Iturralde v. hilo medical center usa

Health & Medicine



Iturralde v. Hilo Medical Center, USA is a case that was decided on March 30, 2012 by the Intermediate Court of Appeals of Hawaii.

Case Summary

The patient, Arturo Iturralde, was seen by Dr. Ricketson, on January 24, 2001, for assessment of increasing weakness in his legs that resulted in several falls. "Mr. Iturralde was diagnosed with degenerative spondylolisthesis L4–5 with stenosis, a condition that exerted pressure on the nerves and ultimately scheduled for surgery by Dr. Ricketson on January 29, 2001". (Iturralde v. Hilo Medical Center USA, 2012)

The supplies needed for the surgery were ordered from a company called Medtronic and arrived in two separate packages on January 27, 2001. When the delivery arrived an inventory of the packages, per hospital policy, was not done, but the equipment was sent to be sterilized and prepared for surgery. Dr. Ricketson was informed of the missing titanium rods prior to the surgery beginning; he chose to proceed with the surgery with the knowledge that the kit was incomplete.

Dr. Ricketson proceeded with the surgery and improvised by using a stainless steel screwdriver that was included in the kit, the screwdriver was not cleared for human implementation. Upon completion of the surgery, that information was not shared with the patient and Dr. Ricketson went forward with post-operative orders and the patient proceeded with the routine post-operative orders. Within a day post-surgery, Mr. Iturralde has a few falls and the screwdriver shattered in his back.

After a period of worsening symptoms and injury resulting from falls the patient underwent another surgery to remove the screwdriver shaft from his back the procedure was also done by Dr. Ricketson on February 5, 2001. Post subsequent procedures Mr. Iturralde suffered on-going pain, both physical and emotional, resulting in a decreased quality of life and required a higher level of care. Mr. Iturraldes condition continued to decline and he passed away from urosepsis in June 2003.

Medical Malpractice Component

Dr. Ricketson's negligence is evident when he failed to carry out legal duty during the surgery. He knew at the start of the surgery the titanium rods were missing so by going forward with the procedure, knowing the kit was missing a vital part needed for the surgery, he showed professional negligence.

There were violations of the principles of medical ethics by Dr. Ricketson by not acknowledging the use of the screwdriver during surgery. Assuming there was a signed consent form, there was a breach of contract with Mr. Iturralde and Dr. Ricketson failed to comply with the terms of the agreement. Dr. Ricketson's negligence in this case is revealed as he acted in a way that is not a standard of care for this type of surgery.

It is the tort of battery against the patient if he does anything to the patient that is not listed on the informed consent form. The use of the screwdriver instead of the titanium rods was an unethical decision that directly contributed to the patients' death. The actions of Dr. Ricketson are,

therefore, viewed as unethical even if the patient would have healed from the procedure.

A working relationship with colleagues is crucial for proper care. Dr. Ricketson violated the trust of his colleges when he ignored the warning of the missing equipment prior to the start of the surgery. The nurse in the operating room did not take action until after the surgery was completed. If action had been taken prior to the surgery beginning there could have been a more favorable outcome.

Hilo Medical Center was partly responsible for the malpractice, as they employed Dr. Ricketson despite his well-known past performance history. There may be negligence on the part of the staff in the operating room forfailureto speak up. However Dr. Ricketson was more responsible for the wrong surgery. It is the duty of all healthcare professionals to be professional, adhere to professional standards and code of ethics and to remain accountable for their actions.

Ethical component

The duties and obligations of the surgical doctorare of prime importance. Surgeons are required by their professional code of conduct to look after the patient's welfare by minimizing pain and suffering through all means possible. With the current case, Dr. Ricketson thought that waiting for the nurse to bring the titanium rods for more than one and half hours would expose the patient to greater risk.

Using his personal knowledge, the doctor decided to alleviate the suffering experienced by Iturralde who was fighting for his life. Ricketson resolved to

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use improvised screwdriver shafts instead of the recommended titanium rods that proved to be a poor decision Ultimately, it is believed that the screwdriver shafts worsened the condition of the patient leading to death three years after the operation. Dr. Ricketson failed to adhere to the deontology ethics while attending to Iturralde.

Deontology (or Deontological Ethics) " is an approach to Ethics that focuses on the rightness or wrongness of actions themselves, as opposed to the rightness or wrongness of the consequences of those actions" (Consequentialism). In the case of Iturralde, the doctor failed to make informed decisions which led him to choose a non-recommended treatment method that cost the life of the patient. Lastly, the physician should identify a suitable procedure to communicate the decision agreed to the eligible beneficiaries of the patient.

In reference to theduty of care, the physician can be sued on negligence for failure to inform thefamilyabout the alternative treatment plan. In this case, Dr. Ricketson did not explain that the recommended titanium rods for implantation were missing which violates the code of conduct. Ethical guidelines established by a healthcare facility can help in avoiding liability and preventing future incidents which put the lives of patients at stake.

The Doctrine of Informed Consent requires the physician to explain the following, in understandable language: "the patient's diagnosis, if known, the nature and purpose of the proposed treatment or procedure, the advantages and risks of treatment, the alternative treatments available to the patient, regardless of their cost and whether they will likely be covered

by the patient's insurance, potential outcomes of the treatment, what might occur, both risks and benefits, if treatment is refused" (Fremgen, 2016).

Negligence occurred when he did not use an interpreter to ensure the patient and family understood the procedure and the risks involved or to explain what actually occurred during the surgery. Mr. Iturralde was not provided the standard of care he was expecting and as a result, his quality life was negatively affected and ultimately resulted in his death. " Medical malpractice often involves more than just a poor outcome for the patient. It may reflect an inexcusable lapse in judgment by a medical professional that results in serious injury and even death for the patient" (Fremgen, 2016).

It would be advisable for the healthcare facility to conduct continuous training to its employees. Training the medical staff and the physicians in relation to the expected code of conduct would transfer all the liabilities to the practitioner rather than the institution. Adherence to an agreed code of conduct would see the hospital reduce malpractices because thehealthpractitioners are conversant with the needs of the patients. To conclude, the recommended preventative strategies would help healthcare providers to avoid liability and provide a safe and quality healthcare experience to the patients. Also, this will help the institution to maintain a positive image in the face of consumers.