



## ***MEDICOLEGAL BULLETIN***

### **Week-3;Refusal of Treatment – When Patient Says No, What Protects You**

#### **1. REAL LIFE CLINICAL SCENARIO**

A 28-year-old multigravida at 38 weeks presented with severe preeclampsia and uncontrolled blood pressure. The obstetrician advised immediate admission and delivery. However, the patient and relatives refused admission and insisted on going home due to personal reasons. The patient left against medical advice and later returned with eclampsia and intrauterine fetal demise. Relatives alleged negligence and failure to manage properly.

#### **2. MEDICOLEGAL RISKS IN SUCH CASES**

Refusal of treatment creates significant medicolegal risk.

Common allegations include:

- Doctor did not explain seriousness adequately
- Patient was allowed to leave without proper warning
- No documentation of refusal
- Delay in treatment attributed to doctor

In many cases, absence of proper records shifts liability back to the doctor.

#### **3. WHAT THE LAW EXPECTS**

A competent adult patient has the right to refuse treatment, even if the decision is medically unwise. However, the doctor must ensure that the refusal is informed. This means explaining the diagnosis, risks of refusal, possible complications, and alternatives. The refusal must be voluntary and documented.

#### **4. DOCUMENTATION – THE DOCTOR'S STRONGEST DEFENSE**

Proper documentation should include:

- Diagnosis and current condition explained
- Risks of refusing treatment clearly mentioned
- Advice for admission or intervention recorded
- Patient or relative's refusal noted with signature
- Witness signature, preferably staff member

Clear documentation proves that the doctor fulfilled duty of care.



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### **5. PRACTICAL SAFE PRACTICE – WHAT TO DO**

- Explain condition and risks in simple language
- Clearly mention possible complications including death
- Take written refusal or LAMA form
- Ensure patient or relative signs with date and time
- Add witness signature whenever possible
- Advise to return immediately if symptoms worsen

### **6. COMMON MISTAKES TO AVOID**

- Allowing patient to leave without documentation
- Writing only “LAMA” without details
- Not explaining severity properly
- No witness for refusal
- Casual or incomplete notes

These mistakes often lead to legal complications later.

### **7. CLINICAL–LEGAL PEARL**

A patient’s right to refuse treatment does not remove the doctor’s responsibility to inform and document.

### **8. REAL COURT CASE INSIGHTS (FOR UNDERSTANDING)**

In multiple consumer court rulings across India, doctors have been held liable when patients left against medical advice but documentation did not clearly show that risks were explained. Courts have emphasized that mere mention of “LAMA” is insufficient without detailed explanation.

Judicial observations consistently highlight that proper documentation of refusal protects the doctor, while absence of records creates doubt about whether adequate counseling was done.

### **9. TAKE-HOME MESSAGE**

When a patient refuses treatment, the doctor must shift focus from treatment to documentation. Clear explanation and written refusal are essential. If it is not documented, it is assumed not explained.

***Next Week’s Topic: Documentation in Obstetrics – What Courts Look For.***



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