KARNATAKA STATE OBSTETRICS AND GYNECOLOGY ASSOCIATION
ETHICS AND MEDICOLEGAL COMMITTEE

MEDICOLEGAL BULLETIN

Week 21:Delayed Diagnosis of Gynecological Malignancy – When Does It Become Negligence?

1.REAL LIFE CASE SCENARIO

A 52-year-old postmeno woman presented with intermittent vaginal bleeding.She was initially treated symptomatically and advised to return if bleeding persisted. Over the following months, she had repeated episodes of bleeding but did not undergo appropriate endometrial evaluation. Eventually, endometrial biopsy revealed malignancy requiring definitive oncological treatment.

The family alleged that the cancer should have been diagnosed during the first consultation and that the delay reduced her chances of successful treatment. The important medicolegal question was not simply "Was cancer diagnosed late?" — it was:

"Were appropriate investigations and follow-up advised when the red-flag symptom first appeared?"

Not every delayed cancer diagnosis represents negligence. But repeatedly ignoring a

2. MEDICOLEGAL RISKS IN SUCH CASES

Gynecological malignancies may initially present with common symptoms seen routinely in OPD.

High-risk red-flag situations:

- Postmenopausal bleeding
- Persistent abnormal uterine bleeding
- Suspicious cervical lesion
- Persistent postcoital bleeding
- Complex or suspicious adnexal mass
- Persistent abdominal distension or early satiety
- Abnormal cervical screening result
- Suspicious endometrial thickening
- Persistent vulval lesion or ulcer

Common allegations: failure to suspect malignancy, repeated symptomatic treatment without investigation, failure to biopsy, failure to refer, failure to communicate abnormal reports.

3. WHAT THE LAW EXPECTS

The law does not expect every gynecologist to diagnose every malignancy at the first consultation. It expects reasonable clinical judgment according to the circumstances.

The doctor should:

- Recognize important warning symptoms
- Perform appropriate examination
- Order or advise reasonable investigations
- Document differential diagnoses
- Act on abnormal reports
- Refer when specialist oncological management is required
- Provide appropriate follow-up instructions

A diagnostic error despite reasonable evaluation may be defensible. Failure to investigate an obvious red flag is much harder to defend

4. DOCUMENTATION – THE DOCTOR'S STRONGEST DEFENSE

- Duration and nature of symptoms.
- Relevant risk factors
- Investigations advised.
- Cytology / histopathology results.
- Referral advice given.
- Counseling regarding further evaluation.

Menstrual / menopausal status
Pelvic / speculum examination findings
Ultrasound findings
Need for biopsy where indicated
Follow-up date provided
Refusal or failure to return — documented

If the patient refuses investigation or fails to return, your earlier documentation should clearly demonstrate what follow-up was advised and what consequences were explained.

5. PRACTICAL SAFE PRACTICE – WHAT TO DO

- Treat postmenopausal bleeding as a red flag until adequately evaluated
- Do not repeatedly prescribe symptomatic medication for persistent unexplained bleeding
- Biopsy suspicious lesions appropriately
- Review abnormal reports personally
- Establish a system for tracking critical pathology and screening results
- Refer suspicious malignancies appropriately
- Clearly communicate why further investigation is necessary
- Document patient refusal or failure to follow advice

A report that nobody follows up can become a major medicolegal problem.

6. COMMON MISTAKES TO AVOID

- Repeatedly treating postmenopausal bleeding symptomatically
- Assuming every adnexal mass is benign
- Ignoring persistent postcoital bleeding
- Failure to follow an abnormal cervical screening report
- Delayed biopsy of a suspicious lesion
- Failure to communicate histopathology results
- No documentation of oncology referral
- Assuming the patient will automatically return

The investigation is not complete until the result has been reviewed and appropriately acted upon.

7.CLINICAL–LEGAL PEARL

You may not be liable because cancer was difficult to diagnose.

You become vulnerable when a warning sign was present and nobody acted on it.

8. REAL COURT CASE INSIGHTS (FOR UNDERSTANDING)

In delayed-diagnosis litigation, courts examine the clinical pathway — not merely whether cancer was eventually diagnosed at an advanced stage. Courts ask:

- What symptoms were present at the first consultation?
- Was malignancy reasonably considered?
- Were appropriate investigations advised?
- Were abnormal results acted upon?
- Was referral recommended when necessary?
- Did the patient comply with the advice?

A patient appropriately investigated but whose malignancy was initially difficult to detect is very different medicolegally from a patient whose persistent warning symptoms were repeatedly ignored

9.TAKE-HOME MESSAGE

Delayed diagnosis of gynecological malignancy does not automatically establish negligence. The strongest medicolegal protection is a clear clinical pathway:

Recognize the red flag → Investigate → Review the result→ Communicate → Refer / Act → Document.

“Let us wait and see” is dangerous.

“Let us investigate and make sure"

Next Week’s Topic;Infertility Treatment and IVF – Managing Expectations, Failed Cycles, Consent, and Medicolegal Liability

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