



MEDICOLEGAL BULLETIN

Week-1: Emergency LSCS – Consent & Documentation

1. REAL-LIFE CLINICAL SCENARIO

A 26-year-old primigravida at term presented in active labor with non-reassuring fetal heart rate patterns suggestive of acute fetal distress. The decision for emergency LSCS was taken at midnight. Due to urgency, surgery was initiated immediately. The neonate required resuscitation and NICU admission. Later, the relatives alleged delay, lack of proper consent, and negligence.

2. MEDICOLEGAL RISKS IN SUCH CASES

Emergency LSCS cases commonly attract litigation not because of surgical error, but due to communication gaps and documentation deficiencies. Common allegations include delay in decision-to-delivery, absence of valid consent, lack of senior involvement, and poor records.

3. WHAT THE LAW EXPECTS

In life-threatening emergencies, the primary duty of the doctor is to save life. Indian courts recognize implied consent when immediate intervention is required and delay can worsen maternal or fetal outcome. Documentation must reflect urgency, clinical reasoning, and communication with relatives.

4. DOCUMENTATION – THE DOCTOR’S STRONGEST DEFENSE

Proper documentation should clearly mention:

- Emergency nature of the case
- Indication for LSCS
- Time of diagnosis, decision, and incision
- Counseling of relatives
- Senior consultation, if any

Courts rely more on contemporaneous written records than on oral explanations given years later.



5. PRACTICAL SAFE PRACTICE – WHAT TO DO

- Write “Emergency LSCS – life-threatening situation” clearly in case records
- Do not delay surgery for consent formalities
- Obtain relative signature if immediately available
- Document senior opinion whenever sought
- Record post-operative counseling and neonatal outcome

6. COMMON MISTAKES TO AVOID

- Back-dated or altered notes
- Generic or blank consent forms
- No documentation of urgency
- Absence of post-operative counseling notes

7. CLINICAL–LEGAL PEARL

“In emergencies, timing saves lives — documentation saves doctors.”

8. REAL COURT CASE INSIGHTS (FOR UNDERSTANDING)

• In *Jacob Mathew vs State of Punjab* (Supreme Court, 2005), the Court held that an adverse outcome or error of judgment does not amount to negligence if the doctor acted according to accepted medical practice.

• In *Samira Kohli vs Dr Prabha Manchanda* (Supreme Court, 2008), the Court clarified that while informed consent is essential, in emergencies necessary procedures to save life can be undertaken without separate detailed consent.

9. TAKE-HOME MESSAGE

Emergency LSCS cases are judged by decision-making and documentation, not by outcome alone. Timely intervention saves lives; honest, contemporaneous records protect the doctor.

Next Week’s Topic: Blanket Consent – Why Courts Reject It.

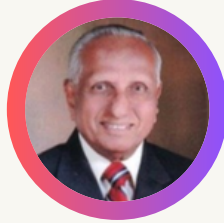


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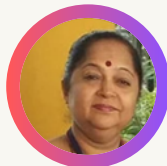
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