

PRIORITIES IN REPRODUCTIVE HEALTH

Proceedings of the 8th International
Scientific Conference & 44th Annual
General Meeting of the Society of
Gynaecology and Obstetrics of Nigeria
(SOGON). "SOGON Abuja 2010"



EDITORS:

O. C. Agboghroma
F. F. Achem
I. A. O. Ujah

PRIORITIES IN REPRODUCTIVE HEALTH

*Proceedings of the 8th International Scientific Conference
& 44th Annual General Meeting of the Society of
Gynaecology and Obstetrics of Nigeria (SOGON)
"SOGON ABUJA 2010"*

THEME: Priorities in Reproductive Health

SUB-THEMES: Gynaecological Endoscopy, Litigation in
Obstetrics and Gynaecology, Prevention of
Mother-to-Child Transmission (PMTCT) of HIV

VENUE: Nicon Luxury, Abuja, Nieria

DATE: Nov. 30th Dec. 3rd, 2010

EDITORS

Dr. C. O. Agboghroma
National Hospital, Abuja

Dr. F. F. Achem
Fereprod Medical Centre, Abuja

Prof. I. A. O. Ujah, mni
Nigerian Institute of Medical
Research, Yaba, Lagos

Priorities in Reproductive Health

First published 2011

Copyright © Society of Gynaecology and Obstetrics of Nigeria (SOGON), Abuja, 2011.

ISBN: 978-978-919-132-1

All Rights Reserved.

No part of this book may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of SOGON

ACKNOWLEDGMENT

This compilation of the Proceedings of the 8th International Scientific Conference & 44th Annual General Meeting of the Society of Gynaecology & Obstetrics of Nigeria (SOGON) "SOGON ABUJA 2010" was facilitated by financial support of Partnership for Transforming Health Systems 2.

UNIVERSITY OF IBADAN LIBRARY

WILLINGNESS OF NIGERIAN WOMEN TO SUE IN THE EVENT OF MEDICAL NEGLIGENCE

Aimakhu CO, Olayemi O, Ogunbode OO, Bello FA, Adekunle AO.
Department of Obstetrics and Gynaecology, University College Hospital, Ibadan,
Nigeria

Introduction

- We live in a litigious society, and the medical community in many developed countries has felt the impact of this reality.
- This impact is acute among medical service providers, who pay increasingly high Medical Malpractice Premiums (Floyd 2008).
- Medical Malpractice has been raised as an important problem in daily practice, while the media and public remain unforgiving to those perceived to have harmed the patients.
- Over the last two decades there has been an increase in claims for medical negligence.
- There is no doubt that there is an increase in awareness of medical litigation following media coverage of cases involving suspected negligence in patient care.
- Medical Services for pregnancy and childbirth are inherently risky and unpredictable (Viisainen 2000).
- A perfect baby is the expectation of all patients, and a perfect outcome is the mission of obstetrics.
- Every Obstetrician dreads to hear that there is an unexpected Maternal Mortality and/or severe fetal injury at the hospital.
- Suing for Obstetrics Malpractice though not common in Nigeria may soon be a problem in our daily practice.

Medical Malpractice and the Legal System

- Medical malpractice is professional negligence by act or omission by a health care provider in which care provided deviates from accepted standards of practice in the medical community and causes injury or death to the patient.

Culled from Microsoft® Encarta® 2008

Objective

- To determine the willingness and consequences of Nigerian women to sue in the event of medical negligence.

Methodology

- A descriptive - hospital based, cross - sectional study was carried out amongst 401 pregnant women attending three - government owned health facilities in Ibadan, Nigeria after consent had been sought.
- Questions were asked on their awareness of medical malpractice and their willingness to sue.

The Study Area

- The study was carried out in Ibadan, the capital of Oyo state, Nigeria. The study centers were:
 - Oranyan Primary Health Center, Beere;
 - Adeoyo Maternity Center, Yemetu;
 - University College Hospital (UCH), Orita-mefa.
- These centers are representatives of the primary, secondary and tertiary levels of health care delivery respectively.

Sampling Technique

- The total sampling of all consenting patients who presented at the Clinics between 17th February and 27th February, 2009 at these various centres.

Results

Table 1: Age Distribution

***Mean age of the respondents was 32.5 years (95% CI 33.8 – 35.1)

Variable	OPH n (%)	AMH n (%)	UCH n (%)	Total n (%)
Age Group				
≤ 20	20 (16.8)	13 (8.7)	6 (4.5)	39 (9.7)
21 – 25	31 (26.1)	30 (20.1)	11 (83.0)	72 (18.0)
26 – 30	45 (37.8)	55 (36.9)	53 (39.8)	153 (38.2)
31 – 35	19 (16.0)	31 (20.8)	45 (33.8)	95 (23.7)
36 – 40	3 (2.5)	14 (9.4)	14 (10.5)	31 (7.7)
> 40	1 (0.8)	6 (4.0)	4 (3.0)	11 (2.7)

Figure 1: Awareness of the right to sue for malpractice

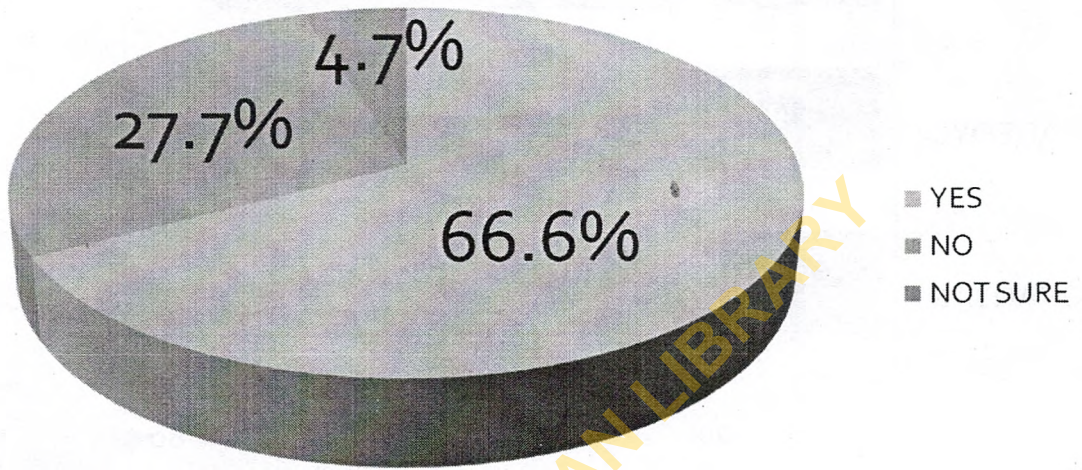


Table 2: Is Nigeria Ready for Litigation?

Variable	OPH n (%) 119	AMH n (%) 149	UCH n (%) 133	Total n (%) 401
Yes	28 (23.5)	46 (30.9)	33 (24.8)	107 (26.7)
No	57 (47.9)	64 (43.0)	36 (27.1)	157 (39.2)
Not Sure	34 (28.6)	39 (26.1)	64 (48.1)	137 (34.1)

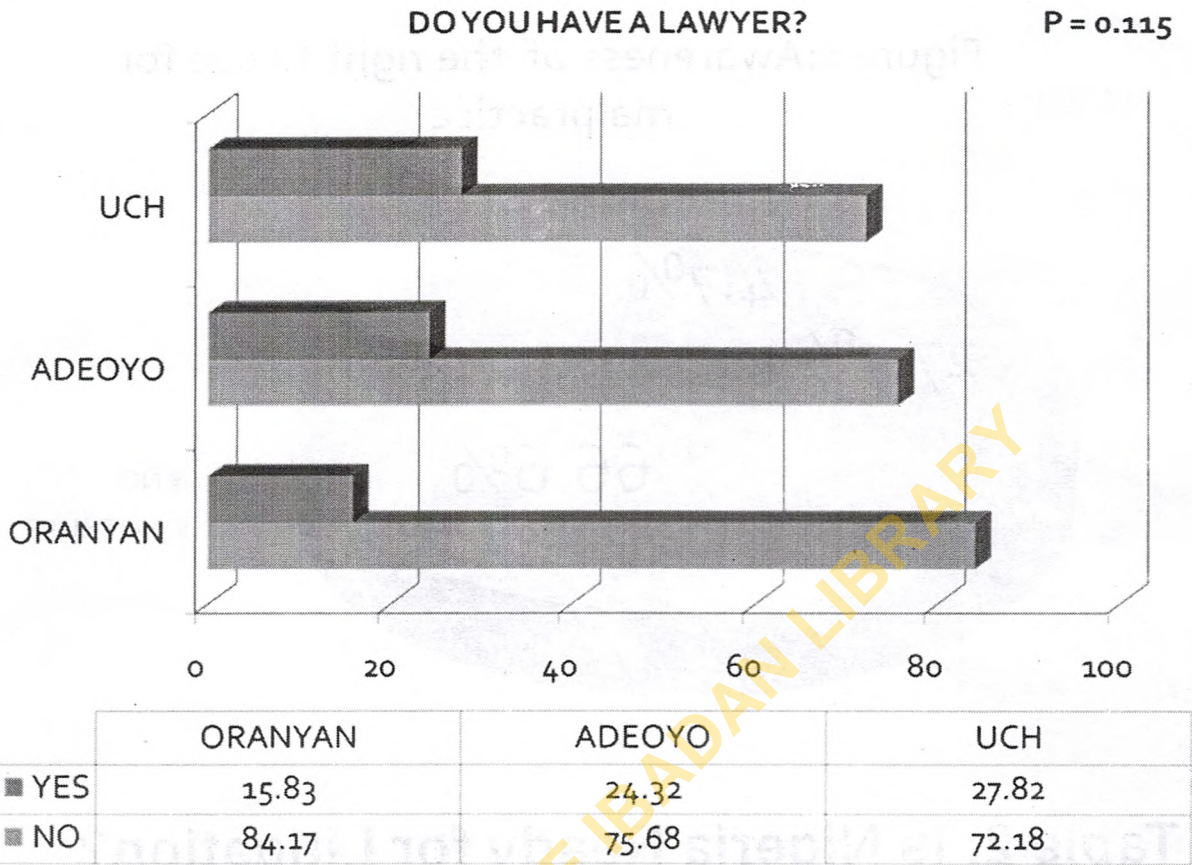


Table 3: Willingness to sue in the Event of Malpractice

Variable	OPH	AMH	UCH	Total
	n (%) 119	n (%) 149	n (%) 133	n (%) 401
Yes	40 (33.6)	93 (62.4)	100 (75.2)	233 (58.1)
No	69 (58.0)	43 (28.9)	20 (15.0)	132 (32.9)
Not Sure	10 (8.4)	13 (8.7)	13 (9.8)	36 (9.0)

WILLINGNESS TO LITIGATE AND EDUCATIONAL STATUS

P < 0.001

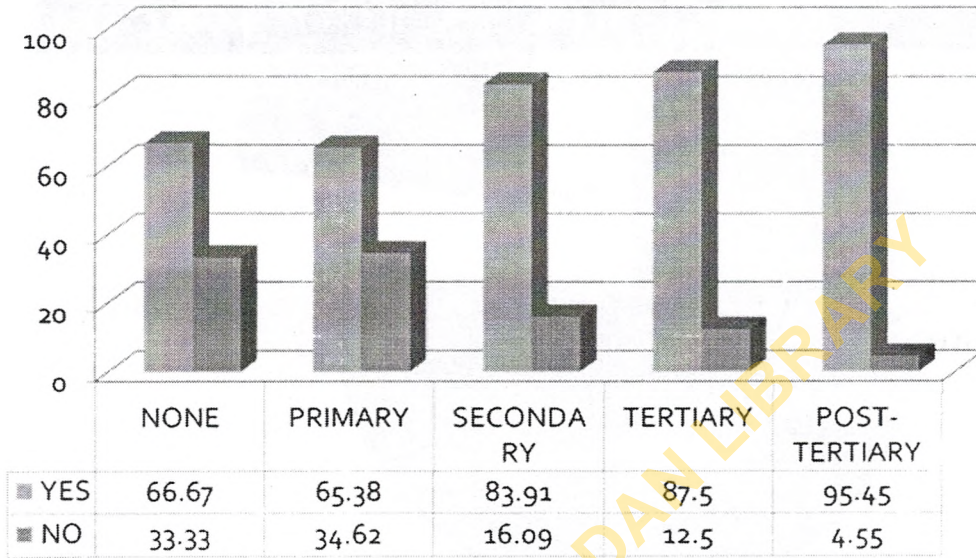


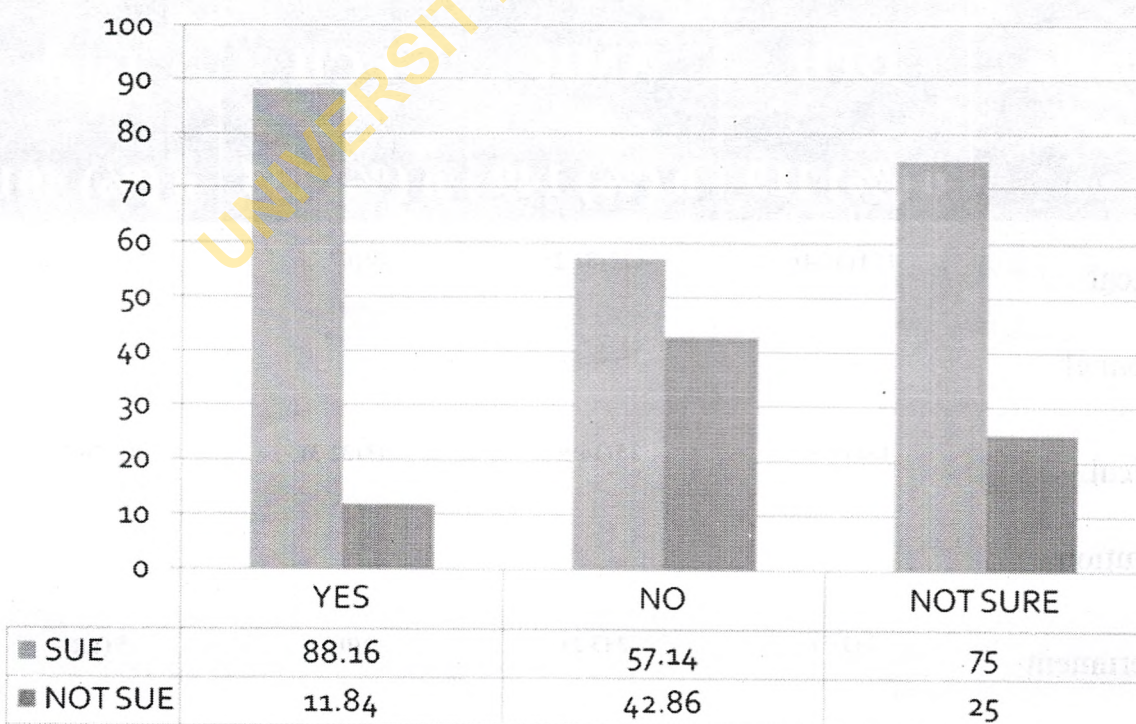
Table 4: Who should be sued?

Variable	OPH n (%) 119	AMH n (%) 149	UCH n (%) 133	Total n (%) 401
Medical Personnel	104 (87.4)	122 (81.2)	90 (67.7)	315 (78.6)
Medical Institution	13 (10.9)	25 (16.8)	43 (32.3)	81 (20.2)
Government	2 (1.7)	3 (3.2)	0 (0.0)	5 (1.2)

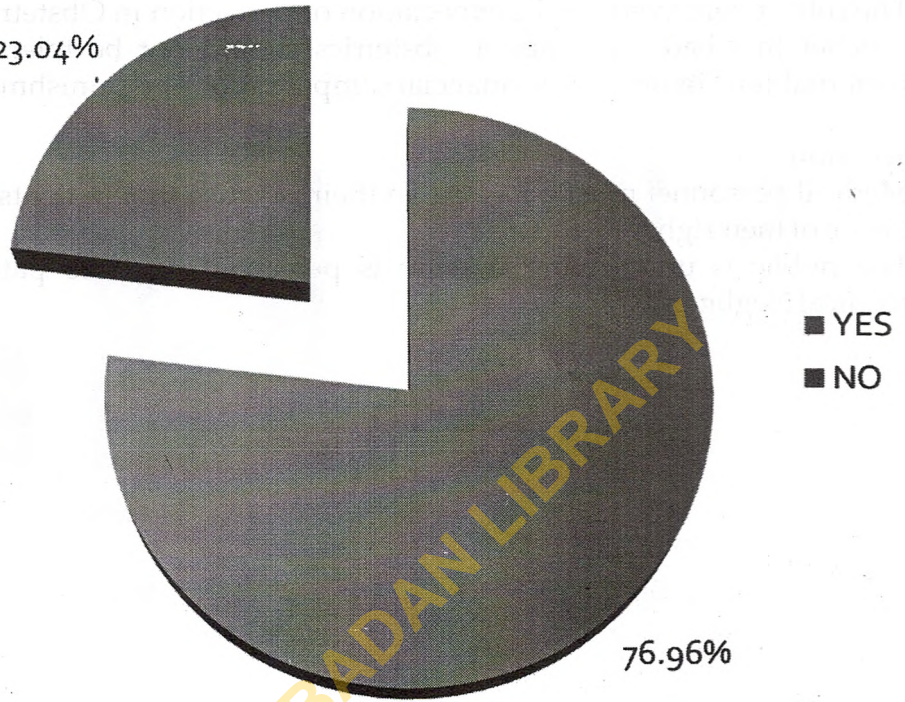
Table 5: Can Doctors make Mistakes

Variable	OPH n (%)	AMH n (%)	UCH n (%)	Total n (%)
Yes	93 (78.2)	124 (83.2)	125 (94.0)	342 (85.3)
No	23 (19.3)	15 (10.1)	7 (5.3)	45 (11.2)
Not Sure	3 (2.5)	10 (6.7)	1 (0.7)	14 (3.5)

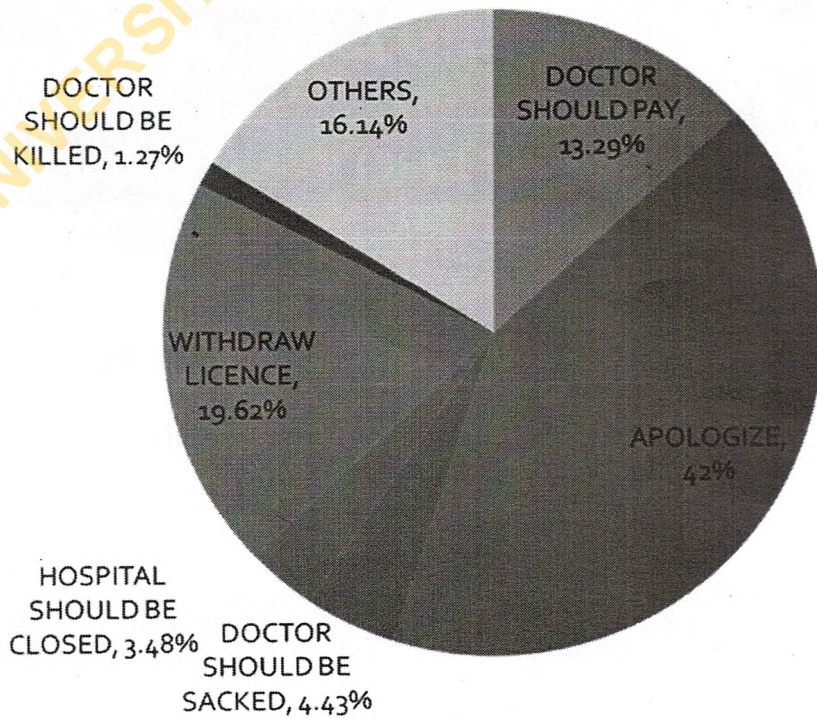
PATIENT'S PERSPECTIVE ON DOCTOR FALLIBILITY IN RELATION TO WILLINGNESS TO SUE $P < 0.001$



Previous dissatisfaction with health care



EXPECTED OUTCOME OF LEGAL ACTION



Take Home Points

- The word to take home as medical practitioners and health care givers is this:
- BE LITIGATION CONSCIOUS!!!
- The role of perceived public expectation of perfection in Obstetrics Medicine reflects a belief that bad outcomes in obstetrics should not be tolerated and that every maternal-fetal injury merits financial compensation and punishment(Chou 2006).

Conclusion

- Medical personnel must be aware in their practice that patients are becoming more aware of their rights.
- The public is unforgiving if there is perceived harm to patients as a result of medical Negligence.

UNIVERSITY OF IBADAN LIBRARY