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 PERSONEL OF MENGO HOSPITAL IN TREATING AND MANAGING KIMBUGWE'S NEW BORN BABY LEADING TO HIS DEATH

FINDINGS AND RESOLUTIONS OF THE COUNCIL

Background

The complainant filed his complaint with the Council on 25th October 2021 and the nature of the complaint is stated as "***Professional negligence and high handedness which resulted into other complications and caused death of someone (New born)".***

The complaint was served on the Medical Director of Mengo Hospital on 17th November 2021 seeking the Hospital's response.

Responses with the copy of the patient's file attached were received by the Council on 29th November 2021.

On 27th July 2023, 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 that the complaint be subjected to a full inquiry by the Council.

Accordingly, an inquiry was conducted on the 6th day of May 2024 where upon Council received oral testimonies from Witnesses as follows;

Kimbugwe Denis (complainant)

Kimbugwe 27 years of age, a social worker and a resident of Nansana Yesu Amala testified that on the 14th February 2019, his wife went to Mengo for scan services and the doctors advised that the baby was not in good condition because of oligohydramnios. They were advised by the hospital staff that the mother should be operated and the baby removed. The mother was operated and the baby was taken to the ward.

However, the Medical Officers realized that the baby was not passing urine. The specialist recommended the use of a catheter on the baby. They were requested to go and look for it out of the hospital because it was not in stock. They moved

to the pharmacies and by 15th February 2019 they were not able to get the catheter .

On 17th February 2019 the staff advised that they can use other means to rectify the problem since the recommended catheter was not available, and the baby was later operated.

After the operation, the doctors put a nasal tube on the baby because she was not sucking well. From 18th to 20th February 2019 the baby was still in the ward and had started to turn yellowish.

The nurses tried to blood transfuse the baby but the veins were very small and not seen.

The complainant testified that he requested that the baby be referred to Mulago Hospital but Dr. Vincent advised him that they should not go to Mulago Hospital because they don't have a children's hospital. When the complainant insisted, the patient was referred to Kawempe National Referral Hospital and at this point, the baby's intestines were protruding out. The intestines were put back and they were referred to Mulago Hospital in the emergency Section.

The part which was cut was cleaned and put back in the abdomen, urinary catheterization was done. The doctors told him that the baby's bladder was injured and the baby was taken to the theatre again. The urine started flowing out on 27th February 2019. The Doctors started gathering around the bed where the baby was, and after about 30 minutes they were told that the baby had died.

He testified that the reason he lodged the matter before the council is that he needs justice because he felt that there was mismanagement in treating the child and the inappropriate attitude exhibited by Dr. Kayina Vincent which included statements such as "you should be grateful that the patient has survived up-to this time" was not good towards them given the circumstances in which they were in.

Nalukwago Gladys (mother to the deceased)

Nalukwago 32 years of age, a resident of Nansana Yesu Amala and a tailor testified that when the pregnancy was eight and a half months, she went to Sebbi hospital and did a scan which she presented to the midwife where she used to go for antenatal. The Midwife advised her to go to Mengo for another scan. At Mengo, they did another scan and advised her that she needed to be

operated immediately. She called her husband and told him that she was going to be operated.

Two days after her operation (that is on 16th February 2019) that is when she realized that the baby was not passing urine. She was told not to give him milk and prepare for the operation.

The operation on the bay was done on 17th February 2019, the baby was catheterized, the urine was little but the following day it was not coming at all. After realizing that the baby's condition was worsening, her husband had many discussions with the doctors and the patient was referred.

On 22nd February 2019, they took the patient to Kawempe National Referral Hospital but the baby was not in good condition, the bowel was out and they were told that they could not handle the patient. They were referred to Mulago National Referral Hospital.

On 23rd February 2019, it was reported that the baby had no urine in the collection bag, the tube was adjusted and a few drops of urine were seen draining and on 25th February 2019, the patient was operated again and another catheter was fixed. Two days after the operation, the baby was breast feeding a little and after they inserted a tube but he started vomiting dirty things. She was later called by the Doctors and was told that the baby has not made it and had died.

Dr. Julius Mubiru (for the respondent)

Mubiru 29 years of age and holds a Bachelor of Medicine and Bachelor of Surgery Degree obtained from Mbarara University and working with IHK testified that he was doing Internship at Mengo Hospital in 2018 when the patient went to the hospital.

He stated that it was on 14th February 2019 when he received a patient who was 38 weeks and one day pregnant. She was not bleeding, no leakage and no complications shown. After the scan, he informed the mother that she needed an operation immediately. He called the staff in charge of the theatre plus other medical officers on duty and told them to prepare for surgery.

Dr. Lisa Nimusiima (for the Respondent)

Lisa Nimusiima, 30 years old and a degree holder of Bachelors of Medicine and Bachelors of Surgery from Makerere University obtained in 2019, and was doing internship at Mengo Hospital and a resident of Mutungo, testified that she was

in the theatre with Dr. Okello (intern) under the supervision of Dr. Billy Ndiwalana Richard.

She testified that after taking the patient to the theatre, they opened the abdomen in layers, did cruciate incision, the baby weighing 2.5kg was born and had an Apgar score of 9/10. They closed the abdomen in layers, inserted urinary catheter to the mother and the mother was later taken to the ward in good condition.

Dr. Luweesi Henry (Respondent)

Luweesi Henry 45years of age, a surgeon who holds a Bachelor of Medicine and Bachelor of Surgery from Mbarara University of Science and Technology, Masters in medicine (MMED surgery) at Makerere University in 2011, Fellowship of the College of Surgeon 2019, testified that he has been working in Mengo Hospital since 2012 to date.

He stated that on 14th of February 2016, he was informed by the head of paediatric department that a new baby at preterm had not passed urine and the supra-pubic puncture was done as an emergency procedure to relief obstruction. The doctors explained to the mother the whole procedure and consent for vesicostomy was obtained from her. Vesicostomy procedure through anterior abdominal wall was done to allow urine flow.

In theatre on 17th February 2019, they dissected and identified the bladder and passed the catheter into the urinary bladder via the vesicostomy. The baby recovered well and was taken to premature unit for management.

After all the said process, they realized that the urine was still not flowing normally and they realized that the patient was in renal failure. The baby was referred for dialysis and that was the last time he heard about the said baby.

Dr. Sekabira John

Dr. Sekabira John stated that he was 59 years of age and a holder of MBChB obtained from Makerere University in 1993, did Pediatric Surgery from South Africa in 2010, and is working at Mulago National Referral hospital. He testified that on 22nd February 2019, he received the baby that was referred from Kawempe Hospital. The baby was brought with eviscerated bowel, septic, hypothermic and was in septic shock. The bowel was outside and the state was

incompatible with life. The baby was put on antibiotics but he had too many organ failures.

He testified that the baby had urine in the abdomen but it was not coming out. The piercings caused the injury to the bladder, and the patient had a burst abdomen which was very difficult to operate. This was because of the earlier supra pubic punctures and vesicostomy. Attempts on resuscitation and reduction of the bowel were un successful. He stated that the patient succumbed to multiple organ failure.

Dr. Vincent Kayina

Kayina testified that he is 42 years of age and holds a Bachelor of Medicine and Bachelor of Surgery obtained from Mbarara University, did a Masters of Medicine in Paediatrics and Child Health in 2014 from Makerere University and was the Head of Paediatric Department at Mengo Hospital at that time but currently he is a lecturer at Gulu University.

It was his evidence that it is true that he handled the complainant's baby on 14th February 2019 after the emergency Cesarean Section. The pre- term baby had an apgar score of 9/10 and weighed 2.5kg. He received the baby, admitted him and was given ampicillin. The oxygen saturation was ranging between 94 to 98 and therefore there was no need to put him on oxygen.

The parents were always allowed to access the baby at specific times, the mother would take the baby for three hours for breastfeeding. It is at this point that the mother realized that the baby had not passed urine.

He testified that on 16th February 2019, he personally did a suprapubic puncture on the baby to drain urine after a discussion with the team that consisted of among others, the Neonatologist. He testified that the procedure was not eventful and a decision was made that the baby be operated. The baby was operated on 17th February 2019. After sometime they realized that the baby's kidney was not functioning well and there was a need for dialysis.

It was his evidence that he engaged the complainant and explained that there was no better facility that was doing dialysis in the country other than Nsambya Hospital. The complainant went to Nsambya to consult on what was required at Nsambya Hospital plus the cost of treatment.

He said that when the complainant came back, he declined to go to Nsambya Hospital and told the him that he wanted to go Mulago Hospital because he had

a doctor friend at Mulago Hospital that would help him to treat the baby. He denied that he never told the complainant that there is no child hospital at Mulago Referral Hospital.

It is his testimony that because of the good relationship he had with the complainant, he requested to accompany the patient to Mulago Hospital after referral but the complainant declined. He testified that to prove that they had a good relationship with the complainant, he (the complainant) would call him almost 5 times everyday to tell him about the condition of the baby to which the complainant strongly protested and said that the doctor was lying.

He said that it not easy for someone to lose the child but they tried to do their best to treat and review the baby with the team of experts. They did all this so that the baby can recover but they were very sorry because of what happened.

Najjemba Juliet

Najjemba, 38 years of age, enrolled midwife who qualified from Lubaga Hospital in 2005 and a resident of Kabowa. She testified that she was the midwife in the theatre when the complainant's wife was operated. She stated that on 14th February 2019, she received the baby and cleaned him, put him in the warm bed, gave him vitamin K. She said that the baby was 36 weeks, she called premature department and the baby was handed over to them. She further testified that she did not detect any abnormality and did not see any sign of meconium aspiration.

Submission by Mengo Hospital Medical Director

A report from the office of the medical director of Mengo Hospital submitted on 29th November 2021 indicated that on the 16th of February 2019, an abdominal ultrasound was carried out on the baby showed grade IV hydronephrosis and thickened bladder wall. The baby was reported to have reduced urination while in the newborn unit and at about 2pm the baby failed to pass urine and developed abdominal distension. The surgical team was consulted to review the baby and they made a diagnosis of posterior urethral valves. A recommendation of catherization was made to relieve the urine retention. However, catherization failed on several attempts. Subsequently, on 17th February 2019, a vesicostomy was done by the surgical team.

Dr. Annet Atugonza

Atugonza testified that she is 50 plus years of age, radiologist and only recently appointed as the Head Clinical Directorate at Mengo Hospital. She said that as a Hospital, she condoles with the parents for the loss of their baby and believes that whatever they did was done in good faith and within their means to save the baby, and nothing was done with any ill intentions. She stated that she was going to discuss with staff so that where there is a gap they can improve.

Summary of the case

The mother was 36 weeks pregnant, had oligohydramnios, went to Mengo hospital and caesarian section was done. Delivered a live baby boy with an Apgar score of 9/10. The baby was taken to a special care unit for observation because of prematurity. The baby was initially breast feeding well but the mother noticed that he had not passed urine 2 days after birth. She was requested to buy a catheter to relieve the urine and she failed to get the catheter of the required size. The paediatric team initially tried urethral catheterization unsuccessfully. They decided to do supra-pubic puncture as an emergency procedure. However, the procedure was difficult to perform and did two punctures which were traumatic. The surgical team was consulted which did a vesicostomy with difficulty. There followed a complication of a burst abdomen.

A referral initiated by the father was made to Kawempe National Referral Hospital where upon review, the patient was further referred to Mulago National Referral Hospital on the same day. At Mulago, the baby was found to have sepsis with hypothermia and was in shock, and thus too sick to undergo surgery. The baby was resuscitated and the burst abdomen was repaired under local anaethesia. The baby died five days after admission at Mulago.

Analysis

a) The Council considers this case in the context of Mengo hospital being a tertiary health facility that carries out health professional training, internship and ordinary as well as specialist care.
b) This is a case of a mother with a diagnosis of oligohydramnios at 36 weeks. This diagnosis called for a high index of suspicion for related conditions or complications in both the mother and the unborn fetus and hence called for early comprehensive assessment and diagnosis by a multi-disciplinary team consisting of obstetrician, neonatologist, paediatrician, surgeon, paediatric surgeon and physician. This was not done.

c) The Council noted that there were gaps in planning of delivery and subsequent care of the new born.
d) Another major short coming was lack of basic supplies like a catheter which caused three days delay in management of urinary retention.
e) There was delay in referral by the team and it only occurred on the insistence of the complainant. Therefore, time was lost, complications quickly developed and progressed that led to deterioration of the condition. Referral to Mulago NRH was the appropriate thing to do but was not done in time.
f) The Council notes that Dr. Kayina Vincent, the pediatrician at Mengo Hospital who was the head of the paediatric team did not recognize the need for early and timely referral of the patient. He exhibited a non-professional attitude, insensitivity and unprofessionalism in communicating with the relatives. He showed no remorse during the Council inquiry.

Conclusion

The Council recognizes that there were lapses in the management of the baby by the team at Mengo hospital, including but not limited to: lack of diagnostic evaluation by the obstetrician for possible related conditions before the caesarian section was done; lack of combined multi-disciplinary team planning and management; shortage of needed supplies leading to passage of the burden to the technically uninformed caretaker; delayed recognition of the need for, and untimely referral to the appropriate point of care. These tantamount to professional negligence by the staff of Mengo Hospital for which the hospital is vicariously reliable.

Recommendations

The Council makes the following recommendations

1. The clinical head of Mengo Hospital should ensure the following

a) Adequate medical supplies,
b) Supervision of lower cadres including interns, medical officers and other health professionals
c) A referral system that works and in a timely fashion
d) Staff should adhere to their scope of work and the standard operating procedures
e) Practice of multidisciplinary team management of such difficult cases.

f) A progress report of actions taken to be submitted to the Council within six months.

2. Dr Kayina Vincent, because of his role in management of the patient as stated under the section on analysis (f), be suspended for a period of one (1) year with effect from 1st July 2024 and thereafter do an attachment for 6 months under senior paediatricians in a facility recommended by the Council. Failure to adhere to these sanctions, shall lead to more severe sanctions which could include permanent erasure from the Register.

3. The Council will have a professional talk with the Mengo hospital medical workers on topic pf professionalism and medical malpractice.

Signed on this 28th day of June 2024 by

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