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Editorial

A Time to Pause, A Time to Plan

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Editorial

There is hardly any doubt that that both legal medicine and medical law, similar in name but as different as chalk is from cheese, have made great progress over the last decades. Well established disciplines in their own right, they hold great influence in related clinical and legal matters. Yet the extensive knowledge within these disciplines is generally limited to the arcane few who are specialised therein. One may wonder about the point being made here. After all are these not specialties dealing with encounters between law and medicine? Why should they not be limited to their practitioners the way gynaecology and dermatology and psychiatry are more or less limited to their practitioners? And here is where the argumentative cookie crumbles. Let us take medical law as an example.

For the great majority of medical practitioners, any involvement with medical law when the accursed legal letter is picked out of one's home letter-box. And there one enters the extent and degree of which is known only by who have been, rightly or wrongly sued for medical negligence or malpractice. Few and far between are medical practitioners interested in learning the rudiments of. This specialty sifts all available lessons from legal encounters resulting from the past mistakes of unfortunate others and to teach, to guide and throw light on the vulnerabilities of any and all specialties be they medical, para-medical, pharmaceutical.

Bearing in mind the limitation of an editorial will here quote one on clinical practice. I refer here to the UK High Court case of *Nadyne Montgomery versus Lanarkshire Health Board* [2015] UKSC 11. In a nutshell this case centered around the information disclosed or rather not disclosed by an obstetrician wholly intent a caesarean section. Hence she failed to warn the patient of an estimated 10% risk of shoulder dystocia if a vaginal birth was effected in view of the short maternal stature, diabetes and an estimated large for dates baby. And this in the face of the mother (a PhD graduate) who repeatedly expressed grave doubts about the feasibility of a safe vaginal birth in her case. Shoulder dystocia did occur, resulting in major hypoxic ischaemic encephalopathy with resultant cerebral palsy. The Appeals Court ruled for the patient and a quantum of £5.25 million awarded to her.

Furthermore, this a milestone ruling demolished the attitude of 'doctor knows best' and replaced it with a patient oriented mentality where the patient must be fully informed of all risks and allowed to make his/her choice. As a result, the application of the classical Bolam rule was swept aside matters concerned disclosure of medical information. To be honest this patient-centered mentality had been slowly brewing the last decades of the 20th century and it found its sealing at law in 2015. Any clinician who was even of these medico-legal trends would have guarded himself the UK High Court.

MLS have much top offer at both under and post-graduate teaching. They also deserve a special niche in Continuing Medical Education. To those who ignorantly state that create generations of paranoid doctors, firmly reply that the opposite is the case. These studies fill one with much confidence as one understands the essential fairness of the Courts even if greedy patients push unfair cases in front of them and hope for the best. This confidence would be the only serious way to combat the monster of defensive medicine. Furthermore, I can vouchsafe the fact that medico-legal studies throw a new engrossing perspective on clinical material for both medical students and OBGYN specialists.

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Conflict of Interest

No conflict of interest.