KARNATAKA STATE OBSTETRICS AND GYNECOLOGY ASSOCIATION
ETHICS AND MEDICOLEGAL COMMITTEE

MEDICOLEGAL BULLETIN

Week 15:PCPNDT Act – Documentation Errors That Lead to Litigation

1. REAL LIFE CLINICAL SCENARIO

A 28-year-old pregnant woman underwent a routine second-trimester obstetric ultrasound at a registered ultrasound center. The examination was uneventful, and no fetal abnormalities were detected. During a surprise inspection by the Appropriate Authority, the ultrasound machine records, Form F, referral slip, and consent documents were reviewed.

Although there was no allegation of sex determination, multiple deficiencies were identified in Form F, including incomplete clinical indication, missing signatures, and improper documentation of obstetric history. The center received a show-cause notice, and criminal proceedings were initiated under the PCPNDT Act.

The issue was not what the doctor did.The issue was what the doctor failed to document.

2. MEDICOLEGAL RISKS IN SUCH CASES

Many PCPNDT prosecutions arise because of documentation deficiencies rather than actual sex determination.

Common medicolegal pitfalls include:

- Incomplete Form F
- Missing patient signature
- Missing doctor's signature
- Incorrect obstetric history
- Incomplete referral details
- Wrong indication for ultrasound
- Missing dates or timings
- Failure to preserve records
- Machine record discrepancies

Even small clerical mistakes may invite legal scrutiny.

3. WHAT THE LAW EXPECTS

The PCPNDT Act aims to prevent sex selection and regulate prenatal diagnostic techniques.

Every registered practitioner is expected to:

- Maintain complete Form F documentation
- Record the indication for every ultrasound accurately
- Preserve records for the prescribed period
- Display mandatory notices
- Ensure machine registration remains valid
- Avoid any communication regarding fetal sex
- Cooperate during inspections

Documentation is considered as important as the ultrasound itself.

4. DOCUMENTATION – THE DOCTOR'S STRONGEST DEFENSE

Every ultrasound record should include:

- Patient identification.
- Last menstrual period.
- Clinical indication.
- Form F completion.
- Doctor's signature.
- Gravida and parity
- Gestational age
- Referral details
- Patient signature
- Date and time
- Machine details where applicable

Never leave blank columns.

If an item is not applicable, clearly write "Not Applicable (N/A).". . Incomplete forms often create avoidable legal problems.

5. PRACTICAL SAFE PRACTICE – WHAT TO DO

- Complete Form F immediately after examination.
- Never postpone documentation.
- Conduct regular internal audits.
- Train all staff regarding PCPNDT requirements.
- Preserve records systematically.
- Verify signatures before patient leaves.
- Maintain referral documentation carefully.
- Documentation should become a routine habit—not an after thought.

6. COMMON MISTAKES TO AVOID

- Completing forms at the end of the day
- Blank columns
- Unsigned forms
- Incorrect obstetric details
- Missing referral slips
- Poor record preservation
- Casual attitude toward inspections

Many prosecutions occur because documentation was incomplete—not because fetal sex was disclosed.

7.CLINICAL–LEGAL PEARL

Under the PCPNDT Act,

Good documentation is not administrative work.

It is legal protection.

8. REAL COURT CASE INSIGHTS (FOR UNDERSTANDING)

- Indian courts have repeatedly observed that strict compliance with the PCPNDT Act is mandatory.
- Even when there is no evidence of illegal sex determination, serious documentation deficiencies may result in prosecution because the Act places significant importance on proper record maintenance.
- Courts have also emphasized that accurate documentation protects both the doctor and the integrity of prenatal diagnostic services.

9.TAKE-HOME MESSAGE

- The PCPNDT Act is not enforced only to detect illegal sex determination.
- It also evaluates whether every ultrasound has been performed and documented according to law.
- Meticulous documentation, complete records, staff training, and periodic audits remain the strongest medicolegal safeguards.

Remember:

- Incomplete documentation can create legal problems even when clinical care is excellent.

Next Week's Topic:Wrong Patient, Wrong Procedure, and Wrong-Site Surgery – Preventing Never Events in Obstetrics and Gynecology

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