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 (DR. LUWEESI HENRY) OF THE SURGEON'S PLAZA LIMITED IN TREATING NSEREKO DAVID LEADING TO HIS PHYSICAL DISABILITY AND LATER DEATH

FINDINGS AND RESOLUTIONS OF THE COUNCIL

Background

The complaint filed his complaint with the Council on 31st August 2017 and the nature of the complaint is stated as "***Negligence during and after operation that led to physical disability of the patient"***

The complaint was served on the Medical Director of The Surgeon's Plaza on 4th September 2017 seeking the facility's response and those of Dr. Luweesi Henry and Dr. Sam Kaggwa.

Responses with the original Copy of the patient's file attached were received by the Council on 28th September 2017.

On 24th May 2019, 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 9th day of May 2024 where upon Council received oral testimonies from Witnesses as follows;

Nabuti Betty (Mother to the complainant and the deceased)

Nabuti, 48years of age, business woman, a resident of Seguku and mother to the deceased testified that the deceased had a problem with the testes and her friend recommended her to Dr. Luweesi and told her that he works at Mengo Hospital and does operations very well.

She contacted Dr. Luweesi who told her to take the patient for diagnosis at Kadic Hospital, Bukoto not Mengo Hospital. He examined the patient and recommended an operation. She asked how much the operation was going to

cost; Dr. Luweesi asked for One Million Uganda Shillings (1,000,000 UGX) and said that just one day was enough for operation and admission.

As they were preparing for the operation, the deceased started complaining that his eyes were paining, the respondent advised them to first do the eye treatment which they did and the patient recovered.

The patient was then admitted to the Surgeon's Plaza and was operated. After the operation, the patient started crying complaining of too much pain and *a musawo* (anaesthetist) injected him; after the injection, the patient immediately went silent and they took him back to the theatre.

After sometime, the patient was brought back to the ward when he was un conscious with white foam coming from his mouth. They stayed at the facility for three days and there was no improvement until when the Nurse (Harriet) came and told them that Dr. Kaggwa had *chased them from his facility.*

Dr. Luweesi contacted Mengo Hospital and asked them to make arrangement at ICU because he was going to refer a patient who was in critical condition. Dr. Luweesi told them to pay 500,000 and leave for Mengo; he told them that they would pay the balance after the patient has stabilized.

She testified that they stayed at Mengo Hospital for approximately a month and by the time the patient was removed from the ICU, he was shivering and his colour had changed to yellow. The Respondent advised them to keep taking the patient out on sunshine for sun bathing until they were discharged. When the patient's mother asked Dr. Luweesi why the patient was in such a condition, his response was that he was injected with overdose. They asked the Respondent to help them identify another expert doctor who would help in the circumstances; he promised them that he was going to connect them to a specialist doctor to help them but never provided any.

Ronald Busulwa (the complainant)

Busulwa, 28 years old, business man, resident of Seguku and a brother to the deceased testified that during the period when the deceased was growing up, he was very energetic; by the time he fell sick, he was studying at Bulo Secondary school.

It was his evidence that the deceased started falling sick around November 2016 when he started complaining of stomach pain that compelled their mother to take him to the hospital where he was diagnosed with hernia.

He testified that it was during the festive season (Christmas Season) when the deceased was taken to the hospital. He stated that the patient said he wanted to first celebrate Christmas and withdrew all the monies he had saved from his mother's stall and spent all of it. A clear indication that he went to the hospital when he was energetic and of sound mind. The deceased was taken to the hospital by their mother and the complainant stayed home with the other siblings being hopeful that the deceased would recover and come back home when he was okay.

He testified that when their sister went to visit the patient in the hospital, she was so demoralized and asked them to pray for Nsereko because he was not well. The complainant remained hopeful that the patient was going to recover.

After three days, the complainant went to the hospital to attend to the patient so that the mother could go home and rest. He found the patient completely deformed; the whole body was swollen, with white foam coming out of his mouth. The complainant went out of ward to talk to his friend and he started crying. That was the day when the patient was referred to Mengo Hospital.

He testified that they were offered good care at mengo Hospital because the patient was immediately taken to ICU upon arrival. To emphasize that the patient was very sick, it was his evidence that there is a man who died from the bed next to his brother's bed and his mother asked him to go and find out whether it was Nsereko who had died.

He said that the day he went to home to see Nsereko after he was discharged, he found him totally crippled, looked much older and could not contain the saliva. They started using the wheel chair to carry him because he could no longer support himself.

They were advised to go to CORSU for treatment and they started physiotherapy. He stated that the cost of treatment was very high because they would hire a car to the hospital since Nsereko could not sit and support himself.

It was his evidence that the patient reached an extent where one could not tell whether he was sleeping or awake because his eyes were always closed. He stated that on the day when Nsereko died, they were taking him back to the hospital and because of his condition, they could not tell whether he was dead or alive. When they reached Lubaga hospital, the doctors pronounced him dead.

He said that he lodged his complaint to the Council so that as a family can get justice.

Dr.Henry Luweesi (Respondent)

Luweesi, 46 years, holder of Bachelor of Medicine and Bachelor of surgery degree from Mbarara University of Science and Technology and MMED General Surgery from Makerere University and a Fellow of the College of Surgeons in General Surgery (COSECSA) 2019 testified that he first saw David Nsereko on 29th December 2016 with a complaint of a painful inguinal swelling. Clinical examination revealed a reducible inguinal Hernia with a missing testis. This is a surgical condition and therefore the need for surgery was discussed with the mother and a decision was made to operate on Nsereko at Surgeon's Plaza where he worked as a visiting specialist general surgeon.

He testified that surgery had been scheduled on an earlier date than 5th January 2017 but because of the red eye which developed after the initial consultation, he advised that the patient first gets treatment from eye specialists which he did from Mengo eye clinic.

He said that on the morning of 5th /1/2017, David Nsereko was admitted at the Surgeons' Plaza for Herniorrhaphy and orchidopexy. He came fasted as he had been instructed. That morning clinical assessment was done which included History taking, physical examination and preoperative laboratory work up. The informed consent was obtained and the operation was done.

In the theatre, a pre-anaesthetic assessment by anesthetist on duty was done and at 9:45am, all preparations and laboratory results were ready and the theatre team which comprised of the respondent, the anaesthetist (Mr. Sendagire who is now deceased), the assistant nurse (Teo Musoke) and the runner nurse were present. Induction of anaesthesia and its maintenance throughout the intra operative monitoring was done. The operation involved retrieval of the abdominal testis with some difficulty and herniorrhaphy. The surgery took about 2 hours and it was uneventful.

At the end of the operation, the anaesthetist reversed the anaesthesia and extubated the patient while the respondent was present. The respondent assisted him to transfer the patient to the recovery area. At this time, the patient was ok and the respondent shouted his name and he responded. The anaesthetist continued to monitor the patient in this area as he wrote the clinical/ operation notes from the same area. While still in this area, the patient

sat and started yelling in pain. The anaesthetist decided to give analgesic, pethidine after which the patient calmed down. Thereafter the patient was taken to the ward by the ward nurse for continued post-operative management.

After 15 minutes while the patient was on the ward (about 1:15pm), the nurse called the surgeon and anaesthetist for help on finding the unrecordable Blood Pressure (BP). They immediately rushed to the ward and confirmed absence of cardiac activity and spontaneous respiration. Immediate intervention involved commencement of Cardio-pulmonary Resuscitation (CPR) on the patient's bed by ambubag and chest compressions. Then the patient was immediately returned to the theatre for advanced CPR. Within about 5 minutes, the cardiac activity and respiration returned. In addition to other advanced CPR drugs, they agreed with the anaesthetist to give naloxone for suspected opioid hypersensitivity. After achieving good cardiopulmonary parameters and patient's sign of rejection of the endotracheal tube, the anesthetist extubated the patient. However, they kept the patient in the theatre until about 6:00pm on continuous monitoring due to slow neurological recovery. The family was briefed about the patient's condition and above management.

Back on the ward, monitoring the patient and treatment continued. The post-operative day was characterized by an improvement in the neurological state. The Glascow Coma Scale (GCS) of the patient was at 10/15. The cardiopulmonary parameters remained normal.

On the 2nd postoperative day, the neurological condition deteriorated to a GCS of 8/15 and the patient continued to have copious amounts of oral secretions.

After several consultations about available ICUs and evaluation of cost implications, a shared decision between the respondent and the family was made to refer the patient to Mengo hospital ICU. Ambulance services were arranged and the patient transferred to Mengo Hospital.

He testified before Council members that while at Mengo Hospital, the patient was received and further treatment commenced. The team comprised of anesthesiologists, surgeons, neurosurgeon, physiotherapist and ICU nursing team were managing the patient. The patient spent two (2) weeks in ICU and another two (2) weeks on the ward before discharge.

He stated that the surgical site healed well with no complications. Neurological state improved progressively but slow.

The patient was discharged home on 10th February 2017 on neurological oral treatment and to continue with physiotherapy. The patient was scheduled for weekly reviews but never returned. Telephone follow up calls were made to the mother and continued to remind them of the need for review.

He said that he did what was in his power as a surgeon in the treatment of the patient was very sorry for what happened to Nsereko.

Asiimwe Harriet (Nurse on duty)

Asiimwe, 46 years of age, enrolled Nurse having qualified from Kiwoko Hospital School of Nursing in 2005 and got a diploma from Jinja School of Nursing and Midwifery in 2015 testified that she worked at Surgeon's Plaza from 2015 to August 2023.

She told the inquiry that she was on duty on the day when the patient was admitted in hospital but by the time she reported, the patient had been taken to theatre for surgery.

After the surgery, she was called to pick the patient who was crying in pain. She went to take the vitals and found that the Blood Pressure and respiratory measurements were unrecordable.

She called the anaesthetist and Dr. Luweesi to resuscitate the patient and the patient was taken back to theatre for CPR. She left the patient to the theatre team and went to check on other patients.

She testified that she went off duty and after two days, she found the patient on oxygen and she escorted him to Mengo Hospital. They kept resuscitating the patient while in the ambulance until they reached Mengo Hospital where they found Dr. Luweesi waiting for them, and handed over the patient to him and she went back to her work place.

Dr. Kaggwa Sam (Respondent witness)

Dr. Kaggwa testified that he was 69 years of age and holds a Bachelor of Medicine and Bachelor of Surgery degree obtained from Makerere University in 1980 and MMED in General Surgery in 1989 and has been in full time private practice ever since his retirement from Mulago hospital in 2015.

He stated that the Surgeon's Plaza Kamwokya is a registered company and has a valid operating license, it is situated on half an acre, it was a residential house that has a parking lot, wing for outpatient, theatre, 8 rooms for accommodation,

a separate block for ultra sound services, store, dispensary, office for the accountant, administrator and a lab technician and 6 Nursing staff comprised of one Registered Nurse and 5 enrolled nurses, 2 receptionists. He stated that they don't have a full time anaesthetist and sonographer because they are not always very busy and security is out sourced.

He stated that they don't employ full term doctors but some consultants use the facility to bring in their patients to treat them from his facility.

He stated that their patients usually stay for a maximum of three days before discharge or referral. He further stated that if anything happens, both the facility and the treating doctor are jointly liable.

He said that he does not sign any memorandum of understanding with the doctors who bring the patients to his facility for treatment.

It was his evidence that he did not know the qualifications of Mr. Ssendagire the anaesthetist who worked on the patient. He reported that Ssendagire died of COVID-19. He further said that there is no resident medical officer to take care of the patients. He said that he never chased away the patient but properly referred him to Mengo hospital for further management.

He apologized and takes responsibility for what happened. He admitted that medical errors do happen and stated that patient care doesn't stop at discharge or death. He requested to meet with the family for a dialogue.

Summary of the Case

From review of the complaint, the response thereto, the patient's file and testimonies of witnesses at the trial, medical knowledge and practice protocols,

The patient, Nsereko David, was a 17-year-old male who was admitted by Dr. Luweesi Henry at the Surgeon's Plaza with a diagnosis of undescended testes that required repositioning in the scrotum. He was operated. Immediately after operation, he developed severe pain for which he was given an intramuscular injection of pethidine 100mg. He was then transferred to the ward. Fifteen (15) minutes later, he was discovered by a nurse to have unrecordable pulse and blood pressure attributable to a cardiac arrest. Cardio-pulmonary resuscitation was done with return of spontaneous cardiac and respiratory activity after five (5) minutes. However, he remained unconscious and could not walk, talk or eat on his own. Three days later, he was referred and admitted to Mengo Hospital Intensive care unit (ICU) where he remained for two weeks and later spent

another two weeks in the general ward before being discharged. At the time of discharge, he had neurological deficits and he could not talk, walk nor feed himself. It was recommended that he is followed as an outpatient at Mengo hospital, however the family opted to go to CORSU hospital. He died one year later.

Analysis of the case by the Council

The patient

This was a 17-year-old senior four male student who was in good health but with a reducible inguinal hernia with ipsilateral missing testes. He was admitted for elective herniorrhaphy and orchidopexy which was reportedly successfully done. In the immediate post-operative period, the patient yelled in pain and was injected with 100mg of pethidine (Intramuscular) by the anesthetist. Thereafter, the patient developed cardiorespiratory arrest for more than 5 minutes, was resuscitated and there was return of cardiac activity and spontaneous respiration. However, there was slow neurological recovery. By the time he left Surgeon's Plaza for Mengo hospital, he had evidence of brain damage.

The operation

Pre-operatively, the patient was prepared for theater the day before and the operation was done after induction of anaethesia with 200mg of propofol and halothane 3-4%. However, intra-operative monitoring of blood pressure was inadequate as there is no evidence of blood pressure recording between 10.15am to 12.30pm yet the operation started at 9.35am to 12.30pm. The pethidine injection was given at 12.53pm after which the nurse receives the patient at 12.55pm on the ward with a blood pressure of 110/75mmhg.The instruction from the anesthetist was to measure vitals every 15 minutes. However, at 1.10pm, she finds unrecordable blood pressure.

The anesthetist's use of propofol 200mg and halothane 3-4% as the doses documented and for the duration of almost three hours followed by pethidine 100mg as the dose documented in the immediate post-anesthesia phase in the patient was excessive. Awareness of the expected standard of care for critically ill clients was clearly lacking.

The perioperative monitoring chart indicates a compromise in the standard of recording in the chart like no blood pressure or pulse rate recordings on the chart while under general anaesthesia and post-operatively was severely

lacking. The nursing care was also not appropriate with only one observation, nine hours after the critical incident. The post incident care did not meet the standard of care.

The following observations by Council were corroborated with an independent expert opinion of an Intensivist/ Anesthesiologist who stated that

"Multiple gaps exist in the record of care of Nsereko David, with particular concern in how consent was obtained, pre-operative, intra-operative and post-operative care. Monitoring was questionably sub-optimal as well. There was unwarranted delay in conveyance of patient to ICU for post-cardiac arrest care as well". He further stated that deadly though rare complications of pethidine leading to cardiac arrest can not be ruled out.

Conclusion

Council takes cognizance of the following pit falls at The Surgeon's Plaza Limited.

1. An apparently qualified Specialist Surgeon chooses to use a poorly equipped, understaffed, and under supervised facility, where he has limited part time presence ("visiting") for an elective surgical procedure(s), and NOT in a better equipped facility, where he has formal full-time deployment, and better supervision and leverage!
2. Negligence is manifested by the attending surgeon (respondent) in failing from the very outset to do due diligence for the safety of the patient. The motive for his choice of the facility is questionable.
3. There was poor documentation of the vital signs monitoring during and after surgery.
4. The state of cardiac arrest was only noticed by the nurse on routine monitoring 15 minutes after administration of pethidine. It took 5 minutes of CPR to return respiratory and cardiac activity. This probably therefore means there was cerebral hypoxia for about 20 minutes.
5. The facility was ill-equipped to handle the post-operative complication of cardiac arrest and there was a delay of referral of the patient for intensive care at Mengo Hospital.
6. The facility employed an anaesthetist whose qualification was not known and had no evidence of formal employment.
7. There was no attendant medical officer on site to review admitted patients or who could be called to attend to an emergency.

8. There is no memorandum of understanding between the facility and the doctors who ferry their patients to the facility, that would hold them accountable for any acts or omissions.

Recommendations by the Council

1) The Council finds the respondent, Dr. Luweesi Henry, professionally negligent as accused. He is hereby suspended from medical practice for a period of six (6) months effective **1st July 2024**, thereafter he may re-apply for re-instatement to the register. Failure to comply with the sanctions is criminal and will attract more severe sanctions which include erasure from the register.
2) The supervising surgeon, Dr. Kaggwa Samuel, is hereby served a severe reprimand.
3) The facility (Surgeon's Plaza) operating license is hereby withdrawn and facility closed until it meets the standards required for the services offered, and the facility shall be re-inspected for suitability to operate, have appointments/contracts for all staff, and MOUs with all visiting/operating specialists.
4) Come out with a policy directive circular to all practitioners, with emphasis on specialist to avoid working at multiple and/or improvised poorly equipped facilities which compromises the standard of care and poses a danger to patent safety.

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