KARNATAKA STATE OBSTETRICS AND GYNECOLOGY ASSOCIATION

ETHICS AND MEDICOLEGAL COMMITTEE

MEDICOLEGAL BULLETIN

Week 19;Breaking Bad News in Obstetrics & Gynecology – The Medicolegal Importance of Honest Communication

1.REAL-LIFE CLINICAL SCENARIO

A30-year-old primigravida underwent emergency cesarean section for placental abruption. Despite timely intervention, the baby could not be revived. The family was informed only that "the baby is serious" while the newborn had already died. Several relatives later claimed that the treating team intentionally concealed the truth, delayed communication, and provided contradictory information. The situation rapidly escalated into verbal abuse, media involvement, and allegations of negligence.
An internal review concluded that clinical management had been appropriate. The breakdown occurred in communication.
Many medicolegal disputes begin with poor communication rather than poor clinical care.

2. MEDICOLEGAL RISKS IN SUCH CASES

Difficult conversations are routine in obstetrics and gynecology.

- Common situations include:
- Stillbirth. Intrauterine fetal demise
- Maternal death
- Severe postpartum hemorrhage. Unexpected hysterectomy
- Neonatal ICU admission. Congenital fetal anomalies
- Failed fertility treatment. Unexpected surgical complications

Common allegations include:

- Information was hidden. Different doctors gave different explanations
- The family was informed too late No senior doctor spoke to relatives
- No documentation of counseling. False reassurance before deterioration
- Families often remember how they were informed more than the exact medical details.

3. WHAT THE LAW EXPECTS

The law expects doctors to communicate honestly, compassionately, and promptly.
Doctors should:

- Inform the patient or relatives as early as reasonably possible
- Explain the diagnosis in understandable language
- Discuss expected complications honestly
- Avoid false reassurance
- Maintain confidentiality
- Document every important counseling session
- Ensure that information given by different team members remains consistent
- The law does not expect doctors to guarantee outcomes.

It expects truthful communication.

4. DOCUMENTATION – THE DOCTOR'S STRONGEST DEFENSE

Counseling documentation should include:

- Date and time. Persons present
- Clinical condition explained. Risks discussed
- Questions asked by relatives. Answers provided
- Treatment options explained. Decisions made
- Relative's understanding

Example:
"Patient's husband and mother counseled regarding severe placental abruption, fetal compromise, possibility of stillbirth, massive hemorrhage, blood transfusion, hysterectomy, ICU admission, and maternal risk. All questions answered. Family expressed understanding."
This documentation frequently becomes invaluable during legal proceedings.

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5. PRACTICAL SAFE PRACTICE – WHAT TO DO

- Choose a quiet and private place whenever possible
- Introduce yourself clearly
- Speak slowly and honestly
- Use simple language
- Allow silence
- Answer questions patiently
- Avoid speculation
- Arrange repeated counseling when needed
- Document every discussion

Compassion and clarity reduce conflict.

6. COMMON MISTAKES TO AVOID

- Giving unrealistic reassurance
- Hiding complications
- Delegating difficult conversations to junior staff
- Contradictory explanations by different doctors
- Arguing with grieving relatives
- Making defensive statements
- Failing to document counseling

A communication failure may create more medicolegal damage than the complication itself

7.CLINICAL–LEGAL PEARL

Patients usually forgive complications.

They rarely forgive dishonesty

8. REAL COURT CASE INSIGHTS (FOR UNDERSTANDING)

Indian courts and consumer forums have repeatedly observed that doctors have a duty to provide truthful information regarding diagnosis, prognosis, complications, and treatment options.

In many judgments, the quality of communication and documentation significantly influenced the court's assessment of negligence.

Where records demonstrated repeated counseling and transparent communication, doctors were generally in a stronger legal position.

9.TAKE-HOME MESSAGE

Communication is a clinical skill and a medicolegal safeguard.

During emotionally charged situations, honesty, empathy, consistency, and documentation are often the strongest tools available to an obstetrician.

Remember:

Patients may not remember every medicine you prescribed.

They will always remember how you spoke to them during the worst day of their lives.

Next Week's Topic:Violence Against Doctors in Obstetrics & Gynecology – Prevention, Legal Rights, Documentation, and Crisis Management.

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