



KARNATAKA STATE OBSTETRICS AND GYNECOLOGY ASSOCIATION ETHICS AND MEDICOLEGAL COMMITTEE

MEDICOLEGAL BULLETIN

Week 9; WhatsApp Advice, Teleconsultation, and Prescription Liability in Modern OBG Practice

1. REAL LIFE CLINICAL SCENARIO

A 31-year-old pregnant woman at approximately 30 weeks sent a WhatsApp message to her gynecologist late at night stating she had headache, swelling, and “slightly high BP” checked locally. She was reassured over chat and advised rest plus symptomatic medication. No formal assessment occurred. The next morning, she presented with seizures and severe preeclampsia requiring ICU care and preterm delivery. The relatives alleged that warning symptoms were ignored and inappropriate remote reassurance delayed proper treatment.

In another common scenario, patients send ultrasound reports, photos of prescriptions, bleeding complaints, or vague symptoms expecting direct treatment over messaging platforms. This is now routine practice—and a growing medicolegal risk

2. MEDICOLEGAL RISKS IN SUCH CASES

Remote advice creates serious risk because clinical assessment is incomplete. Common allegations include:

- Inadequate assessment without examination
- Prescription without proper evaluation
- Failure to identify emergency red flags
- Delayed hospital visit due to reassurance
- Miscommunication through incomplete messages
- Poor documentation of advice given
- Informal treatment outside structured teleconsultation
- Identity ambiguity (wrong patient / incomplete records)
- No consent for teleconsultation

The risk is often not the platform itself. It is unsafe informal practice

3. WHAT THE LAW EXPECTS

Telemedicine is accepted medical practice when used appropriately. However, legal expectations remain the same:

- Reasonable standard of care
- Proper identification of patient
- Adequate clinical assessment within limitations
- Recognition of situations unsuitable for teleconsultation
- Clear documentation
- Appropriate referral for in-person assessment when required

Messaging convenience does not reduce professional responsibility.

Informal WhatsApp reassurance can still be scrutinized as medical advice.

4. DOCUMENTATION – THE DOCTOR'S STRONGEST DEFENSE

If teleconsultation occurs, documentation should include:

- Patient identity
- Date and time
- Presenting complaint
- Relevant obstetric / gynec history
- Information provided by patient
- Advice given
- Limitations of remote assessment
- Emergency warning signs explained
- Recommendation for physical review if needed

Example:

“Patient reports headache and elevated BP reading via teleconsultation. Advised immediate in-person hospital evaluation to rule out hypertensive emergency. Remote assessment limited.”

That wording matters enormously.



5. PRACTICAL SAFE PRACTICE – WHAT TO DO

- Use teleconsultation only appropriately
- Recognize emergency red flags immediately
- Avoid blind reassurance
- Avoid prescribing beyond reasonable assessment
- Document every professional interaction
- Encourage physical review when uncertainty exists
- Maintain boundaries between informal chat and clinical consultation
- Use structured telemedicine approach

If uncertain, escalate—not reassure casually.

6. COMMON MISTAKES TO AVOID

- Casual WhatsApp prescriptions
- Treating incomplete symptom descriptions
- Reassuring without adequate assessment
- No documentation
- Managing emergencies remotely
- Advice through attendants without clarity
- Ignoring medico-legal implications of chat records

Chat history can become legal evidence

7. CLINICAL–LEGAL PEARL

Convenience does not dilute responsibility.

8. REAL COURT CASE INSIGHTS (FOR UNDERSTANDING)

Telemedicine regulation has evolved, but the medicolegal principle remains unchanged:

A doctor is judged by whether care was reasonable under the circumstances.

Courts may become critical when:

Remote advice replaces necessary examination

Red flags are ignored

Emergency escalation is delayed

No documentation exists

Digital communication creates permanent records.

Those records may protect you—or expose you.

The medicolegal question becomes:

“Was this appropriate telemedicine—or casual unsafe advice?”

9. TAKE-HOME MESSAGE

Telemedicine is useful.

Informal unsafe digital medicine is dangerous.

WhatsApp is a communication tool—not a substitute for clinical judgment.

Modern medicolegal safety requires structured remote practice, documentation, and clear escalation decisions.

Next Week’s Topic: Consent in Emergency Obstetrics – When Life-Saving Decisions Become Legal Questions.



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