection of patient's safety with regard to health care procedures and facilities. Uganda has taken a number of steps towards the fulfillment of this commitment including the ratification of international treaties¹⁴, conventions and declarations and the establishment of legal and institutional frameworks¹⁵ that govern, and protect people's rights to health and regulation of the medical professionals.

Uganda's health care system, aims at achieving and sustaining good health care and health services for its growing population. The health care system has been evolving over the past 3 to 4 decades to handle emerging concerns and challenges within the health sector countrywide. There is an increase in the number of **Health Center II, III, IV, regional referral hospitals, and national referral hospitals.**

Despite the above initiatives, patient safety in Uganda is becoming an increasing health concern with majority of the people unaware of what patient safety entails.

The doctor patient ratio in Uganda is estimated at 1: 25,725 and the nurse to

¹³ Health sector strategic and investment plan 2010, promoting people's health to enhance economic development 2010/11-2014/15

¹⁴ International Covenant on Economic, Social and Cultural Rights (ICESCR) The Convention on Persons with Disability (CRPD), African Charter on Human and Peoples Rights (ACHHPR) etc

¹⁵ Uganda Medical and Dental Practitioners Act (UMDPA), The Nurses and Midwives Act, Public Health Act, Patients Charter

patient ratio at 1:11,000¹⁶. This has lowered the quality of healthcare given to patients. Additionally other factors such as; inexperienced unlicensed personnel attending to patients, wrong/misdiagnosis, wrong prescriptions and surgical errors, wrong blood transfusion, lack of proper medical attention given to patients while in the health facility's care, leaving surgical items in a patient's body after surgery and unjustified delay in diagnosis, maternity and delivery errors, omissions by medical personnel to act in emergency situations, neglect of duty, have contributed to a drastic increase in medical negligence cases in both government and private health care facilities. This has resulted into undesirable consequences such as death¹⁷, physical injury, damage, psychiatric illness and economic loss both on the patients and government which puts a heavy burden on the tax payers.

There is, therefore, an urgent need to have this study so as to identify strategies to mitigate the above phenomenon. The strategies should among other approaches intend to offer mechanisms that demand accountability from the government as to how it is investing in social and economic rights such as health in the country and to critically assess the roles, the different medical professional regulatory bodies get to play in curbing medical negligence cases in most government and private hospitals in Uganda.

¹⁶ Assessment of the preparedness of the Ugandan health care system to tackle more COVID-19 cases

¹⁷ The case of the Center for Health and Human Rights Initiative (CEHURD) Versus Nakaseke District Local Administration Civil Suit Number 111/2012, in which a pregnant woman died in the hospital while awaiting obstetric care

1.3 MAIN OBJECTIVE:

The study will examine the concept of medical negligence, the effectiveness of the legal and regulatory framework on curbing medical negligence in Uganda with specific focus on Mukono Municipality as area of study and recommend strategies to mitigate the prevalent phenomenon.

1.3.1 SPECIFIC OBJECTIVES OF THE STUDY:

1. To investigate the various types of medical negligence in Mukono Municipality.
2. To investigate the causes of medical negligence occurring in Mukono Municipality.
3. To identify the impact of medical negligence on patients in Mukono Municipality
4. To assess the current legal and regulatory framework pertaining to medical negligence in Uganda.

1.4 RESEARCH QUESTIONS:

1. What are the various types of medical negligence in Mukono Municipality?
2. What are the common causes of medical negligence in Mukono Municipality?
3. How has medical negligence impacted on patients in Mukono Municipality?
4. What is the current legal and regulatory framework pertaining to medical negligence in Uganda?

1.5 SIGNIFICANCE OF THE STUDY:

This study will be significant because it aims at identifying and proposing;

- **Ways on how improved patient outcomes can be achieved:** through identifying the causes and types of medical negligence, healthcare providers

can implement reforms and protocols to enhance patient safety and prevent future errors.

- **Changes to the legal and ethical Code of conduct regulations:** this is relevant because understanding the legal and regulatory framework surrounding medical negligence in Uganda can lead to reforms in policies and procedures, ensuring accountability and justice for both patients and healthcare providers
- **Ways to advance healthcare professional development:** The research findings will inform the training programs and continuing education for healthcare professionals in Mukono Municipality to instill a culture of patient centered care and accountability.
- **Ways of creating public awareness and advocacy:** By shedding light on the issue of medical negligence in Uganda, the study can raise public awareness and advocacy efforts to demand better healthcare quality and safe standards.
- **Policy recommendations:** The study will inform policymakers and stakeholders on areas needing improvement in the healthcare system, leading to more effective policies, investments, and regulations to prevent and address medical negligence in Uganda and Mukono Municipality in particular.

1.6 JUSTIFICATION OF THE STUDY:

The justification for conducting the study on medical negligence in Uganda, with a specific focus on Mukono Municipality, is supported by several key reasons below;

- Investigating medical negligence within the health system is essential for promoting transparency and ensuring accountability among healthcare providers. By identifying areas where negligence occurs, corrective measures

can be implemented to enhance the quality of care and strengthen patient trust.

- Understanding the causes and consequences of medical negligence is vital for improving patient safety. By the study addressing systematic issues that contribute to errors and negligence, healthcare institutions can work towards reducing harm to patients and ensuring better clinical outcomes.
- Assessing the current legal and regulatory framework pertaining to medical negligence in Uganda is crucial for ensuring compliance with international standards and providing patients with mechanisms for seeking redress in cases of negligence.
- Understanding the scope and implications of medical negligence in Uganda can have broader public health ramifications. By addressing issues related to negligence, the study can help strengthen the healthcare system, improve healthcare delivery, and ultimately contribute to better health outcomes for individuals and communities in Mukono Municipality and beyond.

1.7 SCOPE OF THE STUDY:

1.7.1 Contextual scope:

The study will focus on medical negligence in Public and Private Health centers

1.7.2 Geographical scope:

The research shall be conducted in Mukono Municipality government and private healthcare facilities, and in the communities within the Municipality.

1.7.3 Time scope:

The study will last over a period of four (4) months from February 2024 to May 2024

1.8 Definition of key terms.

1.8.1 Negligence

Means the absence or lack of care that a reasonable person should have taken in the circumstances of the case. Negligence as a tort is a breach of a legal duty to take care which results in damage, undesired by the defendant to the plaintiff.

1.8.2 Medical negligence

May be defined as, the act of omission which a reasonably competent medical practitioner, guided by such medical knowledge and practice as is commonly known at the time and at the place where he/she practices and further guided by such other considerations which ordinarily regulate the conduct of a reasonably competent medical practitioner, would do, or doing something which a reasonably competent medical practitioner would not do. It occurs when a medical practitioner through a negligent act or omission deviates from a standard of care in the medical profession and causes injury to a patient.

1.8.3 Essential elements of medical negligence:

In the legal context, for medical negligence to exist and for a claim to succeed, there has to be the existence of a duty of care owed towards the patient, that duty of care must have been breached and, damage that results to the patient, direct causation (direct link between the breach in duty and the damage)

1.8.4 Duty of care:

This duty requires a doctor to take reasonable preventive steps so as not to cause harm to his/her patients. Therefore, a medical practitioner has a duty to reasonably foresee likelihood that his actions may cause harm to a patient. When a doctor accepts to treat the patient, the doctor-patient relationship is established, and the

duty to provide reasonable care starts. Such a duty exists regardless/irrespective of the fact whether the doctor charged for his services or provided free treatment. Thus, in the case of **Kabito versus Attorney General and 2 others**¹⁸ , in a claim for negligence premised on the maternal death of a patient under labor, Court stated that the doctor owes a duty of care to the patient and that once its established then doctor or hospital was in breach of this duty then the doctor or hospital will be held liable.

1.8.5 Breach of a duty of care:

An act to result to breach of duty of care and for it to be actionable, the act done by the medical professional must have fallen below the standard of care and the practice accepted by the medical professionals. Court in the case of **Kimosho versus Wakapita and 2 others**¹⁹, stated that to establish the liability of a healthcare professional, he/she must have deviated from the standard of care and practice expected of him as a medical professional.

1.8.6 Damage as a result of the breach of the duty of care:

There has to a breach of a duty of care by a medical worker, the patient must have sustained injury, death, or hardship due to the negligent act for a claim of medical negligence to suffice in the courts of law. This is because in medical negligence, fault on the part of the medical professional has to be established. This signifies that legal causation and injury/damage must exist before medical negligence will give rise to a medical negligence claim.

¹⁸ Uganda High Court Criminal Division 197/2019

¹⁹ Uganda High court Criminal Division Number 71/2018

1.8.7 Causation (there has to be a causal link between the breach and the injury):
After it is established that a doctor had a duty and was negligent in performing that duty, the patient's lawyer must be able to demonstrate that the doctor's conduct caused injury or harm. Generally, in a negligence case, the causal link is made by showing that the patient's health condition worsened because of the doctor's negligence and that this would not have occurred in the absence of the doctor's negligence.

1.9 Liability:

Liability is the state of being legally responsible for something as a result of a breach or infringement of one's right. In cases of medical negligence both the medical worker and the hospital are legally responsible for the negligent act with the hospital being vicariously liable for such a negligent act

CHAPTER TWO:

2.0 LITERATURE REVIEW

This chapter presents a review of related literature on the impact of medical negligence on patients. The literature was reviewed according to the themes based on the study objectives, which are: the causes of medical negligence; the impact of medical negligence on patients; and the legal and regulatory framework for medical negligence. It also highlights the gap.

2.1 Causes and types of medical negligence in HC Shortage of medical practitioners

Dennis Chamisa and Kim Lamont-Mbawuli (2020)²⁰ urged that the shortage of medical practitioners is the primary cause of medical negligence. Many health centers assign medical interns to perform duties that are supposed to be done by professional medical staff. The tasks given to them are usually outside their scope of knowledge and skills, so they end up committing medical errors, which leads to medical negligence cases, especially in rural areas.

Lack of skills to execute medical work

In the case of **Poonam Verma vs. Ashwin Patel and Ors**²¹., the Supreme Court ruled that practicing allopathy without the necessary qualifications as homoeopathic doctor is considered quackery. The court also stated that if a person is found guilty of negligence per se, no additional proof is required.

Failure by patients to give enough information about their sickness

²⁰ Medical Negligence and Common Factors Contributing To Medical Negligence Cases In South African Hospitals

²¹ (1996)4 SCC 322

In the case of **S. Tiwari vs. Dr. Pranav 1 (1996)**, it was claimed that a tooth was extracted without a proper test, and when bleeding continued, the doctor administered a painkiller. Despite the patient having a blood pressure of 130/90, they did not provide the doctor with their complete medical history. As a result, the National Commission upheld the State Commission's findings and dismissed the complaint, citing the patient's failure to provide accurate case history and follow-up when necessary.

Unfavorable working conditions

Dennis Chamisa and Kim Lamont further indicate that long working hours and heavy workloads are common causes of medical negligence in most public hospitals. They present an argument that medical practitioners are human beings, who can equally be exposed to mental exhaustion, and mental overload (that is, fatigue and diminished concentration), which interferes with medics' mental²²

Giving the wrong prescription

The U.S. Food and Drug Administration (FDA) define prescription drug error as a preventable event that may cause inappropriate medication use or harm to the patient. Each year, over 100,000 medication errors are reported to the FDA in the United States²³. These errors lead to the deaths of 7,000 to 9,000 people and potentially impact the health of hundreds of thousands of others who may not report

²²Afrox Healthcare Bpk v Strydom (172/2001) [2002] ZASCA 73.

²³Dhai A. 2018. Health in crisis: A shameful disrespect of our Constitution. Vol.11 No.1 SAJBL 8.

their experiences. In total, medication errors have the potential to affect more than 7 million patients annually in the US²⁴.

Failure of medical professionals to treat patients

"Failure to treat" is a type of medical error in which a doctor fails to provide appropriate treatment to a patient, which can worsen the patient's condition and even lead to death. This error is usually not related to the accuracy of the diagnosis²⁵. It often occurs when patients are discharged too soon and not monitored adequately, or when physicians refrain from treating patients because of financial constraints. According to a survey, about 16% of medical malpractice lawsuits are filed due to physicians' failure to provide proper treatment to their patients.

Poor communication

Ologunde and Olabimpe-Oyin opined that medical negligence is caused by poor communication between the patient and medical professionals, or amongst medical professionals themselves. The disconnected reporting systems in hospitals can result in fragmented systems in which numerous hands-offs of patients result, leading to a lack of coordination and errors. The failure to communicate important information such as patient allergies, diagnosis/co-morbid conditions, unclear documentation, illegible handwriting, spelling mistakes, failure to double-check high-alert medications before dispensing, poor or little supervision; deficiencies in education, training, orientation, and experience; I, and experienced health workers and nurses.²⁶

²⁴ Forman L. 2005. Ensuring reasonable health: Health right, the judiciary and South African HIV/AIDS policy. *Journal of Law, Medicine and Ethics*. Legislating and Litigating Health care rights around the world 711.

²⁵ Howarth G.2019. Avoiding malpractice litigation and defending claims of negligence. *De Novo Medica*.

²⁶ , OLOGUNDE, Olabimpe Toyin , OHAERI, Beatrice ,OJO, Iyanuoluwa O, BABARIMISA, Oluwatoyin. *Medical Errors: The Impact and Way Out*

Jagadish and Vaishali agree as well that, the falling standard of a medical professional's competence is responsible for medical negligence²⁷.

2.2 Impacts of medical negligence

Jagadish and Agedawo in their article observe that Victims of medical negligence experience various problems as a result of clinical negligence, including the extra cost on drugs, transportation cost to the facility, loss of employment opportunities, depression, dislike for the health professionals, fear of going to the hospital, task re-allocation, loss of working days, prolonged hospitalization²⁸

While Rendani Matumba, Anthony O.Nwafor, Edward V. Lubisi, and Koboro J Selala in their article titled²⁹, show that as the number of negligence claims continue to rise, so also does the financial burden in the form of cost of litigation on the part of patients, besides that the damages paid by the healthcare personnel and government agencies in successful cases has a toll on the tax payers. There is also a likelihood of reputational damage attendant to such negligent conducts on the part of both the healthcare personnel and the healthcare institutions. Ologunde and Olabimpe-Oyin et al in agree in their article³⁰ that doctors or nurses, who give the wrong prescription to patients, could suffer from shame, guilt, and self-doubt. With some of them choosing to commit suicide. As well that when The patients or patients' relatives institute a personal injury lawsuit against the healthcare professional for negligence, this can destroy the healthcare professional's career advancement and with a probability of

²⁷ Dr. Jagadish B. Hedawoo1 , Dr. Vaishali R. Wankhede, Study of the Cases of Medical Negligence

²⁸ Dr. Jagadish B. Hedawoo1 , Dr. Vaishali R. Wankhede, Study of the Cases of Medical Negligence

²⁹ Exploring the Basis for the increasing Medical Negligence Claims in South Africa

³⁰ OLOGUNDE, Olabimpe Toyin , OHAERI, Beatrice ,OJO, Iyanuoluwa O, BABARIMISA, Oluwatoyin. Medical Errors: The Impact and Way Out

one's to license getting revoked. The adversarial nature of litigation can impose additional emotional toll on the medical worker in addition to the stress from medication error.

2.3 Legal and regulatory framework on medical negligence

This section reviews the various laws on medical negligence.

On the international scene, the **International Covenant on Economic, Social and Cultural Rights**, widely considered as the central instrument of protection for the right to health, recognizes under Article 12 “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”

At the regional level is the **African Charter on Human and People's Rights**, which holds that “Every individual shall have the right to enjoy the best attainable state of physical and mental health” and that States parties to the Charter “shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick.” This right is buttressed by a set of individual and people's rights, and duties. It is also complemented by other regional instruments, including the **African Charter on the Rights and Welfare of the Child**, **the Maputo Protocol on the Rights of Women in Africa**.

The **East African Community Dental Boards/Council** established in July, 2015 with the core mandate to regulate the training and practice of medicine and dentistry as well as healthcare standards in the institutions that are registered. It has a responsibility of ensuring that the students undertaking medical training acquire the desired knowledge and skills that are necessary for the delivery of clinical services, and to ensure that training institutions meet the minimum requirements needed to

successfully train competent medical practitioners and to ensure the provision of quality healthcare.

In Uganda a number of laws that regulate the health professionals have been enacted. The **Code of Conduct and Ethics for Health Worker** created in 2001 outlines the standard of behavior and discipline for health workers, the standards required of medical service, the **Patients Charter**, a document outlining the health rights and responsibilities of patients and health workers, **Uganda Medical and Dental Practitioner's Council**³¹, which monitors, supervises, exercises disciplinary control over medical and dental workers, exercises control over and maintenance of professional medicine and dental educational standards. **The Nurses and Midwives Act.**

³¹ Created by an Act of Parliament in 1998

CHAPTER THREE:

METHODOLOGY:

3.1 Research design

A **research design** is a strategy or a plan to answer a set of questions.³² A research design also refers to the overall strategy that a researcher chooses to integrate the different components of the study in a logical way, thereby, ensuring that the research problem is effectively addressed. There are different types of research designs namely; **experimental research design, descriptive, correlational research design.** This research will adopt a **case study research design.**

3.1.2 A case study design

Is a detailed study of a specific subject, such as a person, group, place, event, organization, or phenomenon.³³ The researcher will carry out a study based on medical negligence using Mukono Municipality as the case study. Mukono Municipality was selected as the case study because of the many reported cases of medical negligence.³⁴

3.2 Area of study.

The study will be carried out in Mukono Municipality.

3.3 Population

Population refers to the entire group of individuals, objects, or events that share common characteristics³⁵. It represents all elements that the researcher aims to study

³² McCombes, 2019.

³³ Shona McCombes

³⁴ Ministry of health investigation on a case where health worker workers stationed at Mukono General Hospital

³⁵ Jilcha Sileyew,2020; Garg, 2016

and draw conclusions about³⁶. The study population will consider medical practitioners and patients. Medical practitioners will be selected to provide data concerning the causes of medical negligence. Patients will provide data on the various types of medical negligence they experience at the various medical centers and on how it has impacted on their lives.

3.4 Sampling techniques.

Sampling techniques in research are statistical methods for selecting a sample representative of the whole population. The study will use the following sampling techniques;

3.4.1 Purposive Sampling Technique

A purposive sampling Technique is a strategy in which particular settings of persons or events are selected deliberately in order to provide important information that cannot be obtained from other choices. This technique will be used to select medical practitioners for the study. Selection will be based on the knowledge respondents have about the topic being studied.

3.4.2 Convenience sampling

A convenience sample is any group of individuals that is conveniently available to be studied. The researcher will conveniently select 30 patients as participants to the study. The researcher will employ convenience sampling technique because it is quick, in expensive, and convenient.

3.5 Method/ procedure for Data collection

3.5.1 Questionnaires

A questionnaire is the instrument for collecting the primary data.³⁷ The researcher will develop semi-structured questionnaire in order to get data from patients. Questionnaires will be self-administered by the researcher to the respondents so as to collect data. Questionnaire method will be adopted by the researcher because it eliminates bias and ensures anonymity of participants.

3.5.2 Interview method

Interview is a method of collecting data through asking questions to gain both qualitative and quantitative data.³⁸ The researcher will interview the participants through face to face discussions. Interview method will allow the researcher to collect detailed information about participants' experiences, opinions, and attitudes in their own words, providing a richer understanding of the research topic than other data collection methods.

3.5.3 Documentary analysis

Documentary analysis is a systematic procedure for reviewing or evaluating documents—both printed and electronic (computer-based and Internet-transmitted) material.³⁹ The researcher will examine available literature, legal framework and policies on medical negligence and interpret it in order to elicit meaning, gain understanding, and develop empirical knowledge about the topic.

³⁷ Cohen, 2013

³⁸ Taherdoost (2021)

³⁹ Corbin & Strauss, 2008; Rapley, 2007

3.6 Quality control

The capacity of a research tool to yield consistent findings is the validity of the instrument.⁴⁰ Validity relates to the instrument's suitability to collect data.⁴¹ With this study, the application of the research design chosen, and the validity and reliability of the research instruments will be employed for qualitative data.

3.6.1 Reliability

Reliability tests consistent results to establish whether the instrument used by the researcher could generate similar results under the same conditions with the same subjects. At least 10 respondents will participate in the pre-testing of the data-collecting tools to ensure their correctness, dependability, and capacity to elicit sufficient and relevant replies. The final research instrument will be improved by the revisions and comments made by the respondents.

3.6.2 Validity

The degree to which an instrument measures what it is intended to measure is known as its validity (Middleton 2023). The tools used should be impartial, useful, and legitimate. In this instance, the researcher will first validate the instruments by looking at their contents and determining whether or not they measure up to the stated features, trying to keep the studies as impartial as possible.

3.7 Data collection and analysis

3.7.1 Ethical considerations

Ethical considerations are a set of guidelines that are meant to assist the researcher in conducting ethical studies.⁴² To uphold the ethical issues, the researcher will

⁴⁰ Mohajan 2017

⁴¹ Perez 2019

⁴² Johnson & Christensen 2008

adhere to all the ethical guidelines as clearly stated in the Uganda Christian University research ethics policy. The researcher will first seek ethical clearance from School of Law, and then proceed to seek permission from the Principal Medical Officer Mukono Municipal Council to be allowed to conduct the research in the various Government health centres within the municipality. Furthermore, more informed consent will be obtained from the participants before administering the data instruments. Respondents will be assured of voluntary participation and withdrawal from the study. The researcher shall ensure that the privacy, confidentiality and anonymity of participants are ensured in order to prevent participant damage and to ensure an equitable distribution of benefits and hazards associated with this study. The researcher will respect the rights, autonomy, and dignity of participants. The researcher will cite and reference all information sources used to rule out plagiarism. All data collected will be for research purposes and award of a bachelor of Laws degree only. Finally, findings and interpretations of the research will be presented honestly and objectively according to the Uganda Christian University Research Policy.

3.8 Chapter Synopsis/organisation of the proposal

The structure of the proposal will adhere to the writing guidelines outlined for Bachelor of law research proposals by the UCU-Faculty of Law

3.8.1 Chapter One: Introduction and background to the study

In this chapter, the proposal will provide an overview of the study by presenting general background information, stating the research problem, objectives, and research questions, highlighting the significance and the justification of the study.

3.8.2 Chapter Two: Literature Review of the study

Chapter two of the proposal will present a comprehensive literature review by outlining the previously researched literature. The chapter will also identify the gaps in the literature and explain how the study aims to address some of these gaps.

3.8.3 Chapter Three: Methodology

This chapter will describe the research methodology employed in the study, which includes the research approach, research design, methodologies, data collection methods, population, sampling procedure, data analysis, and ethical considerations.

3.8.4 Chapter Four: An analysis of the Legal regime governing healthcare professions, Role of Healthcare Regulatory bodies.

This chapter will show an analysis of the Legal Regime governing healthcare professionals, role of healthcare regulatory bodies and the gaps and weaknesses in these laws and regulatory bodies.

3.8.5 Chapter Five: Summary, Conclusions, and Recommendations

This chapter will provide a summary of the study's findings, conclusions, and recommendations.

CHAPTER FOUR: ANALYSIS OF THE LEGAL REGIME GOVERNING HEALTHCARE PROFESSIONS, AND THE ROLE OF HEALTHCARE REGULATORY BODIES.

4.0 Introduction

This chapter will show an analysis of the Legal Regime governing healthcare professionals, role of healthcare regulatory bodies in preventing the prevalent cases of medical negligence in government hospitals and the gaps and weaknesses in these laws and regulatory bodies. The researcher analysed the following laws that establish the different councils;

- The Medical and Dental Practitioners Act Cap 272;
- The Nurses and Midwives Act, Cap 274; and
- The Allied Health Professionals Act, Cap 268
- The Patients Charter

The government of Uganda is committed to ensuring access of all people to high quality health care services as granted in the constitution of Uganda (Social and Economic Objective No. XX⁴³). Uganda government is progressively realizing the right to Health by championing the development of the legal framework. One such way has been seen through the development of the **Patient's Charter**.

4.1 The Patients Charter

The objective of the patients' charter is to empower every person to demand high quality health care, to promote the rights of patients and to improve the quality of life of all Ugandans.

⁴³ 1995 Constitution of the republic of Uganda as amended

Article 1 of⁴⁴ provides for the Right to Medical Care; every person in need of medical care is entitled to impartial access to treatment in accordance with regulations, conditions and arrangements obtaining at any given time in the government health care system. In a medical emergency, a person is entitled to receive emergency medical care unconditionally in any health facility without having to pay any deposits or fees prior to medical care. Should a medical facility be unable to provide treatment to the patient, it shall, to the best of their facility, refer him/her to a place where he/she can receive appropriate medical care.

Article 5; provides for the right to proper medical care. A patient shall be entitled to appropriate health care with regard to both its professionalism and quality assurance based on clinical need.

Article 8; Right to safety and security; the patient has the right to safety and security to the extent that the practices and installations of the health facility do no harm.

Article 14; Continuity of Care; No client shall be abandoned by a health care professional worker or a health facility which initially took responsibility for one's health.

Article 20; Provision of information; every patient has the responsibility to provide the health worker with relevant, complete and accurate information for diagnostic, treatment rehabilitation or counseling purposes.

⁴⁴ Patients Charter

Article 21 Compliance with instructions; the patient has the responsibility to comply with the prescribed treatment or rehabilitation procedures meant to improve his/her health.

Article 22 Refusal of treatment; the patient takes responsibility for his/her actions if he/she refused to receive treatment or does not follow the instructions of the health worker.

Article 25 Penalties; any health worker who contravenes these rights may face appropriate disciplinary actions from Health Unit Management committees, Health Professional Councils, Medical Boards, and Courts of law.

With the patient's charter in place, this is a sigh of relief to the recipients of medical treatment because of the health safety guarantees laid down under this Charter. This Charter empowers patients to demand for high quality services from the healthcare providers. Additionally, this charter places duties and responsibilities on both the patients and medical personnel in ensuring that harm to the patients is reduced or minimized. However, much as the Patients Charter sets out obligations, rights and duties on both the patients and medical personnel, but according to a report by **Uganda Alliance of Patients organization (UAPO)** on the status of patient safety in Uganda, the report indicates that patient safety is so much of a dark spot, characterized by low patient involvement and lack of awareness of patient safety. Patients are not empowered to engage healthcare providers regarding their conditions. According to this report most medical workers consider patients who ask questions as difficult or stubborn and more often patients are denied or frustrated

throughout the process of receiving medical treatment. The patient is expected to be a passive receiver of care yet they know their disease better than the doctor does⁴⁵.

4.2 The Medical and Dental Practitioners Act Cap 272

Having come into force in 1998, this Act was enacted to consolidate the law relating to the medical and dental practice. This particular law establishes the Medical and Dental Practitioners Council charged with a mandate to take stringent disciplinary action against practitioners who are reported to have acted contrary to the ethical code of medical practice, the council as well monitors, conducts supervision and control over and maintenance of professional medical and dental educational standards, including continuing education. It over sees the dissemination of medical and dental practitioners and the public, ethics relating to doctor-patient rights and obligations.

However, though this law is in place, it is pertinent to note that a number of gaps were identified basing on the review by the researcher of the **Medical and Dental Practitioners Act Cap 272**. For instance the Act does not have provisions empowering the council to regulate licensing of foreign medical and dental practitioners, approval and registration of training institutions for medical and dental practitioners; neither is no provision empowering the council to monitor training in training institutions for medical and dental practitioners. It was also established that there is no clear provision for disciplining professionals employed under the Public Services arrangement.

⁴⁵ The state of patient safety in Uganda, <https://isqua.org/world-patient-safety-day-blogs/the-state-of-patient-safety-in-uganda.html> accessed on 30/04/2024

4.3 The Nurses and Midwives Act, Cap 274

The regulation of Nursing and Midwifery practice in Uganda dates way back in 1922 when the first Nurses and Midwives regulatory body was established. Later after Uganda attained its independence, the Nurses, Midwives and Nursing Assistants Act of 1964 was replaced and consequently in 1996, the Uganda Nurses and Midwives Act was enacted. The purpose of the Act is “to provide for the regulation of training, registration, enrollment and discipline of Nurses and Midwives of all categories and for other matters connected to the professions. Established under the Act is the Nurses and Midwives Council (UNMC), a body corporate mandated to protect the public from unsafe nursing and midwifery practices through regulation of the education and practices of nurses and midwives in Uganda, exercise disciplinary control over nurses, approve nursing/midwives courses⁴⁶

With the aim of ensuring that harm to patients is prevented, it is a requirement under **section 30 (1), (2)**⁴⁷ the Act for every registered midwife to have five years’ experience in a hospital or health unit and before he or she opts out for private service they are required to apply to engage in private practice after ten years. This particular law under section 34 (1)⁴⁸ makes it mandatory for nurses and midwives to have a special license or permission that allows him or her to stockpile, retail or wholesale drugs. Nurses and midwives are prohibited pursuant to section 34 (2)⁴⁹ of the Act from carrying out procedures that are beyond common conditions and health

⁴⁶ Consultancy to Review the Uganda Nurses and Midwives Act, 1996

⁴⁷ The Nurses and Midwives Act, Cap 274

⁴⁸ The Nurses and Midwives Act, Cap 274

⁴⁹ The Nurses and Midwives Act, Cap 274

problems and are enjoined to refer all cases that they cannot a medical practitioner This Act as well establishes a disciplinary committee mandated to inquire into any alleged misconduct by a registered nurse or midwife pursuant to sections 36, and 37 and the Act creates an offence for any person to use any title of a nurse or midwife unless registered under the Act (Section 53).

However, though this law is in place, but in practice none of these is being adhered to. Nurses with no vast experience are running drug shops, operating pharmacies, operating clinics which have become dark spots for most medical negligence cases. Needless to mention is the fact that there are no clear express provisions that empower the Nurses and Midwives council to conduct regulation, and licensing of foreign nurses and midwives; the situation is made worse with the fact that the Act does not make provision for effective involvement of the Nurses and Midwives Council in the regulation of training and examination of nurses and midwives which is now a preserve of the Business Technical Vocational Education and Training arrangement.⁵⁰

4.4The Allied Health Professionals Act, Cap 268

It came into force on May 17th 1996. This act establishes and mandates the council to carryout regulation, supervision and control of the allied health professionals, to do registration and licensing of allied health professionals; it regulate the conduct of allied health professionals and exercises disciplinary control over them; approves courses of study for allied health professionals; approves, supervises and regulates the training schools for the different categories of allied health professionals; it as well ensures that the qualifications awarded by the different institutes in respect of the

⁵⁰ BTVET

different categories of the allied health professionals are of the required standard; oversees the registration of allied health professionals and the publication of the names of registered allied health professionals in the Gazette;

Gaps/ weaknesses in the law

However a review of this particular law shows that there are gaps in the Allied Health Professionals Act in as far it does not create provision that empowers the Allied Health Professionals Council to collaborate with other regulatory bodies to carryout joint inspection of premises and joint disciplinary actions; notably as well is the absence of specific provisions that allows the council to regulate all allied related professional practice; there are as well no specific provision which grant the power to the council to regulate the training and examination of allied professionals; to enforce discipline among the allied health professionals employed under the Public service framework; and worst of all there is no provisions for creating offences to charge nonprofessional who use the name, trade tools, equipment and drugs that are a preserve of the Allied Health Professionals.

CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.0 Introduction:

This chapter presents a summary of the study's findings, conclusions, and recommendations. The chapter begins with a description of the demographic characteristics of the respondents. The descriptive analysis of the respondents' practices, perceptions as to the causes of medical negligence, impacts of medical negligence and attitudes towards medical negligence is then presented. These are the interviewee's responses, mainly based on the set of objectives and are in conformity with the research questions.

5.1 Gender status of respondents

The researcher picked out the respondents on the basis of gender equality. Therefore, both males and females were interviewed by the researcher.

5.2 Age distribution

Age refers to the standard demographic characteristics of research on social issues. The age distribution was included by the researcher in this study to ascertain if there were any medical negligence experiences, perceptions or attitudes that are common to any particular group of age or whether the population as a whole shares the same experiences, perceptions and views. Two age groups had been identified among respondents and these are 25-40 years, 45-50 years and above.

The researcher established that majority of respondents are aged between 25 and 50 years. This coincides with the category of people in the prime working lives and this majority coupled with the 22% of the 51-above age group comprise the respondents experienced enough to provide expected information about medical negligence.

5.3 Working experience of respondents.

The researcher considered establishing the professional experiences of the medical practitioners. This is because healthcare professionals with experience are expected to effectively fulfill their duties and avoid negligence. In addition, having worked in the medical field for a long time can impact a lot in respect of the information provided by respondents. Out of the 15 healthcare workers interviewed, a total number of 10 respondents have a working experience of more than 10 years. Only 5 of the respondents have been working in the medical field for less than 5 years. These findings imply that the respondents are experienced enough to have been involved in , dealt with or witnessed medical negligence cases and thus, were in the best position to provide expected information on medical negligence.

5.4 Occurrence of medical negligence

With the objective of evaluating and establishing the reliability of the information provided by respondents, the researcher in this study aimed at finding out whether any of the respondents have ever been involved, witnessed or dealt with medical negligence and the findings are that 70% of all categories of respondents have been involved, witnessed or dealt with cases of medical negligence in one way or another whereas only 30% of respondents and mostly among the healthcare professionals said that they did not. The implication of this is that medical negligence is rampant and deserves to be searched and explored in depth in Mukono municipality.

Evidently the critical issue of medical negligence has been taken cognizance of for instance Dr. Mary Anne Apok the regulatory officer at Uganda Medical and Dental

Practitioners Council⁵¹, noted that although there are no specific statistics of medical negligence cases in Uganda, the **UMDPC** averagely records over 50 complaints against medical practitioners annually⁵².

Likewise, the World Health Organization report on patient safety shows that around **1 in every 10 patients** is harmed in health care and **more than 3 million deaths occur annually due to unsafe care**. In low-to-middle income countries, as many as **4 in 100** people die from unsafe care.⁵³

5.5 Knowledge about the laws governing the healthcare professionals and medical negligence and roles played by health regulatory councils

Creating public awareness through sensitizations and community outreaches with the aim of educating the general population on the existing laws regulating the healthcare professionals, and laws on patients' rights is one way of highlighting the duties and obligations of healthcare professionals on one hand as well as the rights of the patients on the other hand. This can be achieved through disseminating vital information out to the target audience (medical practitioners and patients) in respect to the existing laws that place duties and obligations on healthcare professional as well as the law which safe guards the patients' rights to safe healthcare. This research sought to assess the level of awareness about the laws governing the healthcare workers like nurses, doctors, clinicians, pharmacists in the discharge of their duties and to ensure that they avoid causing harm to patients.

⁵¹ Uganda Medical and Dental Practitioners Council (UMDPC)

⁵² Health: Medical negligence, <https://www.independent.co.ug/health-medical-negligence/>, accessed on 27/04/2024

⁵³ Patient safety WHO [https://www.who.int/news-room/fact-sheets/detail/patient-safety#:~:text=Key%20facts,from%20unsafe%20care%20\(1\)](https://www.who.int/news-room/fact-sheets/detail/patient-safety#:~:text=Key%20facts,from%20unsafe%20care%20(1),), accessed on 27/04/2024

The findings suggest that the majority of respondents (60%) perceive the existing laws and regulatory bodies as weak. One of the respondents, a nursing officer in one of the hospitals disclosed that the Uganda Medical and Dental Practitioners Council charged with monitoring and carrying out general supervision and control over and maintenance of professional medical and dental educational standards, including continuing education; exercising disciplinary control over medical and dental practitioners; and to disseminate to the medical and dental practitioners and the public, ethics relating to doctor-patient rights and obligations; has according to her failed to exercise its mandate. She expressed concern that the council is doing little in carrying out supervision of the ever mushrooming medical institutions which are only driven by the need to make profits. She as well noted that admission to these medical schools is no longer on merit but on the basis of technical know-who. According to her the failure by the council to carry out its mandate compromises on the standard and quality of medical practitioners being trained in these medical schools. The implication of this is that medical negligence cases are bound to increase.

5.6 Main causes of medical negligence

5.6.1 Understaffing:

With the objective of assessing the causes of medical negligence cases in Uganda with a key focus of Mukono municipality hospitals.

Respondents were asked to list the main causes and the findings disclose that the main factor contributing to medical negligence is that most hospitals are understaffed. Majority of the respondents disclosed that often times one healthcare professional is left to be in charge of an entire medical ward. The respondents

explained that due to this, the healthcare professional on duty is likely to be overwhelmed with a lot of work and may even end up failing or forgetting to record patients' vital information for instance when the next dose of injection is to be administered, pressure levels of patients' et al.

Uganda's doctor-patient and nurse-patient ratio is approximately 1:25 000 and 1:11 000 respectively⁵⁴. This is way below the WHO recommended doctor-patient ratio of 1:1000⁵⁵. The World Health Organization (WHO) has calculated that, in order to achieve universal health coverage (UHC) and the United Nations Sustainable Development Goals (SDGs), a country needs to have at least 4.45 skilled health workers for every 1,000 inhabitants⁵⁶.

At the moment, however, the number (i.e. of doctors, midwives and nurses employed) stands at just 27,761. This is around one-sixth of the requirement. Uganda has only one employed professional health worker for every 1,000 inhabitants. This relatively small number of health workers has to shoulder heavy workloads every day⁵⁷.

⁵⁴ Assessment of the preparedness of the Ugandan health care system to tackle more COVID-19 cases

⁵⁵ Assessment of the preparedness of the Ugandan health care system to tackle more COVID-19 cases,

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7533609/#:~:text=Uganda's%20doctor%2Dpatient%20and%20nurse,patient%20ratio%20of%201%3A1000>. Accessed on 29/04/2024

⁵⁶ The health workforce status in the WHO African Region: findings of a cross-sectional study, https://gh.bmj.com/content/7/Suppl_1/e008317, accessed on 3/05/2024

⁵⁷ A journal article; Uganda's human resources for health: paradoxes and dilemmas, https://www.wemos.org/wp-content/uploads/2023/03/Advocacy-brief-Ugandas-human-resources-for-health_paradoxes-and-dilemmas-2019.pdf. Accessed on 29/04/2024

5.6.2 Lack of effective communication:

This research also established that lack of effective communication and collaboration among medical personnel plays a huge role in the occurrence of medical negligence cases in most hospitals in Mukono municipality. One of the respondents, a nursing officer explained that sometimes medical personnel on duty during day time may forget to disclose all relevant information on patients admitted in the ward to their colleagues who get to relieve them from duty. That the effect of this is that such a medical worker may without intention administer wrong treatment not meant for the patient or delay to administer the treatment. One midwife on duty noted that some handwriting of doctors is hard to read and as such this may make a nurse to administer a wrong prescription to a patient. The situation is further worsened by insults from the Nursing supervisors who fail to understand the root cause of the problem but instead just resort to blame the medical worker on duty. According to the respondents interviewed this has an effect on the nurses who are likely either to transfer their anger and frustration on the patients by merely neglecting to treat them or perhaps even administer wrong medication, lowers the work morale among health workers.

5.6.3 non-disclosure of relevant information.

Failure by patients to give enough information about their sickness was also established to be responsible for a rise in medical negligence cases in most hospitals in Mukono municipality. One doctor disclosed that often time's patients are not truthful on the history of their illnesses, prior medical treatment received from a clinic or different hospital. This according to him is likely to result to mis-diagnosis, and overdoses

5.7 Impacts/Effects of medical negligence

With the intention of assessing the impact of medical negligence on patients and healthcare professionals, respondents were asked to list the main effects. The findings of the study indicate that the main perceived effect of medical negligence is the “loss of trust in medical practitioners” (both the patients and medical practitioners expressed this concern 100%). 20% of the healthcare professionals expressed concerns that always upon a medical negligent act occurring, the condition of a patient is likely to worsen or perhaps death may occur. One respondent narrated a story concerning her colleague whose reputation was destroyed following a medical negligence incidence and that ever since then she has never recovered from it. The findings also indicate that medical negligence can result to physical injuries to patients, deaths, and financial burdens sustained in the treatment of the patient.

5.8 Recommendations

Being guided by the study objectives, study results and various literature reviewed, the researcher makes the following recommendations:

- The monitoring and regulatory organs and bodies must be tasked to carry out their mandate of monitoring and supervision of medical institutions and medical workers as one way of establishing whether indeed these health professionals or institutions are licensed to be engaged in the health professional work.
- The education and awareness campaigns about the existing laws governing medical negligence and malpractice should be organized.

- The Government of Uganda should consider recruiting more Physicians, Nurses, Midwives and allied health practitioners in all health facilities. To achieve this, government of Uganda should strengthen the health systems so as to curb medical negligence in public hospitals by ensuring that more health professionals are trained in accordance with the standards of professional practice and training of healthcare professionals.
- The medical practitioners should be trained on how to reduce harm to patients. The ministry of health should consider sending medical personnel for fully funded refresher courses as an incentive to tackle the issue of knowledge gap.
- More clear and strong laws governing medical negligence should be established. It should be noted that despite commitments taken by the government, the health regulatory council bodies charged with the mandate to monitor the health service delivery in Uganda are inevitably weak in terms of supervision with little or no supervision at all being carried out. Most of the health-related laws are outdated and not anchored on the human rights principles. The government should therefore focus on enacting and amending already existing laws covering a range of health related concerns.
- Hospital administrators should consider streamlining areas of duty so as to reduce on the extreme workload on the medical staff. Additionally, each hospital should consider setting up a counselling department that mainly helps medical personnel to cope up with the workload and how best they can avoid having to let their personnel problems affect their work and ability to make right and safe decisions.

- Medical workers should be accorded free lunch. This will help keep them focused on their work without having to think of where they can get money for food and also helps to reduce on the stress levels.
- The research findings also indicate that some respondents reported limited understanding of the role played by the health regulatory bodies. In effect, the mandated council bodies charged with ensuring that health professionals adhere to the healthcare code of conduct should carryout continuous sensitization workshops tailored towards educating the health workers on how best they can avoid harm to their patients. The Medical and Dental Practitioners council should not focus mainly on licensing and registration but should as well put emphasis on empowering health workers with knowledge on how to avoid harm to patients, Regulators also ought to concentrate on helping patients to understand what medical negligence is and implore them to report such cases of medical negligence.

5.9 CONCLUSION

The occurrence of medical errors is not rare and the probability of faults producing grave detriment is great, of which most of these medical errors could be taken as avoidable or fixable, if management could be started almost immediately or at least not too late. Sufficient attention to detailed process of development of patient's symptoms, their intensity, duration, priority and fluctuation, and, moreover, vigilant medical checkup and thorough documentation of findings are helpful issues for further lessening of medical and diagnostic faults. So, a rigorous work and all-inclusive

approach is compulsory for improvement of patient's safety in government hospitals.
This may involve enhanced educational core curriculums in medical institutions,

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