THE REPUBLIC OF UGANDA

IN THE MATTER OF AN INQUIRY INTO ALLEGED PROFESSIONAL MISCONDUCT AND OR MEDICAL NEGLIGENCE BY THE MEDIAL PERSONNEL AT LIRA REGIONAL REFFERAL HOSPITAL IN TREATING AND MANAGING OF MS. SHARON ABER LEADING TO HER DEATH AND UNBORN CHILD.

RWAMUKAGA GEORGE :::::::::::::::::::::::::::::: COMPLAINANT.

VERSUS

1. **DR. OKELLO JAMES**
2. **DR. ANDREW ODUR**
3. **DR. KIWEEWA FRANCIS**
4. **DR. WAKORAC DENIS**
5. **DR. NALUBWAMA RITAH**
6. **LIRA REGIONAL REFFERAL HOSPITAL :::::::: RESPONDENTS.**

FINDINGS AND RESOLUTIONS OF THE COUNCIL

Complaint Summary

The complainant, Rwamukaga George alleges that his wife the late Aber Sharon and his unborn child died at Lira Regional Referral Hospital. At the time of her death, she was eight months pregnant and died immediately after a peri-mortem caesarian section under local anesthesia.

Background

On 14th February 2022, Mr. Rwamukaga George, a resident of Junior Quarters Ward, Lira City, and the husband of the late Sharon Aber, lodged a complaint alleging medical negligence in the treatment and management of his late wife by Dr. James Okello and other health workers at Lira Regional Referral Hospital (LRRH).

The complainant alleged that his wife was initially attended to by Dr. James Okello at Lira Regional Referral Hospital before being transferred

to Avento Specialist Medical Center, a private clinic owned by Dr. Okello and located along Ngetta Road in Lira City, for further management. When her condition deteriorated, she was transferred back to Lira Regional Referral Hospital on 15th November 2021 and admitted to the COVID-19 Treatment Unit (CTU) with a diagnosis of COVID-19.

The deceased who was approximately 34–36 weeks pregnant with a history of a previous caesarean section, was managed at the CTU from 16th to 18th November 2021, when she unfortunately passed away. The complainant stated that he was informed that his wife had died from COVID-19, a conclusion which he strongly disputed. He asserted that at the time of her death she was eight months pregnant and that she died immediately following a peri-mortem caesarean section that had been performed under local anaesthesia.The complaint was initially received by the Permanent Secretary, Ministry of Health, on 17th February 2022. By a letter dated 23rd February 2022, the Permanent Secretary referred the matter to the Registrar of the Uganda Medical and Dental Practitioners Council (UMDPC) for investigation.

On 27th April 2022, the UMDPC appointed a team of two medical investigators, Dr. Joa Okech-Ojony and Dr. Patrobas Mufubenga to establish the facts surrounding the treatment of the late Sharon Aber and the death of her unborn child. The investigators conducted a comprehensive inquiry, collecting accounts from the various departments involved in the patient's management, as well as from the hospital administration.

In response to the allegations, the respondents denied any negligence or professional misconduct. They maintained that the health workers exercised appropriate professional judgment and managed the patient diligently in accordance with the prevailing circumstances. They further asserted that the chronology of events demonstrated that there was no unnecessary delay in the patient's management. The respondents explained that the COVID-19 management guidelines in force at the time did not specifically recommend expedited delivery or caesarean section as the standard management for severe COVID-19 in pregnancy. Rather, the decision to perform a caesarean section or expedite delivery was individualized and left to the clinical discretion of the attending physician, who was required to weigh the patient's condition and the likelihood of preserving the life of the mother, the unborn child, or both.

The Council's Mandate

Under Section 3 of the Medical and Dental Practitioners Act (CAP 300), the Council is empowered to supervise medical and dental practices, exercise disciplinary control over practitioners, and protect the public from substandard care. The Council conducts inquiries upon receiving complaints regarding medical professionals or facilities within its jurisdiction.

In line with this mandate, the Council convened an inquiry on 26th May 2026 to determine whether the Respondents were guilty of professional misconduct or dereliction of duty of care.

Proceedings

The inquiry took place in the Council's Boardroom. Parties submitted their responses and attended the session for cross-examination. The complainant was represented by Counsel Okwir Yovino whereas the Respondents were self-represented. The individuals cross-examined were:

1. Mr. Rwamukaga George – Complainant
2. Ms. Akello Alice – Complainant's Witness
3. Dr. Andrew Odur – Respondent
4. Dr. Okello James- Respondent.
5. Dr. Kiweewa Francis- Respondent.
6. Dr. Wakorac Denis- Respondent.
7. Dr. Nalubwama Ritah- Respondent.

Complainant's Evidence

1. Rwamukaga George (Complainant)

Mr. Rwamukaga George testified that he is a businessman and a resident of Junior Quarters, Lira District, although he currently resides in Arua. He stated that he is the husband of the late Sharon Aber, who died at Lira Regional Referral Hospital on 18th November 2021.

He testified that at the time of her death, his wife was approximately eight months pregnant and had been receiving antenatal care at Lira Regional Referral Hospital. The deceased had previously delivered all her three children by caesarean section and according to her medical history, she was expected to undergo another caesarean section at around 36 weeks' gestation.

Mr. Rwamukaga stated that during one of the deceased's antenatal visits at Lira Regional Referral Hospital, a nurse advised her to seek delivery services at Avento Specialist Medical Center, describing it as a good health facility. He further testified that he later discussed the matter with Dr. Andrew Odur, who informed him that he would need approximately UGX 500,000 to cater for the medical expenses because the doctors worked as a team during caesarean deliveries. Dr. Odur allegedly referred the deceased to Avento Specialist Medical Center for further management by Dr. James Okello.

He testified that on 12th November 2021, the deceased attended Avento Specialist Medical Center, where she was initially attended to by a health worker identified as Harriet, who directed her to Dr. James Okello. According to the witness, Dr. Okello examined the deceased and advised that she should prepare for a caesarean section. Although the complainant did not accompany his wife to the clinic, he spoke to Dr. Okello by telephone, who assured him that he would personally manage her while she remained under care at Lira Regional Referral Hospital.

Mr. Rwamukaga further testified that on 16th November 2021, his wife developed a fever. Dr. James Okello allegedly conducted several investigations, including a COVID-19 test, which returned positive. Consequently, she was referred to the COVID-19 Treatment Unit at Lira

Regional Referral Hospital at approximately 8:00 p.m. Despite expressing concern about the safety of both his wife and their eight-month-old unborn child, he stated that Dr. Andrew Odur and Dr. James Okello assured him that the baby was in good condition and that the caesarean section would be performed on Wednesday, 17th November 2021.

The witness further alleged that Dr. James Okello demanded UGX 500,000, which he described as a bribe, purportedly to be shared among the medical team before the caesarean section could be performed.

He testified that on 17th November 2021, his wife's condition deteriorated. He approached Dr. Andrew Odur to inquire about the way forward, but was allegedly informed that the operation would instead be performed on 19th November 2021. He believed that the postponement was intended to pressure him into raising the requested money and that the delay ultimately contributed to his wife's death.

Mr. Rwamukaga further testified that following his wife's death, he was informed that she had died as a result of COVID-19, a conclusion with which he strongly disagreed with. He maintained that throughout her pregnancy, the deceased had received antenatal care at Lira Regional Referral Hospital under the care of Dr. James Okello and Dr. Andrew Odur. He further stated that when his wife first reported feeling unwell, Dr. James Okello referred her to his private facility, Avento Specialist Medical Center, where she was treated for malaria before being transferred back to Lira Regional Referral Hospital after testing positive for COVID-19.

2. Ms. Akello Alice – Complainant's Witness.

Ms. Akello Alice testified that she is a resident of Gulu, a pastor, and the mother of the late Sharon Aber.She testified that on a Sunday, her late daughter telephoned her and informed her that she was scheduled to undergo a caesarean section. At the time, the deceased's husband had travelled to Lira, and they contacted him to send money to cater for the medical expenses.

That the husband informed them that he was on his way but had experienced mechanical problems with his vehicle. He nevertheless contacted the attending doctor and requested that the necessary medical intervention be carried out without waiting for his arrival.

Ms. Akello further testified that during the course of the deceased's management, she was tested for COVID-19 and the result returned positive. Consequently, she was transferred to the COVID-19 Treatment Unit, where access by family members and other visitors was restricted. The witness stated that after a few days, the deceased unfortunately passed away.

Respondents' Evidence

1. Dr. Andrew Odur (Respondent – R1)

Dr. Andrew Odur testified that he is a duly registered and licensed medical practitioner with the Uganda Medical and Dental Practitioners Council and holds a valid Annual Practicing License. He holds a Bachelor of Medicine and Bachelor of Surgery (MBChB) degree, a Master of Medicine (MMed) in Obstetrics and Gynaecology, and has undertaken a Fellowship in Fertility Medicine and Embryology.

He testified that he initially served as a volunteer at the hospital from 2019 until 2020, when he was offered a COVID-19 contract by the Ministry of Health as a Medical Officer Special Grade. He was later confirmed in the same position on a substantive basis and, in 2024, was appointed Acting Director of the hospital, a position he continues to hold.

Dr. Odur stated that, as Acting Director, his primary responsibilities include managing both human and non-human resources, overseeing the administration of the hospital and providing clinical services to patients referred to the hospital among other duties.

He further testified that he had known the complainant, Mr. Rwamukaaga, since their high school days but had never known or treated his wife, the late Sharon Aber, until 18th November 2021. He stated that at about 6:00 p.m. on that day, he was called by Sr. Mary Grace Nalubega, who was working in the COVID Treatment Unit, to provide an obstetric opinion regarding Sharon's condition.

Upon reviewing the patient, he found that Sharon was critically ill. She was markedly dyspneic, receiving oxygen therapy, and vomiting blood. He observed that the fetus was approximately 34 weeks' gestation with a reassuring fetal heartbeat. However, in his assessment, Sharon was not fit to undergo surgery at that time because of her severe respiratory distress and anemia.

He testified that the decision was made to delay surgery in the hope that the mother's condition would improve sufficiently to enable them to safely perform a caesarean section and if possible, save the baby. In the meantime, a blood transfusion was prescribed to correct the anaemia and intravenous dexamethasone was administered to accelerate fetal lung maturation. He stated that the attending midwife, the COVID Treatment Unit nurse, and the anaesthetist all concurred with his clinical assessment and management plan. They were all of the view that Sharon was a moribund patient who could not safely withstand surgery at that stage. He added that her oxygen saturation had deteriorated to between 45% and 60% despite being on high-flow oxygen.

Dr. Odur further testified that later that same night, on 18th November 2021, he was again called by Sr. Mary Grace, Dr. Nalubwama and the attending midwife to reassess Sharon after her condition had deteriorated further. Following the review, the medical team decided to perform a peri-mortem caesarean section under local anaesthesia in a final attempt to save the baby, as they considered there to be no realistic prospect of saving the mother. Unfortunately, upon delivery, the baby was found to have suffered a fresh stillbirth due to hypoxia. Sharon died a few minutes after the operation. He stated that the husband and other relatives were informed of the outcome.

Dr. Odur stated that he had neither seen nor treated Sharon before the evening of Thursday, 18th November 2021, when he was called to the COVID Treatment Unit to provide his expert opinion. He categorically denied ever discussing with the complainant any plans for an elective caesarean section for Sharon or requesting or discussing any payment in relation to her treatment, whether directly or indirectly, before the operation. He explained that the only advice he gave the complainant was that, as an expectant father, he should have some money available to assist in the event of an emergency.

It was his evidence that the delay in performing the caesarean section may have been misconstrued by the complainant as an attempt by the doctors to solicit money. He maintained, however, that the delay was based solely on clinical judgment, as the medical team was carefully weighing the risks and determining whether the patient was in a condition to safely undergo surgery.

2. Dr. Okello James (R2)

Dr. Okello James testified that he was a Medical Officer Special Grade in Obstetrics and Gynecology. He holds a Bachelor of Medicine and Bachelor of Surgery (MBChB) degree and a Master of Medicine (MMed) in Obstetrics and Gynaecology. He stated that he is a resident of Lira Municipality Central and works at Lira Regional Referral Hospital as well as a visiting medical specialist at Avento Specialist Medical Centre.

He testified that he knew the deceased, Ms. Sharon Aber, as a patient at Avento Specialist Medical Centre. He recalled that on Sunday, 14th November 2021, she presented at the facility requesting to see a gynaecologist. She was referred to him for a routine review because she was a high-risk obstetric patient, being approximately eight months pregnant with three previous caesarean section scars and having conceived shortly after her most recent caesarean delivery.

According to Dr. Okello, Ms. Aber Sharon informed him that, after consulting with friends, she had become concerned about her pregnancy and wished to be reviewed by a specialist gynaecologist. She did not have her antenatal care card with her at the time. He examined her and requested an obstetric ultrasound scan, which revealed a fetus of approximately thirty-five weeks' gestation. He reassured her that her condition was satisfactory but advised that she should undergo an elective caesarean section at approximately thirty-seven to thirty-eight weeks of gestation. In the meantime, he commenced her on injectable dexamethasone for two days to accelerate fetal lung maturity.

He testified that on Monday, 15th November 2021, Ms. Aber Sharon tested positive for malaria and was treated with intravenous artesunate by Dr. Obore, a Medical Officer at Avento Specialist Medical Centre. He further stated that she insisted on seeing him again the following day, and he reviewed her on the evening of Tuesday, 16th November 2021, at about 7:00 p.m. During that review, she presented with fever, flu-like symptoms, a dry cough, and difficulty in breathing. Based on those clinical findings, he became suspicious that she might have contracted COVID-19 and accordingly requested a COVID-19 test, a repeat blood slide for malaria and a urinalysis. The results became available at approximately

8:00 p.m. and confirmed that she was positive for both malaria and COVID-19.

Dr. Okello testified that Ms. Aber Sharon became distressed upon learning of the diagnosis. He reassured her that she would recover if she received appropriate treatment at the COVID Treatment Centre. He then contacted the COVID Treatment Centre and arranged for an ambulance to transfer her for specialised care.

He further testified that a relative of the deceased, whom he understood to be a medical doctor serving in the Uganda People's Defence Forces (UPDF), requested that he immediately perform a caesarean section to deliver the baby. He explained that patients who tested positive for COVID-19 were required to be managed at the designated COVID Treatment Centre, which had a specialised operating theatre and personnel trained to manage surgical procedures involving COVID-19 patients.

Dr. Okello stated that he informed the relative that the question of performing caesarean section on COVID-19 patients remained medically controversial worldwide. He explained that in some patients, the physiological stress associated with surgery could accelerate clinical deterioration and precipitate death, whereas in others it might be beneficial. He stated that, as a specialist obstetrician and gynaecologist, he was professionally obliged to carefully assess and balance the risks and benefits before recommending surgical intervention.

He testified that while this discussion was taking place, Ms. Aber Sharon was speaking to her husband by telephone, informing him of her diagnosis and her impending transfer to the COVID Treatment Centre. Upon receiving this information, the complainant, Mr. Rwamukaaga, arrived at the facility and went to the cash office, where he pleaded that treatment should proceed and undertook to settle the hospital bill at a later date.

Dr. Okello stated that the patient received appropriate treatment before her transfer. He further testified that, as of the date he made his statement, the complainant had not paid the outstanding hospital bill of Uganda Shillings 600,000. He categorically denied ever discussing with the complainant the performance of a caesarean section or demanding an upfront payment of Uganda Shillings 500,000 before surgery. He maintained that all financial discussions were exclusively between the complainant and the cashier at Avento Specialist Medical Centre, during

which the complainant undertook to pay the outstanding bill later, a promise which, according to him, remained unfulfilled.

Dr. Okello further testified that upon Ms. Aber Sharon's arrival at the COVID Treatment Centre, she was received by the attending midwife, Ms. Jennifer Alaba, who examined her and subsequently telephoned him to report that both the mother and the unborn child were in satisfactory condition at that time.

He stated that on Wednesday, 17th November 2021, he returned to university to continue his postgraduate training. Before leaving, he telephoned the COVID Treatment Centre to inquire about the patient's progress and was informed that she was stable and doing well. He maintained that he had never promised to perform a caesarean section on Ms. Aber Sharon and received no further communication concerning her condition until Friday, 19th November 2021, when Dr. Andrew Odur informed him that her condition had deteriorated and that both she and the baby had died. He confirmed that a maternal death audit was subsequently conducted in accordance with the established medical procedures.

3. Dr. Francis Kiweewa (R3).

Dr. Francis Kiweewa testified that he was a Medical Officer Special Grade. He holds a Bachelor of Medicine and Bachelor of Surgery (MBChB) degree, and a Master of Medicine (MMed) in Internal Medicine. He further stated that he was a member of the COVID-19 treatment team at Lira Regional Referral Hospital during the COVID-19 pandemic in 2020.

He testified that, according to the medical records at the COVID Treatment Unit (CTU), the late Sharon Aber was received at the unit on 16th November 2021 at 11:49 p.m. by the unit's nurse.

He stated that the patient had been referred from Avento Specialist Medical Centre while pregnant and presented with deep breathing, chest pain, a productive cough with blood-stained sputum and a confirmed positive COVID-19 test result. Her oxygen saturation (SpO_2) was recorded at 96%. Upon admission, she was commenced on intravenous hydrocortisone, intravenous ampicillin, intramuscular diclofenac and intravenous fluids.

Dr. Kiweewa testified that on 17th November 2021 at 12:17 p.m., the patient was reviewed by Dr. Dennis Wokorac, a Medical Officer. According to the records, Dr. Wokorac noted that the patient had a productive cough with blood-stained sputum, chest pain, loss of appetite, generalized body weakness, easy fatigability, urinary frequency, and nocturia. On examination, she appeared anxious and was already receiving treatment for severe malaria with intravenous artesunate, as well as intravenous dexamethasone for fetal lung maturation.

He stated that although the patient's blood pressure was within the normal range, she was tachycardic. The fetus was preterm but had a detectable heartbeat. Dr. Wokorac made a working diagnosis of moderate COVID-19 disease complicated by severe malaria and recommended continuation of intravenous dexamethasone and intravenous artesunate. He also prescribed intravenous paracetamol, intravenous ceftriaxone, zinc sulphate and intravenous fluids.

Dr. Kiweewa further testified that on 18th November 2021 at about 1:00 p.m., the nursing staff requested Dr. Rita Norah Nalubwama, a Medical Officer, to review the patient after her condition deteriorated. Upon examination, Dr. Nalubwama found that the patient was vomiting blood, coughing severely, restless and had an oxygen saturation of between 89% and 90%, although the fetal heartbeat remained present. Owing to the worsening clinical condition, Dr. Nalubwama sought a review by him as the attending physician.

Upon reviewing the patient, Dr. Kiweewa recommended discontinuation of Clexane, an anticoagulant, because of the patient's bleeding, and prescribed tranexamic acid to control the haemorrhage, intravenous Plasil to manage vomiting, intravenous fluids to support blood pressure, Ascoril to manage the cough, oxygen therapy, and blood transfusion. He also recommended an urgent review by the obstetrics and gynaecology team.

He testified that later the same day, at approximately 6:30 p.m., Dr. Andrew Odur, an obstetrician and gynaecologist, reviewed the patient. Dr. Odur found her in respiratory distress, with an oxygen saturation of 96%, a blood pressure of 132/75 mmHg and a pulse rate of 123 beats per minute. The pregnancy was estimated at approximately 34 weeks' gestation, with a cephalic presentation. The fetal heart rate was present and regular at 150 beats per minute and there was mild tenderness over the previous caesarean section scar.

According to Dr. Kiweewa, Dr. Odur's clinical impression was that the patient was suffering from severe COVID-19 disease complicated by upper gastrointestinal bleeding and was carrying a preterm fetus at risk of intrauterine hypoxia and fetal death. A decision was made to defer caesarean section until the following day if the mother's condition improved. In the meantime, the treatment plan included continuation of intravenous fluids, antibiotics, antimalarial medication, blood grouping and cross-matching and blood transfusion.

Dr. Kiweewa further testified that later that night, at approximately 10:50 p.m. on 18th November 2021, the COVID Treatment Unit staff urgently recalled Dr. Andrew Odur and the obstetric team after the patient's condition deteriorated further. Her oxygen saturation had fallen dramatically to 41%, and the medical team concluded that there was no realistic prospect of saving her life. Consequently, they resolved to perform a peri-mortem caesarean section under local anaesthesia using lidocaine in a final attempt to save the baby.

He stated that, unfortunately, by the time the operation was performed, the fetus had already succumbed to hypoxia and a fresh stillborn baby boy was delivered. Following the operation, the patient's oxygen saturation declined further to 31%, signifying an extremely poor prognosis. Despite the efforts of the medical team, Sharon Aber died post-operatively at 11:35 p.m. Her husband and other relatives were thereafter informed of both her death and the stillbirth.

Dr. Kiweewa testified that the foregoing account was based on the contemporaneous medical records maintained at the COVID Treatment Unit and the management rendered by the multidisciplinary team involved in the patient's care.

4. Dr. Wakorac Dennis (R4).

Dr. Wakorac Dennis testified that he is a medical practitioner holding a Bachelor of Medicine and Bachelor of Surgery (MBChB) degree obtained from Gulu University in 2018. He stated that he has been a licensed Medical Officer since October 2019 and served at the Lira Regional Referral Hospital COVID-19 Treatment Unit (LRRH-CTU) from October 2021 to March 2022 under a Ministry of Health contract. He explained that this period coincided with the admission and management of the late Sharon Aber at the facility.

He testified that he reviewed the late Sharon Aber a day after her admission, initiated and continued appropriate treatment. He further explained that when her condition subsequently deteriorated, his colleagues consulted senior medical staff to guide her further management.

Dr. Wakorac further testified that COVID-19 was a novel disease with numerous unprecedented manifestations and complications, making the management of patients particularly challenging. He maintained that, to the best of his knowledge, skill, and professional ability, he was not negligent in the care and treatment of the deceased.

He emphatically denied having neglected the deceased or engaging in any form of professional misconduct, including soliciting money from patients or their attendants, during his tenure at Lira Regional Referral Hospital. He stated that this was true not only in relation to the late Sharon Aber but also with respect to all COVID-19 patients under his care during his contract at the hospital.

5. Dr. Nalubwama Rita Norah (R5).

Dr. Ritah Nalubwama testified that she is a medical practitioner holding a Bachelor of Medicine and Bachelor of Surgery (MBChB) degree from Mbarara University of Science and Technology (MUST), obtained in 2019. She stated that she is currently employed at MU-JHU Care Limited.

She testified that at the time the late Sharon Aber was admitted to Lira Regional Referral Hospital, she was serving as a Medical Officer in the COVID-19 Treatment Unit (CTU). She explained that when the patient's condition deteriorated, including coughing blood and experiencing a significant drop in oxygen saturation, she promptly consulted her supervisor, Dr. Francis Kiweewa, the Head of the CTU. She stated that Dr. Kiweewa responded promptly and advised that the obstetrician, Dr. Andrew Odur, be involved in the patient's management.

Dr. Nalubwama further testified that after contacting Dr. Odur, he responded positively and participated in the management of the patient. She maintained that throughout the period the patient was under the care of the COVID-19 Treatment Unit, neither she nor, to the best of her knowledge, any member of the medical team requested or solicited money from the patient or her relatives.She further testified that she discharged her duties professionally, diligently and ethically in the

management of the deceased. Consequently, she firmly denied and refuted all allegations of professional negligence or misconduct made against her.

Analysis by the Council

Upon review of the complaint, responses, patient records, witness testimonies, and applicable medical standards, the Council identified the following issues for determination:

1. Whether the actions of the Respondents constituted professional misconduct and/or medical negligence?

2. What appropriate sanctions and recommendations should be made, if any?

Resolution of issue Number 1
Section 33 of The Medical and Dental Practitioners Act cap 300 empowers the Council to hold an inquiry where it receives an allegation which, if proved, would constitute professional misconduct on the part of the registered practitioner under this Act.

Professional misconduct is defined by the Black's law dictionary as ***violation of some established and unambiguous rule of action, a prohibited act, failure to perform a duty, unlawful behavior, and improper or wrongful behavior.***
The UMDPC Code of Professional Conduct and Ethics requires practitioners to: act in the best interests of the patient at all times; maintain the standard of care of a reasonably competent practitioner in the relevant specialty; obtain informed consent before invasive procedures; maintain accurate clinical records; and avoid financial conflicts of interest in patient management.

The foundational Ugandan authority on the standard of care in medical negligence is *Kyakabale v Attorney General* HCCS No. 339 of 1997 court held that a medical practitioner owes a duty of care to their patient, that the standard is that of the reasonable specialist in the relevant field, and that breach of that standard causing damage constitutes actionable negligence.

The Council has carefully considered the evidence adduced during the inquiry, the submissions made by the parties, and the circumstances surrounding the medical care provided to the patient during the COVID-19 pandemic.

The Council observed that COVID-19 was a complex and potentially life-threatening infectious disease that presented significant challenges to healthcare professionals worldwide. The disease could manifest differently among patients, progress unpredictably and cause serious complications despite the administration of appropriate medical treatment. Its management was further complicated by the evolving understanding of the disease, the limited availability of definitive treatment protocols at different stages of the pandemic and the pressure placed on healthcare systems.
The Council recognizes that medical practitioners are required to exercise reasonable professional skill, care and diligence in the management of their patients. However, the existence of an adverse outcome, including deterioration in a patient's condition or death, does not, in itself, establish professional misconduct. The conduct of the doctors must be assessed in light of the clinical circumstances, the information reasonably available to them at the material time, the applicable standards of professional practice and the resources and treatment options available.

The Council further observes that professional misconduct must be established by evidence demonstrating conduct that falls below the applicable professional and ethical standards. It would therefore be inappropriate to attribute liability to the doctors solely on the basis of the patient's outcome without establishing a specific act or omission amounting to a breach of their professional duties.

Conclusion

Having evaluated the evidence on record, the Council finds that the challenges associated with the diagnosis and management of COVID-19 provide important context for assessing the decisions made by the treating doctors. Where the evidence does not establish that the doctors departed from the applicable standards of professional practice, the adverse outcome alone cannot constitute sufficient grounds for a finding of professional misconduct.

Consequently, the Council resolves that the doctors cannot be held liable for professional misconduct on the basis of the evidence presented and that the allegations of professional misconduct against them are not proved.

Signed on this ....12th.....day of ...November.....2026 by

1. Assoc Prof. Joel Okullo Odom- Chairperson.
2. Dr. Ayub Twaha- Vice Chairperson.
3. Dr. Okello Maxwell - Member.
4. Dr. Joseph Ngonzi - Member.
5. Dr. Owaraganise Asiphas- Member.
6. Dr. Tumwine Daniel - Member.
7. Dr. Muyanga Mark - Member