THE REPUBLIC OF UGANDA

IN THE MATTER OF MEDICAL AND DENTAL PRACTITIONERS ACT

AND

IN THE MATTER OF AN INQUIRY INTO ALLEGED MEDICAL NEGLIGENCE OF THE MEDICAL PERSONNEL (DR. RICHARD WAIGUMBA, DR. JAMES KAFEERO AND DR. ODONGKARA ANDREW) OF KAMWOKYA MEDI CARE CENTER LEADING TO THE DEATH OF MPUMWIRE DOREEN IKWAP

FINDINGS AND RESOLUTIONS OF THE COUNCIL

Background

The complainant filed his complaint with the Council on 31st March 2023 and the nature of the complaint is stated as "***Acts of professional misconduct and gross Surgical/ Medical Negligence leading to the death of the patient"***

The complaint was served on the Medical Director of Kamwokya Med Care Centre on 5th May 2023, seeking the facility's response and those of Dr. Richard Waigumba, Dr. James Kafeero and Dr. Odongkara Andrew.

Responses with the original Copy of the patient's file attached were received by the council on 12th June 2023.

On 1st March 2024, the Ethics and Disciplinary Committee of the Council conducted a preliminary hearing of the matter, and upon perusing the complaint and the responses thereto, resolved interalia, that the complaint be subjected to a full inquiry by the Council.

Accordingly, an inquiry was conducted on the 7th day of May 2024 where upon Council received oral testimonies from Witnesses as follows;

Andrew Ikwap (complainant)

Ikwap testified that he is 40 years of age, a resident of Matugga and the husband to the deceased.

It was his evidence that the patient (Mpumwire Doreen Ikwap) went to Kamwokya Med Care Centre to consult as to why she was not giving birth. She was sent to the Kampala Imaging Centre and the scan results showed that she had some fibroids.

Dr. Waigumba told them that according to the scan, one tube had been removed and the other side was partially blocked. The complainant stated that one tube was removed way back when the patient was in secondary school. They discussed the issue of the possibility of IVF but decided that they would take their time to think about it.

After a few days, the patient started feeling pain in the stomach and went back to the facility for treatment. It is at this point that Dr. Waigumba said he was going to do a myomectomy and cystectomy on her and that the said operation was going to unblock her tubes so that she can be able to conceive normally.

After the operation, the patient was responding well and they had hope that she was going to recover but after a few days her condition started deteriorating. She started complaining of pain in the chest, she was not going to the toilet, not able to feed and she started breathing badly.

When the complainant asked the nurses if they are sure of what they were doing, they assured them that the patient was being managed and was going to be fine. They called Dr. Waigumba who told them to remove oxygen, they started to resuscitate the patient and after that, they said the patient was dead.

The complainant said he was not happy because the said respondents did not refer the patient on time even after realizing that they could not handle the situation. That they asked for medical notes and the doctor spent 40 minutes in the room writing them there and then. The medical notes and the certificate of death were showing different causes of death. After, they went and reported the matter to police and the body was taken to Mulago Hospital for postmortem and the cause of death was stated as sepsis, peritonitis and perforated gut.

Mbabazi Sharon (complainant witness)

Mbabazi testified that she is 42 years of age, a banker, a resident of Nalya and a sister to the deceased.

It was her evidence that her friend recommended her to Dr. Waigumba and she got to know and trusted him as a Gynecologist working at Mulago National Referral Hospital in 2016. Dr. Waigumba had also asked her to give birth from his facility, but because she was used to giving birth from Kampala Hospital, she opted to continue using the same facility where she had been producing from. She told Dr. Waigumba about her sister's condition who requested her to share his contact with her sister. The first day she went with the deceased together

with her husband but she never entered the facility. She was later told by the deceased that Dr. Waigumba convinced her that she was going to be better after removal of fibroids. At first, she cancelled the operation but after some days she started feeling pain. Dr. Waigumba advised her to go to Kampala Imaging Centre for scanning and was later admitted. The operation was done by Dr. Waigumba and Dr. Kafeero. They alleged that the intestines were properly arranged and everything was ok. The following day, Dr. Waigumba recommended that the patient should eat something. She was given Irish potatoes and soup. She was okay before eating but after eating she started complaining of stomach pain. The following day at around 6am, the patient vomited and Dr. Waigumba requested that the scan be conducted to establish what the problem was. She escorted the deceased to the scan room and she saw liquid bubbling in the stomach. When she asked the radiographer, what it was, he told her that the doctor shall explain to her.

The Doctor later told her that there was liquid which accumulated in the stomach, he inserted a tube and the liquid started collecting. The patient was always restless, she was put on oxygen and at night she would feel bad and complain of coldness. Dr. Waigumba came with blood at around midnight and did blood transfusion and he explained that he was doing that to support the heart. The deceased slept but continued to become weaker and weaker.

Dr. Waigumba asked Mbabazi if she would consent in case they were to take the deceased back to the theatre but Mbabazi declined. They started draining water from the stomach and the patient went into coma.

Dr. Waigumba took some samples to Mulago Hospital at around 10pm and returned at midnight, by then, the drip was not draining well. Sharon asked Dr. Kafeero why the patient's feet were cold and hard but he kept quiet. Dr. Waigumba disconnected oxygen and said the patient had died.

Dr. Waigumba Richard (Respondent)

Waigumba 44 years, holds a Bachelor of Medicine and Bachelor of Surgery from Makerere University in 2019, did internship at Mulago Hospital in 2020, did Biomedical science in 2011 and Diploma in Orthopedic Medicine in 2005. He testified that the deceased first went to his facility with her sister Sharon and their main concern was primary infertility and IVF. The deceased told him her history of surgery that she underwent in 2004 at Kisiizi Hospital.

Dr. Waigumba claimed that he asked Dr. Zaake Daniel who has a facility at Mawanda Road and an expert in IVF who advised that it was possible in the circumstances to do IVF but to be successful, the right ovarian cyst had to be operated first. He stated that he did not refer the patient to Dr. Zaake because of the cost implications.

After obtaining an informed consent of the husband, they constituted a surgical team and did adequate pre-operative care. He was the assistant to Dr. Odongkara who was the main surgeon.

It was his evidence that they made a skin incision through a previous umbilical scar and opened the abdomen in layers, they found adhesions involving omentum with anterior abdominal wall. They performed adhesionlysis using cautery and blunt dissection to access the uterus and the right ovarian cyst, did cystectomy and myomectomy.

They did the abdominal inspection of the organs which were fine and they agreed to close which was successfully done in layers. The deceased recovered from anaesthesia and he was always there to ensure that the patient becomes fine.

On the 3rd postoperative day, the deceased started complaining of difficulty in breathing and he noted reduced urine output. He called his colleagues and surgeons who advised oxygen support and active rehydration with crystalloids to achieve urine output. He did as he was advised but the situation continued to worsen.

He further testified that they did a scan that detected that the abdomen was not tender and the deceased had a minimal fluid collection. They decided to drain it (dark greenish discharge in colour). The oxygen saturation picked up from 88% to 97% and they hoped that the deceased would be fine but the situation suddenly worsened and the patient died.

The complainant reported the matter to the police who came with a soldier who was related to the deceased and started threatening him and they insisted to get the patient's notes. He got scared and was on tension. He wrote the notes when he was being tormented to the extent that he did not remember what he wrote.

Dr. Odongkara Andrew (Respondent)

Odongkara 47 years old, holds a Bachelor of Medicine and Bachelor of Surgery from Mbarara University in 2005, he enrolled for Masters in Obstetrics and Gynaecology in 2007 up-to 2011 but never completed the course due to failure to submit a thesis. He was asked if he could be referred to as a gynaecologist to which he answered, No. He is working at Malcom Health Centre at Kisaasi. He testified that the 39 years old deceased went to Kamyokya Medicare Centre complaining of the pain she had had for 3 years and suspected ulcers. She told him that she had an ovarian cyst and was operated in 2004.

He stated that he examined the patient and the vulva and vagina were normal and on the right side there was tenderness as a complication of the underlying fibroid and a complicated ovarian cyst. Spinal anesthesia was administered, the patient was awake and aware of what was going on. The omentum and small intestines were matted together. They found a right ovarian mass approximately 8-10cm. The left ovary was missing. They removed the ovarian cyst but it burst, some ovarian tissue was spared. Myomectomy was also done. They removed between 4 and 5 myomas of 2-3cm in size and they closed the abdomen in a standard way.

On 22nd January 2023 Dr. Waigumba called him and said that the patient's condition had changed and they had to find out what the problem was. Himself, Dr. Kafeero and Dr. Waigumba drained a collection of fluid from the pleural cavity which was of coffee like (black) colour. They did the tapping on the right side and drained about 750mls of the fluid from the pleural cavity. They suspected obstruction in the lungs. Unfortunately, the patient worsened in a short time and died.

Dr. Kafeero James (Respondent)

Kafeero 42 years, a resident of Wakiso Town Council, holds a Bachelor of Medicine and Bachelor of Surgery from Makerere University obtained in 2009, did Masters in Public Health from Makerere University in 2016, enrolled for residency in surgery at Makerere University in 2018, but he hasn't yet completed the course and he is still working on his dissertation. He is working as medical officer at Uganda Cancer institute from 2011 to date.

He testified that he is the Supervisor to Dr. Waigumba and the Covering doctor of Kamwokya Medicare Centre for the past seven years and he ensures that he visits the facility at least once in a week.

It was his evidence that on 21st January 2023, Dr. Waigumba called him at night and told him how they had operated the patient by performing myomectomy on her and she was not doing well. He asked him who operated the patient and Dr. Waigumba said that it was Dr. Odongkara. He asked Dr. Waigumba if he had called the Surgeon Dr. Basiime Francis who usually works with them; he said he never contacted him.

Dr. Kafeero promised to go to the facility on 22nd January very early in the morning. He went and met Dr. Waigumba and Dr. Odongkara who told him that they did myomectomy and the patient was improving. He asked them what they did in the abdomen and they said "there were adhesions and nothing much to worry about.'

He took lead in examining the patient and found out that the patient was not in a clinically good state. He touched the abdomen, there was normal fullness but there was an incision, the abdomen was soft, there were bowel sounds and he noted reduced urine.

He stated that they removed the dark fluid by aspiration and the oxygen saturation picked up. When questioned, he could neither deny nor confirm that the fluid was from the abdomen. They did ultra sound scan and none of the results was showing anything wrong in the bowel system. When asked whether he could link the patient's condition to signs of shock, he replied "I don't know I can't link" He further stated that he was only focusing on the abdomen not the chest. The patient's condition deteriorated very fast and she died.

Kadondi Celine (Nurse)

Kadondi 30 years, Enrolled Nurse who qualified from Janas International School Jinja in 2013, did Diploma in nursing in 2020 at India Institute Wandegeya, testified that the deceased came to consult Dr. Waigumba about IVF. She went away and later came back after a week complaining of abdominal pain.

Dr. Waigumba told her to give her a consent form which was signed by the patient herself and the husband. She was operated on by Dr. Odongkara being the main Surgeon assisted by Dr. Waigumba. The first two days after the operation the patient was better but on the 3rd day the condition deteriorated. The doctors continued sending them to buy drugs which the doctors were administering by themselves. The patient's condition deteriorated and they tried to resuscitate the patient but later died.

Nabwami Brenda Cissy (Nurse)

Nabwami 27 years old, enrolled midwife completed training from Lira School of Nursing and midwifery 2019. She joined Kamyokya Med Care in 2019.She testified that she was not in the theatre as she attended to other patients but noted the deteriorated condition of the patient on the third post- operative day. She stated that Dr. Kafeero joined the team on the third day. She reported that postmortem was done but she did not know the results.

Aol Grace (Anaesthetist)

Aol is a 53years old, Anaesthetist, studied at Lacor School of Nursing, qualified in 1986 completed Diploma in Anaesthesia in 2011 at Mulago, and is currently working at Mulago Hospital as senior Anaesthetic officer. She testified that she got to know Richard Waigumba in 2020 when he was doing internship during covid time. She further stated that Dr. Waigumba called her on 19th of January 2023 and informed her that there was a patient who was coming to his facility for myomectomy and they needed her services.

She came and found the patient in the room seated on her bed who looked okay without any complications. They went to the theatre which the nurses had prepared well together with blood in case she needed it.

She did spinal anaesthesia and the patient was operated on by Dr. Odongkara and Dr. Waigumba. She testified that she saw the myomas being removed but she did not see the cyst during the operation. After the operation, the patient got out of danger and she looked well.

She further testified that on 20th and 21st in the morning, she called to follow up and Dr. Waigumba assured her that the patient was okay.

On 22nd Dr. Waigumba called again and said that the patient's condition had started deteriorating and needed to be taken back to the theatre. She came and found that the patient was laboring to breath and she advised the doctors to refer the patient as she needed ICU. She further told them that the patient was too weak to be operated on and she went away. After some time, Dr Waigumba called her again and said that the patient had died.

Nuwagaba Andrew (Radiographer)

Nuwagaba 37 years, Radiographer, did Bachelor of radiography at Makerere University in 2022, had earlier done Diploma in orthopedic Technology at Mulago Paramedical School in 2013 and works at St. Benedict at Luzira, testified

that Dr. Waigumba called him and told him that there is a patient who needed scan services. He went there and found the patient who was being supported by the care taker. He did a scan and realized that there were some small fluids in the pelvis and gas in the abdomen and because of the obstruction from the strapping over the incision, he was not able to see the rest of the parts properly.

Inspection of the facility

After the inquiry, an inspection of Kamyokya Med Care Centre was done by Council members and the following were observed.

- The Med Care Centre is housed in an old, un- modified residential building
- Reception area which was clean, well-lit and spacious
- Ultra Sound Room which had an old ultrasound machine
- Emergency room's light was quite dim, small and had an oxygen cylinder
- The consultation Room had sink and no sanitizer.
- The patients' Monitor machine was functional
- Two toilets separating male and female
- Two Admission Rooms each had two beds, one for the patient and one for the attendant.
- Operating theatre had floor tiles, general anaesthesia machine and a theater table, suction machine, adequate lighting and oxygen cylinder. There was no recovery room
- There was a corridor that was described as a delivery room and had a delivery bed that cannot be fully accommodated in this corridor and so was folded up
- There was a Laboratory space but it had no equipment and therefore not operational
- The council members found a pregnant patient admitted for 3 days with a file that had no diagnosis, investigations, monitoring, clinical notes. The file only contained biodata of the patient and was confiscated by the Council as an exhibit.
- There were **NO** medical records and **NO** staff files.
- There was a medical officer who had no valid practicing license

Summary of evidence

From review of the complainant, the responses thereto, the patient's file and the testimonies of witnesses at the trial, medical knowledge and practice protocols and the inspection of the facility,

Andrew Ikwap husband to the late Doreen Mpumwire Ikwap filed a complaint against Kamwokya Med Care Centre on the allegation that on 19th /01/ 2023 Dr. Richard Waigumba and Dr. Kafeero performed a major surgery, myomectomy and ovarian cystectomy on the patient (Doreen Mpumwire Ikwap) which had post-operative complications (perforated gut, sepsis , and peritonitis) which led to her death on 22nd/1/2023

The patient had been diagnosed with uterine fibroids in 2019 which were still small in size and she had had left ovarian cystectomy in 2004 from Kisizi hospital that was accompanied by removal of the ipsilateral fallopian tube. She was interested in having a baby through an IVF.

A repeat Ultra Sound scan (USS) from Kampala Imaging Centre was done which showed small uterine fibroids and right ovarian cyst. Dr. Waigumba Richard convinced her that initial myomectomy and ovarian cystectomy was to be done which would enable her to conceive normally. Dr. Ondongkara Andrew was contacted about the surgery which he agreed to and performed after obtaining the patient's husband informed consent.

Dr. Waigumba assisted Dr. Odongkara, who was the main surgeon. They report finding adhesions involving omentum, intestine, bladder, uterus and the anterior abdominal wall. They performed adhesionlysis using cautery and blunt dissection to access the uterus and right ovarian cyst. The intended operation (myomectomy and right cystectomy) were performed successfully, achieving hemostasis. They also report performing abdominal inspection of other organs and the team agreed to close, which they did successfully in layers.

The patient's recovery from anaesthesia was reported as uneventful and she was later admitted to the post –operative unit with monitoring (BPs, pulse rate, SPO2, temperature). Intravenous antibiotics and analgesia was administered as per the treatment file submitted. As the doctor on duty, Dr. Waigumba stated that he made frequent visits to monitor the patient. The patient was reported to have been doing fairly well on postoperative treatment. However, the

patient's condition started deteriorating with difficulty in breathing on the second post-operative day when he ordered for an ultra sound scan.

On the third post- operative day, Dr. Waigumba informed Dr. Kafeero that the patient was having difficulty in breathing and had reduced urine output following the above operation. He requested him to inform Dr. Odongkara so that they can review the patient as a team while maintaining supportive care for the patient. They decided to attempt stabilization of the patient, and continue finding the cause of deterioration. This included aspiration of 750mls of coffee coloured/ dark green fluid from what they thought was the pleural cavity.

Dr. Waigumba contacted the anaesthetist Aol with the view to take the patient back to the theatre for a second operation. However, the anaesthetist advised against taking the patient back to theatre as she was too weak and instead she advised that the patient be referred to the facility with an ICU. This advise was not heeded to and the patient later died at the facility.

The post mortem report from KCCA PM 267/023 indicated the cause of death as sepsis, peritonitis and perforated gut.

Analysis by the Council

The doctors

1. Dr. Waigumba Richard was previously an Orthopedic Officer (2005), has a degree in Biomedical Sciences (2011) MBChB (2019). He started operating a private medical clinic in 2016 registered with UMDPC under the supervision of Dr. Kafeero. He is currently practicing as a medical officer in that facility and he is the proprietor of the facility. He has a valid annual practicing license and the facility is licensed to operate as an out-patient Centre. He was the primary doctor for this patient and had persuaded and convinced the patient that he would do myomectomy, cystectomy and unblock the fallopian tube and that this intervention would enable the couple to conceive naturally. He contacted Dr. Odongokara to do the operation. He assisted Dr. Odongkara in the operation. He participated in the post-operative care of the patient. He wrote the medical notes which indicate that they drained 4 liters of pleural fluid. He also wrote the medical certificate of cause of death.
2. Dr. Odongkara Andrew (MBChB 2004) is a medical officer who has had no valid annual practicing license since 2021 up to date. He enrolled for Master of Medicine in Obstetrics and Gynaecology at Makerere University

in 2007 which he has never completed. He abandoned the course in 2011. He confirmed to the inquiry that he was not an obstetrician/gynaecologist. He was the lead surgeon assisted by Dr. Waigumba Richard. According to the available medical records, he only reviewed the patient on the third post-operative day. Council noted that his appearance and demeanor during the inquiry were incongruent with the gravity of the situation. He is also employed at Malcom Medical Centre at Kisaasi.

3. Dr. Kafeero James is a medical officer with MBChB from Makerere University in 2009, with Masters in Public Health obtained in 2016 and also enrolled for Master of Medicine in General Surgery in 2018 at Makerere University which he has not yet completed. He works at Uganda Cancer Institute as a medical officer. He is the supervising doctor of the facility since 2016. He has a valid annual practicing license. He came in to review the patient on the morning of the third post-operative day having been called by Dr. Waigumba the night before. He led the assessment of the patient on that fateful day and according to him, he did a pleural tap and drained 750mls of coffee like (dark fluid) from the chest at the 7th intercostal space, posterior axillary line with the patient lying supine.

Other Health workers

1. Aol Grace, the anesthetist has diploma in anesthesia 2011 with a background in nursing. She is a senior anaesthetic officer at Mulago national referral hospital. She did pre-operative assessment of the patient and administered spinal anesthesia. She was called on the third post-operative day and advised referral of the patient to a facility with intensive care unit.
2. Nuwagaba Andrew is a radiographer since 2022 with a background in orthopaedic technology. He was called to do an ultrasound on the patient and he reported fluid in the pelvis and gas in the abdomen. He could not view the urinary bladder and uterus because of strapping. He noted that the abdomen was tender to probe pressure.
3. Kadondi Celine, is a registered nurse who admitted the patient, got informed consent and prepared her for operation. Post-operatively, she claimed to have taken the patient's vitals and gave treatment but never recorded her findings in the patient's file.

4. Nabwami Brenda Cissy is an enrolled nurse who participated in the post-operative care of the patient. Her observations were not documented in the patient's file.

The pre-operative assessment of the patient

The patient was a 39-year-old lady, nulliparous, who desired to have a baby through invitro fertilization (IVF). She had a previous salpingo-ophrectomy in 2004 and had recently been diagnosed with multiple fibroids and a right ovarian cyst. She was advised and convinced by Dr. Waigumba that she needed to have myomectomy (removal of fibroids) and cystectomy (removal of the ovarian cyst) and she consented to it. She was subsequently admitted for the said surgery on 19th January 2023 at Kamwokya Med Care Centre. Pre-operatively, the patient was clerked, however, there was uncertainty about the diagnosis, indication, and timing of surgery.

The operation of the patient

The operation was done by doctors who are not qualified to do it (specialist procedure) and did not follow standard operating procedures. The operation notes do not adequately describe how they accessed the abdomen, what they found and what they did.

The post mortem findings indicated perforated gut with bilious (green/yellow) peritoneal effusion, 1000mls of purulent exudate on the abdominal lining and intestines. There was also hyperemia and organizing pus on a small portion of the gut where there was a perforation on the antimesenteric boarder located 94cm to the ileocecal junction. There was no pulmonary thrombo-emboli nor pleural effusion seen. The left ovary was missing. The right ovary was present with no focal lesions on it. The cause of death was listed as perforated gut, peritonitis and sepsis.

This clearly indicates that they missed the diagnosis of gut perforation and the fluid that was tapped was not pleural effusion rather it was peritoneal fluid. This missed diagnosis led to the mismanagement of the patient.

Post operative Management of the patient

The scanty medical records do not provide evidence that there was post-operative monitoring of the patient. As stated by the nurses, they did vital signs but didn't record them exhibiting ignorance of the importance of

proper clinical documentation. There was failure to detect the cause of deterioration of the patient and severity of the condition, therefore the need for urgent referral to a higher level of care.

The Health Facility (Kamwokya Med Care Centre)

The facility is registered and licensed as an outpatient centre and set up in a non-modified residential house and lacked adequate resources for critical care, namely;

1. Appropriately qualified human resources (specialists)
2. High dependance unit
3. Laboratory with capacity to do hematology and chemistry
4. No recovery room
5. Poor lighting
6. Poor records keeping
7. No referral system

Conclusion

The Patient Ikwap Doreen Mpumwire with primary infertility with one ovary following previous removal of the other, multiple fibroid, right ovarian cyst and seeking IVF needed attention by qualified specialists (Obstetrician and Gynecologist) and super specialists in IVF who are available in Uganda she was not afforded this expertise services. The planned operation of myomectomy and cystectomy was a major one and of an elective nature that should have been carried out by qualified specialists in a well-equipped facility with capacity foe appropriate post- operative and ICU care after a comprehensive pre- operative assessment including tests and team management planning. Instead she was subjected to substandard services that ended in her death.

The Council finds that:

1. The health facility which was licensed as an outpatient clinic was not suitable for this operation and was operating beyond its mandate.
2. The facility was ill equipped to handle the magnitude of the operation that was carried out and to manage the complications that followed.
3. The doctors who carried out the operation were neither qualified, skilled nor competent to do the surgery.
4. Dr Waigumba took advantage of the desperate patient and made her believe that he was a gynaecologist and yet he was not, this tantamounts

to impersonation. He also made her to believe that he could solve her problem at this ill- equipped facility.

5. The lead surgeon, Dr. Odongokara Andrew had no valid annual practicing license.
6. There was gross mismanagement of the patient pre- and post-operatively.
7. There was generally very poor documentations and medical record keeping. There was apparent falsification of the patient's records.
8. Even when the doctors realized that the facility could not handle the post-operative complication, they did not, in their incompetence, realize the need to refer the patient to a facility that offers better care

These gross acts and/or omissions on the part of the Medical Officers at the ill equipped Kamwokya Med Care Centre constitute medical negligence, incompetence and professional misconduct in managing the patient and this led to her death.

Recommendations

The Council makes the following recommendations:

1. The facility should be immediately closed on the ground of operating beyond its licensed mandate. It lacked the necessary infrastructure, equipment, supplies and qualified human resources to provide the services they offer.
2. The following sanctions have been made on the doctors.

a) Dr. Waigumba Richard, is the proprietor of the facility that is operating beyond its mandate. He hired an unlicensed doctor and played a role in mismanagement of the patient. It is recommended that he be suspended from medical practice for two (2) years **with effect from 1st July 2024** and thereafter do an attachment under supervision for one (1) year at a health facility that shall be identified by the Council. After which he may re-apply for reinstatement on the register. Failure to adhere to these sanctions, shall lead to more severe sanctions which could include permanent erasure from the Register.

b) Dr. Odongkara Andrew, the lead surgeon had no valid annual practicing license, lacked the qualification, competence and the skill to undertake the operation he did. He played a major role in mismanagement of the patient. It is recommended that he be suspended from medical practice for two (2) years **with effect from**

1st July 2024 and thereafter do an attachment under supervision for one (1) year at a health facility that shall be identified by the Council. After which he may re-apply for reinstatement on the register. Failure to adhere to these sanctions, shall lead to more severe sanctions which could include permanent erasure from the Register

c) Dr. Kafeero James, the supervising doctor who failed to supervise the health facility which was licensed as a daycare facility but operating beyond its mandate, failed to ensure that qualified and licensed doctors work in the facility and played a role in mismanagement of the patient, be suspended from medical practice for one (1) year with **effect from 1st July 2024** and thereafter do an attachment under supervision for six (6) months at a health facility that shall be identified by the Council. After which he may reapply for reinstatement on the register. Failure to adhere to these sanctions, shall lead to more severe sanctions which could include permanent erasure from the Register

d) The nurses (Kadondi Celine and Nabwami Brenda) who do not comprehend the importance of patient monitoring and record keeping, are referred to the Nurses and Midwifery Council for disciplinary action.

Signed on this ....28th.....day of ....June.....2024 by

1. Assoc Prof. Joel Okullo Odom — Chairman
2. Prof. Sarah Kiguli — Vice Chairperson
3. Dr. Apollo O Epuwatt — Member
4. Dr. Nsubuga Yosam — Member
5. Dr. Kaducu Felix Ocaka — Member
6. Dr. Okello Maxwell — Member
7. Dr. Ayub Twaha — Member