Urologist and Risk Management – Good Practices to Keep The Lawyers Away

Dr Clarence Lei Chang Moh

Introduction:

The scientific meetings of the UAA were previously named as ACU or Asian Congress of Urology until 2014. Since 2015, the conferences are renamed UAA Congress. UAA has many challenges ahead. There is an increasing trend of patients making aggression against doctors, sometimes with the “help” of lawyers. Certain urological conditions incurred more risks than others, creating tremendous upset to the life of doctors affected. Medical “malpractice” insurance is mandatory in Malaysia; the annual premium to join a reputable medical protection society is now USD7000! A change in medicolegal litigation occurred in Malaysia in 2018, when a court awarded “aggravated damages” as compensation for “mental distress”.

Methods:

The practices in relation to risk management are mostly from the author’s personal experience in the local scene. The sources of information includes: personal medico-legal cases, medico-legal cases as expert witness in and outside court, discussions and advice for cases involving fellow urologists (anonymized), medico-legal cases from the Malaysian Protection Society (MPS) case book since 2002, MPS workshops, the Malaysian Medical Association (MMA) report of the Medical Ethics Committee since 2006, and published information in journals.

Results:

When a clinical case scenario takes on a medico-legal angle, the time and effort spent of studying the case, reading the documents are often overwhelming. The subject matter includes the following: informed consent, urinary stone management in relation to stone migration, stone clearance, ureteric avulsion, bleeding and often lethal urosepsis; post varicocele surgery, in particular, atrophy, scrotal swelling and pain, missed testicular torsion, failed vasectomy, post TURP retrograde ejaculation, spinal cord compression resulting in urinary retention and sexual dysfunction, post nephrectomy bleeding and death, adverse drug reactions, fraudulent claims and advertisement. Less than ideal urological repair of urological injuries caused by gynaecologists is another source of unhappiness.

Conclusion:

To reduce the risk in managing certain urological cases, one must take particular attention of the following: thorough clinical assessment, keeping good clinical records, safety measures, fall prevention, time out, diathermy equipment and allowing open communication including the use of modern media with team members and patients. Documentation of informed consent especially with regards to treatment efficacy, genitalia examination, fitness for surgery and adverse events must be clear. The family should have adequate time to decide on the treatment options, preferably not the same day surgery. Last but not least, the doctor should have adequate knowledge and training in the treatment options, safety aspects and have a trained supportive team.

ACU Lecture given at the UAA Congress, Kuala Lumpur, 9th August 2019 on occasion of conferment of Honorary Fellowship to Dr Clarence Lei Chang Moh.