

Inadequate anaesthesia during caesarean section (13HDC00515, 30 June 2014)

Anaesthetist ~ Obstetrician ~ District health board ~ Caesarean section ~ Anaesthesia ~ Information ~ Communication ~ Pain ~ Rights 4(1), 4(2), 6(1)(b)

A woman was admitted to hospital in labour, progress was slow and the decision was made that it would be safest to deliver the baby by an emergency lower segment Caesarean section (LSCS). The woman was transferred to the operating theatre, where she met her anaesthetist. The woman advised that the anaesthetist “joked around”, and she found it hard to tell when he was being serious. She said he also focused in a very detailed manner on the risks of a general anaesthetic, should one be required, including the risk of death.

The anaesthetist conducted an “ice test” to check the woman’s sensation, and she said she could feel that the ice was quite cold. However, the anaesthetist advised the obstetrician that she could begin the surgery in two minutes’ time. Initially, the woman could not feel anything; however, when the obstetrician entered the peritoneal cavity, the woman complained of pain. The anaesthetist assured the obstetrician that she could continue with the surgery.

When the obstetrician attempted to deliver the baby the woman complained of pain and began lifting both her knees. The obstetrician asked the nurses to hold down the woman’s legs. The woman again voiced her pain, and the anaesthetist told her that she was not feeling pain, and it was just pressure. He said that she could not have any more pain relief unless they “put her under”, which would not be good for the baby.

After the delivery, the woman continued to complain of pain while the obstetrician sutured the incision. The anaesthetist declined to administer extra pain relief. At the completion of the procedure, when the woman was ready for transfer to recovery, he commented that he was about to become involved in a “real” operation.

It was held that the anaesthetist’s failure to ensure that the woman received adequate anaesthesia prior to commencement of the Caesarean section was suboptimal, and breached Right 4(1). The woman had the right to be informed about the options available to her, including an assessment of the expected risks, side effects and benefits of each option. The anaesthetist’s provision of information to the woman fell seriously short of accepted standards, breaching Right 6(1)(b).

The anaesthetist’s actions, and his failure to ensure that the woman received adequate anaesthesia/analgesia during her Caesarean section were suboptimal and a breach of accepted standards. Accordingly, he breached Right 4(1). His communications with the woman displayed a lack of sensitivity, and he treated her with a striking lack of empathy, breaching Right 4(2).

It was also held that the obstetrician was aware that the woman was expressing that she was in pain at a number of points and noted on the operation record that the anaesthesia was suboptimal for LSCS. The obstetrician should have spoken and acted with more authority when she thought the woman was feeling pain. By continuing to operate on her after delivery of the baby and after realising that she was in pain, she breached Right 4(1).

The anaesthetist was referred to the Director of Proceedings for the purpose of deciding whether any proceedings should be taken, and a recommendation made that the Medical Council of New Zealand consider carrying out a competence review of the anaesthetist. Comment was made about staff training, orientation and policies at DHBs. Recommendations were made that the DHB review the orientation of locum staff, audit the implementation and effectiveness of its policies and protocols for epidural anaesthesia and include in its training and induction for all staff, information that the practice of asking questions and reporting of concerns is expected and accepted from all members of the multidisciplinary team.

The Director of Proceedings brought disciplinary proceedings against the anaesthetist in the Health Practitioners Disciplinary Tribunal which resulted in the charge of professional misconduct being dismissed. The Director appealed the Tribunal's decision to dismiss the charge in the High Court. The High Court allowed the appeal and found the charge of professional misconduct established. The anaesthetist applied for leave to appeal the High Court's decision in the Court of Appeal but his application was declined. The Director did not take HRRT proceedings against the anaesthetist.