

**THE EFFECTIVENESS OF UGANDA'S LEGAL FRAMEWORK IN ADDRESSING
MEDICAL MALPRACTICES WRITTEN**

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**A DISSERTATION SUBMITTED TO THE SCHOOL OF LAW IN PARTIAL FULFILLMENT OF
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DECLARATION

I NAMUKWAYA MILLY , do here by declare that this dissertation was carried out in accordance with the requirement of the university's regulation and code of practice for research and that it has not been submitted for any other academic award , other works cited and referred to have accordingly been acknowledged.

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

NAMUKWAYA MILLY

ABSTRACT

Medical malpractice , also known as medical negligence takes the form that a medical practitioner breaches the duty owed by him/her to the patient in attention. The litigation surrounding it is growing too, inclusive in the developing countries like Uganda. Day by day, accidents are inevitable and this can happen in the medical field; medical practitioner can be victims of the same, however, in some instances where the practitioner is responsible because of their actions or omission these laws come in to hold the practitioner liable. This, is a challenge, yet, culminating over time and reported increase is seemingly taking its centre stage. It cannot go ignored, that is why the study unfolding aims to address the Ugandan legal frame work on medical malpractice considering how effective this framework both domestic and international ratified laws have been effective, the causes of medical malpractice in Uganda , the responsiveness to medical malpractice and it will conclude with the findings and recommendations in regards to the matter at hand.

ACKNOWLEDGEMENT

I thank the Almighty God for seeing me for doing it for me, for by His spirit, ebenezer thus far.

My appreciation also goes to by supervisor, Miss Martha Mugisa for being such a reliable women, patient and for her unquenched spirit of leading and guiding gently during the process of this project.

Lastly, my appreciation also goes to my beautiful family, the Patricks, for their greatest support during my quest time this degree and for their greatest support all day, everyday.

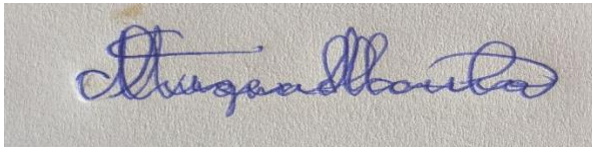
DEDICATION

Dedicating this to my love, my late father, a man that always wanted to see me become a lawyer, I hope you smile big that your daughter made it. Thank you for being my greatest inspiration. Your legacy still lives..

APPROVAL

I vouch for Namukwaya Milly who has carried out the study and authored this report with my guidance.

The report was submitted for assessment with my approval as university supervisor

A rectangular box containing a handwritten signature in blue ink. The signature is cursive and appears to read 'Martha Mugisa'.

Signature.....
Miss Martha Mugisa
SUPERVISOR

Date 28th May 2025

1.0 Introduction

1.1 Background of the study

At all times and at any cost, every life deserves to be saved no matter what it takes, however, day by day, different scenarios are reported in regards to patient's conditions worsening, taking bad turns such as death due to the medical practitioner's mistake and these, with no doubt are on an increase; this is medical malpractice. Medical malpractice is professional negligence by a medical practitioner causing injury to the patient other than the initial condition, a legal fault by any medical practitioner¹. It therefore results from a mistake of a medical and consequently injures the patient. Medical malpractice often results into an adverse event caused by a medical practitioner rather than the original underlying condition of the patient.²

There are a number of medical malpractices and these include but not limited to; medical misdiagnosis which is usually a mistake on the medical practitioner failing to identify the correct illness of a patient.³ As result, the patient is sometimes given wrong medication or diagnosed of a wrong illness.⁴ Surgical negligence where in some cases a wrong operation procedure is carried out, and at times surgical instruments are left inside a patient's body⁵. Anesthesia mistakes occurring commonly during surgery where inappropriate dose is administered to a patient and as a result, they wake up during

¹ Mark A. Hall, David Orentlicher, Health Care Law and Ethics. 4th Edition

² Barry R. Furrow, Health Law, Cases, Materials and Problems. 8th Edition.

³ Kimosho v Wakapita & 2 others Civil Suit No. 385 of 2014 [2018] UGHCCD 71

⁴ Montgomery v Lanarkshire Health Board Scotland [2015] UK SC11

⁵ <https://www.arfaalawgroup.com/surgical-instruments-left-in-body.html#:~:text=In%20some%20cases%2C%20these%20objects,can%20sue%20for%20medical%20malpractice.>

surgery or become victims of body paralysis.⁶ Negligent medical advice which often is a result of reliance on the expertise of professionals in regards to most suitable medicine needed or mode of treatment thus during inquirers wrong advice is given. Pregnancy and birth inquiries as these are common in expectant women who face the plight of instances like maternal diabetes, bowel traumas.⁷

Uganda has a number of legal frameworks embedded in different statutes both national and International as a result of ratification governing medical malpractice and these include but not limited to; The Constitution of the Republic of Uganda 1995 as amended, The Pharmacy and Drugs Act, The Uganda Medical and Practitioners Council Code of Professional Ethics, Convention on the Elimination of all forms of Discrimination against women, Universal Declaration of Human Rights, The Convention on the Rights of Person with Disability.

Many are the existent but untold stories of patients that die not because of their medical conditions but because of the negligence of medical practitioners. The laws are in place, however the effectiveness and the extent to which they go is the questionable aspect Sylevester Onzivua , a retired consultant pathologist in his Article ‘A study report on medical negligence in Uganda’ also states that the medical negligence can also result into loss of lives.⁸ With this in mind, this research is a basic finding on the effectiveness of Uganda’s legal system in addressing medical malpractices, finding out the extent to which medical malpractice has been addressed

⁶ Inside Uganda’s Anesthesiology interview by Solomon Swernjja with Doctor Joseph Kiwanuka Kyobe [addressing the risks associated with anesthesia, the challenges and risk likelihoods]

⁷ Ibid 4

⁸ Daily Monitor Monday, June17, 2024

by Ugandan laws. Dental negligence; usually low-quality treatment or poor dental surgical procedures.⁹

1.2 Problem statement.

Medical malpractice is a daily struggle in the Ugandan medical facilities such as hospitals both private and public, clinics and health centers. The state, whose responsibility is to ensure protection and safety of its citizens has established laws to address any negligent act that would arise as a result of medical practitioner's act in their day to today operation of delivering medical care services to the citizens, however, these same laws are rarely followed and number of people have been victims of medical malpractice in Ugandan health care centers, lucky few have received judicial legal redress , however, the absurd concept is that there are those whose plight has not been addressed because of the and even the ineffectiveness if not the limited operation of laws at hand leaving many negligent practitioners go squat-free. This raises a question of how effective is the Ugandan legal framework in addressing medical malpractice?

1.3 Significance of the study

The study will analyse the legal frame work governing medical malpractice in Uganda, examining its effectiveness and applicability and practicability of the same legal framework. The researcher will address the effectiveness of Uganda's legal frame work in addressing medical malpractice, addressing how the laws of Uganda have adequately addressed the question of medical malpractice.

⁹ <https://nayyarssolicitors.co.uk/types-of-medical-negligence>.

1.4 Justification of the study

The need to create awareness of medical malpractice is demanding thus the reason for research on the effectiveness of Uganda's legal system in addressing medical malpractice and the research will address whether the enacted laws are useful, still in effect or whether there is need to adjust the laws to address the question of medical malpractice.

1.5 Literature review

Different opinions in regards to medical malpractice have been advanced as stipulated in different statutes, different articles and case law. Where you get a situation which involves the use of some special skill or competence, the test as to whether there has been negligence or not is not the test of the man on top of the clap-man omnibus, because he has not got the skill. Notable should be that fiduciaries must meet high standards of loyalty, diligence and solicitude in carrying out their legal obligations thus medical practitioners have to exercise special skill on their patients.¹⁰ The standard of care is that reasonably expected of a reasonably competent professional with respect to a particular field. That is to say a specialist must exercise the ordinary skills of his specialty.¹¹ Medical malpractice thus means failure to take reasonable care by a medical practitioner as ordinarily expected of him or her¹². Consideration is that there was a duty are, duty breached and as a result, a person suffered injury. The principles

¹⁰ Mark A. Hall, David Orentlicher, Health Care Law and Ethics. 4th Edition

¹¹ Emmanuel Gabriel (through Aulo Emma and next friend) & Anor v Doctor's Hospital Sseguku Limited Civil Appeal No. 004 of 2022

¹² Ibid 10

regarding medical malpractice are well settled that is to say; one is liable in instances where they fall short of the required standard. There has to be a hallmark of legality forms regarding any form of treatment.¹³ The laws governing medical malpractice are quite a number stemming from the Constitution of the Republic of Uganda 1995 as amended which basically addresses the right to life that has to be persevered at all times and consequently, other laws regarding medical malpractice vary depending on the field of medical practice where different medical practitioners operate.¹⁴ These laws include but not limited to; Pharmacy and Drugs Act cap 309, the Universal Declaration of Human rights, here in after referred to as UDHR, Uganda Human Organ Donation and Transplant Act cap 311 ,Mental Health Act cap 308 ,Nurses and Midwives Act Cap 301 , plus; the Medical and Dental Practitioners Act cap 300

1.6 Objectives of the study

1.6.1 General objective

The study will fundamentally address the effectiveness of Uganda's legal system in addressing medical malpractices, laying out whether the established laws in Uganda have effectively tackled the question of medical malpractice in Uganda.

¹³Justice Geoffrey Kiryabwire Legal concept paper; Medical malpractice/ Negligence in Uganda: current Trends and Solutions 28th April 2006

¹⁴ Mark A. Hall, David Orentlicher, Health Care Law and Ethics. 4th Edition

1.6.2 Specific objectives

- I. To examine the effectiveness of Uganda’s legal framework in addressing medical malpractices.
- II. To examine the responsiveness to medical malpractice incidences in Uganda.
- III. To address challenges in effecting Uganda’s legal framework in addressing medical malpractices.
- IV. To find out the causes of medical malpractices in Uganda
- V. To propose possible recommendations for medical malpractices

1.7 Scope of the Study

1.7.1 scope

This research will cover the Republic of Uganda.

1.7.2 Time scope

The researcher intends to have the research running from the period of 2000 to April 2025 as the time scope for the research.

1.7.3 Subject scope

The research will cover the legal frame governing medical malpractice in Uganda, focusing on medical malpractice incidences and how the laws of Uganda have effectively addressed the same.

1.7.4 Conceptual frame work

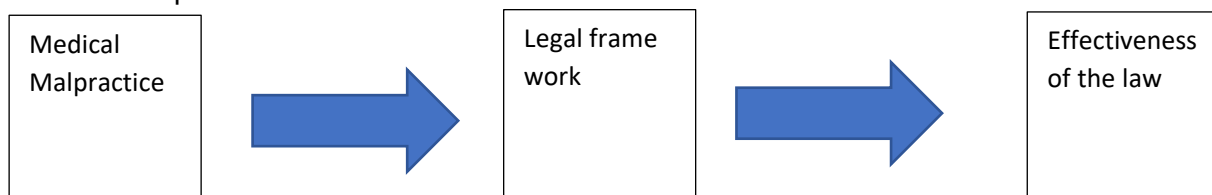


Figure 1

1.8: Research Methodology

1.8.1 Research design.

The researcher will use qualitative research design to conduct the study to establish the findings and analysis. Major sources will include secondary data from the already existing literature, text books, articles and journals and any other source of information will be disclosed in the citations and references

1.8.2 Ethical considerations.

Due to the sensitive nature of the study, the study will maintain utmost importance and clarity which is ensuring truthfulness and honesty in the findings. Also, ensuring that the maximum potential is used to establish the best purpose for the proposal and ensuring that the benefits of the research outweigh its risks.

1.9: Chapter synopsis

The researcher will address the effectiveness of Uganda legal framework governing medical malpractice. Basically focus will be on the existing laws, how they have been applied and how effective they are.

Chapter one is the general overview of what will be elucidated further as more details will be discussed in their independent chapters. Chapter one basically addresses what amounts to medical malpractice and when can one be held liable for the same.

Chapter two will address the causes of medical malpractice in Uganda

Chapter three will focus on the responsiveness to medical malpractice laying out how it has been addressed in Uganda and chapter four, the final chapter will state out the findings, suitable recommendations and the conclusion to the research.

CHAPTER TWO

2.0 LEGAL FRAMEWORK GOVERNINNG MEDICAL MALPRACTICE

2.1 INTRODUCTION

The capacity of Ugandans to demand for their health rights and redress in case of violation is still limited due to inadequate awareness resulting from limited availability of the requisite information, which translates into poor health indices with medical malpractice being one of them. This chapter intends to provide a legal and regulatory framework exposure that contributes to demand and capacity for quality in regards to addressing medical malpractice.

"In an effort to realize the right to health for all, various international, regional, and national laws have been enacted to promote and protect human rights. Regarding the issue of 'Medical Malpractice,' Uganda has signed and ratified several international and regional instruments that address health. However, these instruments need to be enacted into law by Parliament to have relevance within the country. Nonetheless, principles of international law that have gained customary recognition are automatically binding on states."¹⁵. The laws are elucidated below;

2.2 International Instruments

The Universal Declaration of Human Rights, outlines the right to a standard of living adequate for the health and well-being of himself and of his family ¹⁶. This essentially means that states have to ensure that citizens have proper access to adequate health essentials. The Convention on the Elimination of all Forms of

¹⁵ The 1995 Constitution of the Republic of Uganda as amended, Art. 123

¹⁶ The Universal Declaration of Human Rights (UDHR) Art. 25

Discrimination against Women (CEDAW) encourages states to ensure elimination of discrimination against women in the field of health care so as to ensure on a basis of Equality of men, access to health care services.¹⁷ The Convention on the Rights of a child provides that state parties ought to recognize the right of a child to the enjoyment of the highest attainable standard of health especially in facilities for treatment of illness and rehabilitation of health.¹⁸ "At the Eastern regional level, partner states are encouraged to collaborate in managing health delivery systems and improving planning mechanisms to enhance the efficiency of healthcare services. Additionally, these states are urged to harmonize national health policies and regulations and to develop common drug policies."..¹⁹ The failure to preserve a life in the medical field is failure to preserve the right to health and where it is as a result of a medical practitioner's negligence, it would then be concluded to amount to a violation of the right to life.²⁰

National Level

2.3 The 1995 Constitution of the Republic of Uganda as amended.

Medical Malpractice is governed by the right to health, which forms part of the fundamental rights and freedoms of an individual embedded with in the Constitution of the Republic of Uganda, which are inherent and not granted by the state.²¹ To begin with the grand norm, the constitution of the Republic of Uganda 1995 as amended, here in after referred to as 'The constitution', Article 8A provides that Uganda shall be governed based on principles of national interest and common good,

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)Art. 12

¹⁸ The Convention on the Rights of a Child (CRC), Art. 24(1)

¹⁹ The Treaty for the Establishment of the East African Community, Art. 118(b)

²⁰ CEHURD and 3 others V attorney general

²¹ Centre for health and human rights and 3 others v Attorney General Constitutional Appeal No. 01 of 2013, also see The 1995 Constitution of the Republic of Uganda as amended, Art. 20

and relevant laws shall be made by parliament for purposes of fulfilling the same. As per the constitution, everyone is entitled to the right to life ; this in essence explains that everyone's life has to be protected at all times and failure to do so would be a violation of the right to life. Thus, medical practitioners have a duty to preserve life in all circumstances with care except those beyond their control.

2.4 The Law of tort

Addressing the question of medical malpractice, its prudent to note that medical practitioners have a duty of care owed to their patients and failure to observe the same through an act or an omission amounts to medical malpractice known as medical negligence.²² The law of tort has established that one will only be liable for negligence where there was a duty of care, the duty was breached and damage was suffered as result of the breach²³ As such, to ascertain whether a medical practitioner has breached the duty of care one has to apply the reasonable person's test. Thus, medical professionals are judged against the reasonable expectations of other trained medical experts. That is the average practitioner rule which establishes the standard of care owed to patients²⁴. The above position is echoed in the case of Nabbale Kirabo Clara, where court states that the test of whether an Act amounts to professional negligence is that the standard of an ordinary skilled man exercising and professing to have that specialty. Accordingly a doctor is not negligent if he exercises

²² Bolam v Friern Hospital Management Committee 1954 QB

²³ Donoghue v Stevenson (1932) UKHL 100

²⁴ Lawshelf Educational Media available at <https://lawshelf.com> accessed 13 April 2025,

the ordinary skill of an ordinary competent man professing to have that special skill.²⁵ Similarly, the Bolam principle asserts that a medical professional is not guilty of negligence if he or she acted in the accepted manner just as a reasonable body or person would do.²⁶ This implies that medical practitioners are not liable for mere error of judgment, or mistaken diagnosis or simply when the treatment leads to an undesirable result if the physician conducted himself in accord with the Customary standard of practice²⁷.

The nature and character of medical negligence was further explained by Musoke Elizabeth J (as she then was) in Sarah Watsemwa Goseltine & Anor v The Attorney General HCCS No. 675 of 2006 as follows:

“The principles regarding medical negligence are well settled. A doctor can be held guilty of medical negligence only when he falls short of the standard of reasonable medical care. A doctor cannot be negligent merely because in a matter of opinion he made an error of judgment. It is also well settled that when there are genuinely two responsible schools of thought about management of a clinical situation, the court could do no greater disservice to the community or advancement of medical science than to place the hallmark of legality upon one form of treatment. See a Legal concept paper Medical Malpractice/Negligence in Uganda; Current Trends and Solutions by Justice Geoffrey Kiryabwire.”

²⁵ Nabbaale Kirabo Clara & others v The registered trustees of Kampala Archdiocese T/A St. Francis Nsambya Hospital Civil appeal No. 049 of 2021

²⁶ Ibid 22

²⁷ Hall v. Hilbun, 466 So. 2d 856, 866 (Miss. 1985) also see Maynard v West Midlands regional Health Authority [1984] 1 WLR 634; Yeo Peng Hock, Henry v Pai Lily [2001] 3 SLR(R) 555

Her Lordship Musoke J in the above case noted that:

For negligence to arise there must have been a breach of duty. Breach of duty must have been the direct or proximate cause of the loss, injury or damage. By proximate is meant cause which in a natural and continuous sequence, unbroken by any intervening event, produces injury and without which injury would not have occurred. The breach of duty is one equal to the level of a reasonable and competent health worker. To show the deviation from duty, one must prove that;

1. It was a usual and normal practice.
2. That a health worker has not adopted that practice.
3. That the health worker instead adopted a practice that no professional or ordinary skilled person would have taken.

Examples of medical malpractice include delayed performance of an emergency operation such as cesarian section especially in instances where the medical practitioner notices the situation at hand is an urgent.²⁸ Justice Stephen Mubiru explains that there are instances which do not need to even be questioned; at the face of them, they amount to medical malpractice and these include scenarios where in an operation procedure, no monitor is connected, oxygen machines are not operating which simply exhibits medical negligence.²⁹

2.5 The Patient Rights and Responsibilities Charter

²⁸Sarah Watsemwa Goseltine and Baby Goseltine (Through Sarah Watsemwa mother and friend) Civil suit No. 675 of 2006

²⁹ Freda Kasaira & 5 others v The registered trustees of Neddi Catholic Diocese Civil suit No. 20 of 2016

An establishment of the Uganda Ministry of Health and joint effort of key stakeholders provides that all persons in need of health care should have impartial access to treatment in accordance with regulations, conditions and arrangements obtaining at any given time in the health care system.³⁰ Further; a patient shall be entitled to appropriate health care with regard to both its professionalism, qualified health care practitioners, sensitive of patients cultural and religious preferences and quality assurance based on clinical need.³¹ This safeguards against any malpractices that would arise as a result of sub standard services offered to patients.

2.6 The Pharmacy and Drugs Act cap 309

In particular under schedule 3, which establishes different circumstances amounting to professional misconduct. These include; conditions that would lead to risks of error or contamination in the preparation , dispensing and supply of medicine.³² It is trite law that the supply of drugs has to be done with uttermost care and consideration, and received on time in all areas around Uganda. There has to be timely distribution of drugs because failure of the same violates the right to health and can also be considered as medical malpractice and a constitutional right infringement.³³ Also, care has to be taken in the prescription of drugs to ensure that a patient is not given wrong drugs. Wrong drug prescriptions can cause grievous harm. *Hellen Kimosho v Wakapita and 2 ors*, a dermatologist failed to consult a specialist about carrying out of a particular procedure under clinical guidelines and this made an expectant mother

³⁰ The Patient Rights and Responsibilities Charter, Art. 2

³¹ Ibid, Article 5 & 15

³² The Pharmacy and Drugs Act cap 309, Schedule 3

³³ *Centre for Health, Human Rights and Development and another v Attorney General and another Constitutional Petition No.16 of 2011*

have a miscarriage as a result of ill advice which was considered to amount to medical malpractice.³⁴

2.7 The Uganda Human Organ Donation and Transplant Act cap 311.

Section 10 (a), the minister has powers to remove anyone from the council who is regarded incompetent in the performance of their duties; this also is for the protection against negligent acts of professional practitioners. It proceeds under section 13 (c) to state that the council has powers to investigate any complaint of breach of the provisions. Under section 85 of the same act ; removal of organs has to be conducted in the hospital and only upon authorization failure to observe the same attracts a penalty, this strict provision comes in to reduce scenarios of any danger that would arise, medical malpractice being one of them. Section 87 stipulates that a person commits an offence when they carry on a transplant without authorization.

2.8 Mental Health Act cap 308

Is another legislation that provides for instances of medical malpractice. Sections 26 (5) states that a person who willfully assists a mental patient to escape from a mental unit is liable³⁵ for medical negligence. The rationale of the liability is premised on the fact that the mental stability of the patient has to first be established before the patient can be discharged. Similarly, section 53 (2) lays out that all patients have to receive equal treatment from the health units; ensuring that no patient is left out due

³⁴ Hellen Kimosho v Wakapita and 2 others civil suit No. 385 of 2014 [2018] UGHCCD71

³⁵ The Mental Health Act Cap 308, sec. 26 (5)

to less care (negligent) and equal treatment for all. Case law has also laid out acts which if commissioned against a mentally disabled person would amount to medical malpractice . Such acts were expounded in the case of Centre for Health, Human Rights and Development and Kabale Benon v Attorney General where the court observed that mistreatment and limitation to liberty, failure to provide proper bedding, safe environment inclusive of denial of a toilet or urinal was not only mistreatment but also amounted to medical malpractice.³⁶ Further, section 73 provides for exclusion from liability where in a person is acting or omitting to act in good faith; this section is a protection to the nurses who would otherwise be charged of acts such as negligence yet arising out of good faith and done with good intentions³⁷.

The Nurses and Midwives Act Cap 301

Section 36 1(c) , it establishes the inquiry council for purposes of investigation in regards to any disciplinary matter that would be arising against any mid wife; and this is done to ensure the right professional code of conduct for all mid wives³⁸, claims can also be brought up by parties who are not necessarily victims or those who are responsible for the fate that happens to them thus it is important for investigations to be carried out in case of any claims before any conclusion is reached. A case study here is in an inquiry on an investigation of the lady who had a ruptured uterus, died and her child too passed on, the committee concluded that the mid wife nurse was negligent in

³⁶ CEHURD and another v Attorney General Civil Suit No. 94 of 2015

³⁷ The Mental Health Act Cap 308, sec 73

³⁸ The Nurses and Midwives Act Cap 301, sec. 36 (1) (c),

failing to monitor the progress of the expectant mother and was charged with medical negligence³⁹.

Section 39 it stipulates that in case of any matter arising, witnesses can also be summoned in regards to addressing the matter in question.⁴⁰ These witnesses are important in explaining what exactly transpired and also help in the findings of the council.⁴¹ In *Rosemary Namubiru v Uganda*, court held that a nurse giving a patient an injection with a needle that she had used to prick herself yet she was HIV positive was not only unlawful but also negligent.⁴² This case speaks to nurses to ensure that utmost care is taken while they are administering treatment to their patients so that no negligent act is done in the process. Further, section 53 establishes offenses and penalties for mid wives who violate the provisions of the act , this is done to ensure the strict adherence and observance of the professional code of conduct.⁴³

2.9 Medical and Dental Practitioners Act cap 300.⁴⁴

The Act establishes the Medical and Dental Practitioners Council which is mandate to inter alia promote the maintenance and enforcement of professional medical and dental ethics and protect society from abuse of medical and dental

³⁹ In the matter of an inquiry by the Uganda Medical and Dental Practitioners Council into the death of Jennifer Anguko at Arua Regional Referral Hospital

⁴⁰ Supra n 43, sec. 39 & 28

⁴¹ Ibid 36

⁴² *Rosemary Nmubiru v Uganda* HCT-00-CR-0050- 2014

⁴³ Supra,n43, Nurses and Mild Wives Act Cap 301, sec. 53

⁴⁴ Medical and Dental Practitioners Act Cap 300

care and research on human beings⁴⁵. As such the Council must ensure that cases of medical malpractice are investigated⁴⁶ and the culprits duly punished. Also, create awareness on issues such as medical malpractice to prevent abuse. The council is equally mandated to exercise general supervision of medical and dental practice for all.

The case of Emma Gabriel vs, Doctor's Hospital Sseguku Limited, highlights the council's duty to investigate cases of medical negligence taking into consideration the legal framework. In the above case the appellant appealed against the decision of the Uganda Medical and Dental Practitioners Council regarding an inquiry into the alleged medical negligence of the employee of Doctor's Hospital Sseguku that led to the deformation of the plaintiff.

The Medical and Dental Practitioners Council arrived at the conclusion that; the respondent's staff in managing the 1st complainant did not deviate from what any other medical practitioners exercising due care would have done. There was no any deviation from known practice. The removal of the cannula after extravasation, pain control and local measures to reduce swelling (cold/warm compress and elevation of the affected hand); were all expected medical interventions. ⁴⁷ A position that was upheld by the court. It is clear from the Council's analysis that there was no error of clinical judgment by the respondent's employees to amount to negligence. The standard of Care expected of doctors or medical profession is the content of industry guidelines, standard

⁴⁵ Ibid, sec. 3(d) (e)

⁴⁶ Ibid, sec 3(c)

⁴⁷ Emma Gabriel (Suing through Aulo Emma Mother and next friend)v Doctor's Hospital Seguku civil appeal No. O4 of 2022

procedures and protocols. They do not impose civil liability such, they “provide evidence as to the position taken by a reasonable body of medical opinion.”⁴⁸

Conclusion

The Legal framework reveals that Medical Malpractice is a human rights violation and an act of gross medical negligence. It is trite law that medical professionals owe a duty of care to their patients and the welfare of a patient is paramount. However, medical professionals are entitled to protection so long as they perform their duties with reasonable skill and competence and in the interest of the patients. The interest and welfare of the patients have to be paramount for the medical professionals⁴⁹. Though strides have been taken through the promulgation of legislation to address medical malpractice, a limited number of patients have benefited from the law.

⁴⁸ Ibid

⁴⁹ Kusum Sharma v Batra Hospital and Medical Research Centre (2010) 3 SCC 480;AIR 2010 SC 1050

CHAPTER THREE

3.0 CAUSES OF MEDICAL MALPRACTICE

3.1 INTRODUCTION

Chapter two addressed the legal framework governing medical malpractice at the international and national level. Medical malpractice being a pervasive issue, it continues to affect patients in Uganda. It is true that the Government of Uganda is taking steps to address the issue, however challenges still persist due to its multiple causes of that continue to prevail. It is against this background that the unfolding chapter seeks to address the causes of medical malpractices cutting across all spheres (Economic, Social, and Political).

3.2 Poor service delivery

The medical field is affected by poor service delivery. This happens in two folds that is to say, sometimes there is insufficient supply of resources for medical personnel to use in the field while delivering medical services, and poor services offered by the medical practitioners such as wrong treatment that includes wrong drug prescription or wrong medication procedures that result into medical malpractice⁵⁰

It is the responsibility of the government to ensure timely and adequate delivery of health services including drugs which is vital to the realization of the right to health.⁵¹*In*

⁵⁰ Kiguli J, Ekirapa-Kiracho E, Okui O, Mutebi A, Macgregor H, Pariyo GW. Increasing access to quality health care for the poor: Community perceptions on quality care in Uganda. *Patient Prefer Adherence*. 2009 Nov 3;3:77-85. doi: 10.2147/ppa.s4091. PMID: 19936148; PMCID: PMC2778436. Accessed May 15, 2025

⁵¹ CERHUD V Attorney General & National Medical Stores M/C No. 30 of 2023

CEHURD vs. AG and National Medical stores , the court found that while challenges existed in medicine distribution, the state had taken proactive targeted and measurable steps to address the issue⁵². It is important to note that if stakeholders fail to take responsibility and fulfill their roles, the likelihood of poor service delivery will continue to persist.

Courts of law have also observed that medical malpractice or negligence is the provision of services that fall below the standards required by professionals when handling patients. In *CEHURD & Nakayimah Fatumah V AG* that failure to provide information about the child of the second applicant was not only a violation of the right to health but also medical negligence on part of the hospital administration.⁵³

3.2 Limited law enforcement strategies

The law governing medical malpractice is well established in the different legislation, however this is more theoretical thus posing a challenge for enforceability. This is to say, the enforcement of the law is limited and judicial redress takes a long process. This leaves victims of medical malpractice without redress and delayed justice increases as the perpetrators increase too.

⁵² <https://www.afyanahaki.org/cehurd-versus-attorney-general-and-national-medical-stores/#:~:text=CEHURD%20alleged%20that%20late%20delivery,and%20protection%20from%20inhuman%20treatment>. Accessed 28 April, 2024

⁵³ *CEHURD & anor v AG & anor M/C No.327 of 2016* <https://www.cehurd.org/publications/download-info/case-ruling-cehurd-and-nakayima-fatumah-v-the-executive-director-mulago-national-referral-hospital-and-attorney-general-misc-cause-no-327-of-2016/?tmstv=1745828919>, accessed 23 April, 2024,

It is unfortunate that in some instances, redress is disproportionate to the kind of damage suffered as a result of medical malpractice⁵⁴

3.3 Employment of semi-skilled workers

To be semi skilled is to simply have auxiliary knowledge about anything thing in any given field. Employment of semi-skilled laborers sometimes comes as a result of need to minimize and attempt to use the available limited resources: plus the attempt to maximize resources by the employers both in the public and private medical sectors. Those who are not fully equipped in the different fields end up being employed and medical negligence becomes inevitable due to the presentation of conditions that are sometimes beyond their capability and the most common example is in the maternal field where workers were simply trained to work as nurses but end up doing mid wife roles whose procedure they do not understand.⁵⁵

It is unethical to perform a professional act which a practitioner is inadequately qualified for or insufficiently experienced.⁵⁶

3.4 Patient awareness and Ignorance

This comes as result of patients knowing their rights, abuse of rights and redress from the courts of law. The 1995 Constitution guarantees the right to Medical

⁵⁴ CEHURD & anor v AG C/P No. 2 of 2001

⁵⁵ Aluko, J.O., Anthea, R. & Marie Modeste, R.R. Manpower capacity and reasons for staff shortage in primary health care maternity centres in Nigeria: a mixed-methods study. *BMC Health Serv Res* **19**, 10 (2019). <https://doi.org/10.1186/s12913-018-3819-x> accessed May 15, 2025

⁵⁶ Code of Professional ethics, Uganda Medical and Dental Practitioners Council, Rule 9 (g)

services⁵⁷, right to consent to medical treatment and access information⁵⁸. This right (right to access information) is echoed in the *Patients Charter Article 10* which stipulates that patients have the right to information regarding their health, to enable them make informed decisions. Once this right is violated, patients are entitled to redress for human right violation.⁵⁹ Noticeable too is the fact that some patients are well educated and fully aware of their rights. As such, are able to claim against medical professionals for medical practice.

However, there are patients who are ignorant of the law. Patient ignorance is the direct opposite of the former that is lack of knowledge particularly human rights thus unable to seek redress. In the case of *CEHURD and Joyce Nakachwa vs. the Attorney General (Constitutional Petition No. 16)*, the justices of the Constitutional Court stated that they did not have jurisdiction to hear the matter presented to them. This decision was appealed to the Supreme Court, which determined that the Constitutional Court did, in fact, have the authority to hear the case. As a result, the case was sent back to the Constitutional Court for a hearing. This situation illustrates how a victim may seek redress from the wrong court or forum. If such an error is not corrected, the victim may suffer an injustice.

⁵⁷ The 1995 Constitution of the Republic of Uganda as amended, National Objective and Principles of State XX, As previously stated, the failure to provide medical services can amount to medical malpractice especially where health services are not extended to the populace.

⁵⁸ The 1995 Constitution of the Republic of Uganda as amended, Art 39

⁵⁹ Patients Charter Article 10

3.5 Poor communication

Communication refers to the sharing of information by one person to another or the intercourse in connection.⁶⁰ This is usually facilitated by both parties. If a patient struggles to communicate their medical condition clearly, provides incorrect information, or withholds crucial details from a medical practitioner, they may receive an incorrect diagnosis and inappropriate treatment.

Similarly, if a medical practitioner fails to communicate the patient's condition effectively or prescribes the wrong medication, it can lead to harm, and the patient may pursue a lawsuit for medical negligence. There is an estimation that 27% medical malpractice or errors as a result of poor communication thus an indicator that if not addressed, the percentage can increase at any later time.⁶¹ Thus, concerted effort needs to be made to improve communication skills in professionals.⁶²

3.6 Poor ethical conduct

Poor ethical conduct involves the violation of moral principles, leading to harm or unfair advantage. This behaviour is often seen among medical practitioners, sometimes stemming from a lack of awareness that their actions are unethical. In other cases, it

⁶⁰ Blacks Law DICTIONARY, 8th Edition. .

⁶¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC6694717/#ref-list1> accessed 5th May, 2025

⁶² Poor communication by health care professionals may lead to life-threatening complications:examples from two case reports Abhishek Tiwary , Ajwani Rimai, Buddhi Paudyal , Keshay Raj Sigdel, Buddha Basnyat <https://pmc.ncbi.nlm.nih.gov/articles/PMC6694717/> accessed 5th May 2025

results from deliberate decisions made by medical professionals. Such actions can be influenced by an individual's moral values, personal incentives, and justifications that may serve unjust purposes.

The Code of Professional Ethics outlines various ethical obligations, including respect for human rights, the right to privacy, and the use of integrity when treating patients.⁶³ When professional ethics are violated, it can lead to medical malpractice, depending on the circumstances involved.⁶⁴

3.7 Medical resource challenges

Medical resource challenges stem from limited availability of resources, inadequate infrastructure, and insufficient supplies in both private and government hospitals. These challenges can lead to instances of medical malpractice, as some patients do not receive the expected quality of care. Medical professionals can be held accountable for failing to fulfil their duties, particularly in terms of providing necessary resources.⁶⁵

3.8 Negligence on the part of the patients themselves.

Poor or unclear communication from the patient can lead medical doctors to draw incorrect conclusions about the patient's condition. Patients always have a duty

⁶³ The Code of Professional Ethics, Part II

⁶⁴ Supra n6

⁶⁵ CEHURD & 3 ors v AG C/P No. 16 of 2011

to give clear explanations in regards to their conditions because failure to do so can also at times lead to wrong conclusions by the medical personnel who in the circumstance will not be held liable.⁶⁶

3.9 Conclusion

The discussion above indicates that medical malpractice in Uganda has several complex causes. It is essential to establish a systematic approach to address these concerns. Understanding these causes forms a critical foundation for tackling malpractice in the country. Ultimately, recognizing the existence of medical malpractice is the first step toward solving the problem, rather than denying it. All responsible parties, including both the state and the private sector, must collaborate to address the issue of medical malpractice.

⁶⁶Nabbale Kirabo & 2 ors v The registered trustees of Kampala Archdiocese T/A St. Francis Hospital Nsambya CA No. 049 of 2019
https://media.ulii.org/media/judgment/110524/source_file/e6d6fd3aa8b01bf7/Judgment_Nabbaale_Kirabo_Clara_Others_v_Registered_Trustees_of_Kampala_Archdiocese-Nsambya_Hospital.pdf accessed May 15, 2025

CHAPTER FOUR

4.0 RECOMMENDATIONS IN ADDRESSING MEDICAL MALPRACTICE.

4.1 INTRODUCTION

There is a consensus that medical malpractice is a significant challenge in Uganda. As the previous chapter addressed the causes of medical malpractice in the country, it is essential to acknowledge the existence of this issue. Recognizing the problem is crucial because it allows for brainstorming and collaborative efforts to address the situation effectively. This is particularly important given the growing concern over increasing instances of medical malpractice and liability that arise daily. Also, given the fact that some of the cases of medical malpractice go unreported, it is important that action is taken so that the perpetrator do not go squat free of their actions.⁶⁷

It is important to also note that medical malpractice can be addressed and this is why the discussion below suggests, though not conclusively, some responsive solutions that could be prompt or effective in tackling the challenge of medical malpractice.

4.2 Supervision of medical practitioners and hospitals

Supervising medical practitioners and hospitals is crucial because it helps professionals like surgeons, doctors, pharmacists, and nurses operate efficiently on a daily basis. Effective supervision occurs unexpectedly, ensuring that these practitioners remain aware of their performance and standards at all times. Medical practitioners have a duty

⁶⁷ Mauti G, Githae M. Medical error reporting among physicians and nurses in Uganda. Afr Health Sci. 2019 Dec;19(4):3107-3117. doi: 10.4314/ahs.v19i4.33. PMID: 32127887; PMCID: PMC7040326.accessed May 15, 2025

to maintain adequate standards of equipment and hygiene thus investigations can be carried out to ensure effectiveness.⁶⁸ Hospitals, in particular, are monitored by the Ministry of Health to ensure they meet the required operational standards. The Ministry of Health has the responsibility and mandate to oversee these institutions, particularly within the private sector.⁶⁹ Supervision is most effective at the beginning or end of the month when conducted unexpectedly. This approach helps practitioners and hospitals stay vigilant. Supervision can take various forms, such as electronic care records, data analysis, and ongoing monitoring, ensuring compliance with established policies. This process is important for ensuring that workers deliver the required services and for identifying practitioners and hospitals operating without licenses.

4.3 Provide the care needed

All service providers have a responsibility to deliver the necessary care to their patients. Failing to do so can lead to liability issues for medical practitioners. It is essential for all providers to meet the standards required in their respective fields. This can be achieved by continuously improving the quality of healthcare services to ensure positive patient outcomes. Providers should stay updated with the latest guidelines and research while also being sensitive to diverse case scenarios, enabling comprehensive, patient-centered care.

⁶⁸ Code of Professional Ethics, rule 9

<https://guluhospital.net/wp-content/uploads/2023/02/Code-of-Professional-Ethics-1.pdf> accessed May 15, 2025

⁶⁹ Health Equity and Policy Initiative v Hon. Dr Ruth Acheng , Minister of Health and Attorney General

https://media.ulii.org/media/judgment/87679/source_file/health-equity-and-policy-initiative-heapi-v-hon-dr-jane-ruth-aceng-ocero-minister-of-health-attorney-general-of-uganda-2024-ughccd-24-16-january-2024.pdf accessed

6th May 6, 2025

4.4 Reporting perpetrators

Patients have a duty to report perpetrators of medical malpractice. This is crucial because those found guilty will face penalties and serve their sentences. Reporting is also important as it holds practitioners accountable, setting examples for others to deliver services more carefully and avoid becoming victims of medical malpractice themselves. Furthermore, reporting practitioners is essential for initiating disciplinary actions following an investigation, which can include revoking their medical licenses but this can only be done where it is satisfied that the perpetrator was operating below the required standard.⁷⁰

4.5 Amendment of the laws

Uganda has a legislative body responsible for creating laws⁷¹. Existing laws regarding medical malpractice should be amended to require mandatory reporting of any incidents of medical malpractice by “both patients and medical practitioners. Additionally, specific standards should be established to ensure that medical practitioners and operating facilities’ meet these requirements; those that do not should either be prohibited from operating or must improve until they meet “the necessary standards.

⁷⁰Acetro v Women’s Hospital civil suit No. 298 of 2012

https://media.ulii.org/media/judgment/84422/source_file/atcero-v-womens-hospital-international-and-fertility-centre-ltd-2-others-2020-ughccd-13-13-march-2020.pdf accessed May 15, 2025

⁷¹ The 1995 Constitution of the Republic of Uganda as amended, Art. 79

To achieve this, a peer review process can be implemented, allowing experts in the medical field to participate in the formulation of the rules to address issues of medical malpractice. It is essential for the country to be governed in a manner that considers the best interests of its citizens, which is why updating laws to fulfill their intended purpose is crucial⁷².

4.6 Accountability

Accountability is very important, especially for medical practitioners. This can be achieved by keeping accurate records regarding procedures and the types of medications administered to patients for both present and future reference. Medical practitioners must be meticulous during all medical procedures since these actions will be documented and available when needed.

Additionally, both internal and external audits play a significant role in monitoring healthcare practices. These audits help track records to identify common factors responsible for medical malpractice. This information can aid in taking appropriate action, such as suspending individuals or completely removing them from their medical roles, to prevent an increase in cases of malpractice.

4.7 Cost redress

⁷² The 1995 Constitution of the Republic of Uganda as amended, Art. 8A,

Accessing necessary medical services can often be costly for patients, which also makes it challenging for healthcare providers to offer those services effectively. This issue could be mitigated by lowering the barriers to accessing medical care, allowing patients to be treated by healthcare professionals without the fear of legal repercussions for any oversight.

The Ministry of Health should regulate private healthcare facilities to protect the public from excessive medical fees charged by these institutions.⁷³ This regulation is essential to ensure that everyone can realize their right to health. Affordability is a vital component of this right; it is not sufficient for services to be simply available—they must also be affordable for the population. Consequently, any fees associated with healthcare services should be reasonable, enabling individuals in need of these services to access them effectively.⁷⁴ Additionally, one of the duties of medical practitioners providing emergency treatment to patients,⁷⁵ this can also address the issue costs especially in instances where patients whose conditions need immediate attention are brought to hospitals yet cannot afford the treatment . Providing emergency treatment will not only be a sign of integrity but also a sign of humanity.

4.8 Continuous education of medical service providers

Continuous education for service providers is crucial, especially when they encounter case studies that highlight potential issues, helping them avoid becoming

⁷³ Health Equity and Policy Initiative v Hon. Dr Ruth Acheng , Minister of Health and Attorney General https://media.ulii.org/media/judgment/87679/source_file/health-equity-and-policy-initiative-heapi-v-hon-dr-jane-ruth-aceng-ocero-minister-of-health-attorney-general-of-uganda-2024-ughccd-24-16-january-2024.pdf accessed 6th May 6, 2025

⁷⁴ General Comment No. 14: Right to the Highest Attainable Standard (Article 12 of the covenant) <https://www.refworld.org/legal/general/cescr/2000/en/36991> accessed 6th May

⁷⁵ Code of Professional Ethics 2013, rule8

victims of medical malpractice. Continuous learning can be supported through government resources and funding from the Ministry of Health, focusing on inter-professional training where peers can learn from one another. Additionally, quality improvement projects and research promotion can play a vital role in this educational process. It is always important that the practitioner updates their skills in order to widen the base of their practice.⁷⁶

4.9 Promotion of human rights

Human rights are essential guarantees that every individual must possess.⁷⁷ Among these rights are those related to health, which include access to the highest attainable standard of living, encompassing health services.⁷⁸ Patients should be empowered to ensure that their rights are upheld, and they should be able to advocate for themselves freely. Additionally, patients must be informed about the risks associated with any medical procedure and the benefits of treatments they choose to accept or decline. This approach promotes patient autonomy throughout treatment. It is the responsibility of the state to ensure the realization of the right to health and to promote these rights effectively.⁷⁹

⁷⁶ Ibid 24 , rule 9

⁷⁷Human Rights Network v Attorney General C/P No. 56 of 2013

<https://globalfreedomofexpression.columbia.edu/cases/human-rights-network-uganda-v-attorney-general/> accessed 6th May 6, 2025

⁷⁸ Universal Declaration of Human Rights, Article 25 <https://www.un.org/en/about-us/universal-declaration-of-human-rights> accessed 6th May 6, 2025

⁷⁹International Convention on Economic, Social and Cultural Rights, Article 12

<https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights> accessed 6th May 6, 2025

Conclusion

Addressing medical malpractice is crucial for promoting the right to health. Health; the state of complete mental and physical well being not mere absence of disease or infirmity⁸⁰ has to be protected at all costs. Looking at the causes and potential solutions all responsible parties such as the state have a duty to improve safety measures in order to address the issue of medical malpractice. By prioritizing patient-centered care and accountability, we can effectively manage instances of medical malpractice. Given that the right to health is fundamental, it is important that the same is preserved at all times.⁸¹ Medical practitioners have a duty to deviate from all specific actions that constitute the violation of the bill of rights.⁸² Thus, medical malpractice too, needs to be deviated from. The fight against medical malpractice is one which needs serious attention or else there is a possibility of cases of medical malpractice increasing overtime and this poses a security threat to life of individuals in Uganda. This approach will be most successful when governments, healthcare providers, patients, and communities work together to combat this issue.

⁸⁰ World Health Organization Permeable

<https://apps.who.int/gb/bd/pdf/bd47/en/constitution-en.pdf> accessed May 15, 2025

⁸¹ CEHURD V Attorney General C/A No. 1 of 2013

https://media.ulii.org/media/judgment/104332/source_file/center-for-health-human-rights-development-cehurd-ors-v-the-attorney-general-2015-ugsc-69-30-october-2015.pdf accessed May 15, 2025

⁸² Supra n24 rule 2(c)

BIBLIOGRAPHY

PRIMARY SOURCES

Statutes

The 1995 Constitution of the Republic of Uganda as amended

Medical and Dental Practitioners Act Cap 300

The Code of Professional Ethics

The Mental Health Act Cap 308

The Nurses and Midwives Act Cap 301

The Patient Rights and Responsibilities Charter

The Pharmacy and Drugs Act cap 309

Uganda Cancer Institute Act

International Convention on Economic, Social and Cultural Rights, Article 12

The Convention on the Elimination of All Forms of Discrimination against Women
(CEDAW)

The Convention on the Rights of a Child (CRC)

The Treaty for the Establishment of the East African Community

Universal Declaration of Human Rights

World Health Organization Constitution

Case law

Acetro v Women's Hospital civil suit No. 298 of 2012

Bolam v Friern Hospital Management Committee 1954 QB

CEHURD & 3 ors v AG C/P No. 16 of 2011

CEHURD and 3 others V Attorney general C/A No. 1 of 2013

CEHURD and another v Attorney General Civil Suit No. 94 of 2015

Centre for Health, Human Rights and Development and another v Attorney General and another Constitutional Petition No.16 of 2011

Centre for health and human rights and 3 others v Attorney General Constitutional Appeal No. 01 of 2013,

CERHUD V Attorney General & National Medical Stores M/C No. 30 of 2023

Donoghue v Stevenson (1932) UKHL 100

Emma Gabriel (Suing through Aulo Emma Mother and next friend)v Doctor's Hospital Seguku civil appeal No. 04 of 2022

Freda Kasaira & 5 others v The registered trustees of Neddi Catholic Diocese Civivl suit No. 20 of 2016

Hall v. Hilbun, 466 So. 2d 856, 866 (Miss. 1985) also see Maynard v West Midlands regional Health Authority [1984] 1 WLR 634; Yeo Peng Hock , Henry v Pai Lily [2001] 3 SLR(R) 555

Health Equity and Policy Initiative v Hon. Dr Ruth Acheng , Minister of Health and Attorney General

Hellen Kimosho v Wakapita and 2 others civil suit No. 385 of 2014 [2018] UGHCCD71

Human Rights Network v Attorney General C/P No. 56 of 2013

Ibid 22

In the matter of an inquiry by the Uganda Medical and Dental Practitioners Council into the death of Jennifer Anguko at Arua Regional Referral Hospital

Kimosho v Wakapita & 2 others Civil Suit No. 385 of 2014 [2018] UGHCCD 71

Kusum Sharma v Batra Hospital and Medical Research Centre (2010) 3 SCC 480; AIR 2010 SC 1050

Milburga Ateero v Women's Hospital International and Fertility Centre Ltd civil suit No. 289 of 2012

Montgomery v Lanarkshire Health Board Scotland [2015] UK SC11

Nabbaale Kirabo Clara & others v The registered trustees of Kampala Archdiocese T/A St. Francis Nsambya Hospital Civil appeal No. 049 of 2021

Nabbale Kirabo & 2 ors v The registered trustees of Kampala Archdiocese T/A St. Francis Hospital Nsambya CA No. 049 of 2019

Rosemary Nmubiru v Uganda HCT-00-CR-0050- 2014

Sarah Watsemwa Goseltine and Baby Goseltine (Through Sarah Watsemwa mother and friend) Civil suit No. 675 of 2006

SECONDARY SOURCES

Text books

Mark A. Hall, David Orentlicher, Health Care Law and Ethics. 4th Edition

Barry R. Furrow, Health Law, Cases, Materials and Problems. 8th Edition.

Blacks Law Dictionary, 8th Edition.

Articles

<https://www.arfaalawgroup.com/surgical-instruments-left-in-body.html#:~:text=In%20some%20cases%2C%20these%20objects,can%20sue%20for%20medical%20malpractice.>

Afr Health Sci. 2019 Dec;19(4):3107-3117. doi: 10.4314/ahs.v19i4.33. PMID: 32127887; PMCID: PMC7040326.accessed May 15, 2025

General Comment No. 14: Right to the Highest Attainable Standard (Article 12 of the covenant)

Kiguli J, Ekirapa-Kiracho E, Okui O, Mutebi A, Macgregor H, Pariyo GW. Increasing access to quality health care for the poor: Community perceptions on quality care in Uganda. Patient Prefer Adherence. 2009 Nov 3;3:77-85. doi: 10.2147/ppa.s4091. PMID: 19936148; PMCID: PMC2778436.Accessed May 15, 2025

Mauti G, Githae M. Medical error reporting among physicians and nurses in Uganda.

Poor communication by health care professionals may lead to life-threatening complications:examples from two case reports Abhishek Tiwary , Ajwani Rimai, Buddhi Paudyal , Keshay Raj Sigdel, Buddha Basnyat

Online sources

Lawshelf Educational Media available at <https://lawshelf.com> accessed 13 April 2025, <https://pmc.ncbi.nlm.nih.gov/articles/PMC6694717/#ref-list1> accessed 5th May, 2025

<https://www.refworld.org/legal/general/cescr/2000/en/36991> accessed 6th May

<https://globalfreedomofexpression.columbia.edu/cases/human-rights-network-uganda-v-attorney-general/> accessed 6th May 6, 2025

<https://www.un.org/en/about-us/universal-declaration-of-human-rights> accessed 6th May 6, 2025

<https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights> accessed 6th May 6, 2025

<https://apps.who.int/gb/bd/pdf/bd47/en/constitution-en.pdf> accessed May 15, 2025

https://media.ulii.org/media/judgment/104332/source_file/center-for-health-human-rights-development-cehurd-ors-v-the-attorney-general-2015-ugsc-69-30-october-2015.pdf accessed May 15, 2025

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6694717/> accessed 5th May 2025

