



Negligence in Government Hospitals of Bangladesh: A Dangerous Trend

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Abstract

Over the years, medical negligence- negligence by doctors, physicians, nurses, health assistants and other health professionals- has become a common phenomenon in health sector of Bangladesh that received an unprecedented level of attention from all. Moreover, the culture of impunity to the concerned professionals added a new dimension to this malpractice and, therefore, the number of death and deterioration of health due to the negligence is on the rise. The people of Bangladesh receiving health services, perhaps, took it as their predestination to be somehow neglected to varying degrees in health settings of the country. Although almost every day we find the news of negligence through media, but the real scenario is more severe than what is reported that claimed a study to be conducted to know the real scenario of negligence in health settings of the country. This paper, however, tries to disclose existing malpractice and negligence people- patients and their attendants- usually incur in hospitals of the country, covering the nature of negligence they face by the accused. Furthermore, the paper also highlights the nature of behaviors of the concerned service providers to the receivers and to what extent the latter are satisfied towards the former ones. Data have been collected from the patients and their attendants receiving services from the nine purposively selected government hospitals of Bangladesh. It shows that the overwhelming number of the patients and their attendants somehow faced negligence, though with different nature, in the hospitals by the concerned professionals and showed their dissatisfaction towards hospital services they were provided with.

Keywords: Negligence, health, medical negligence, health professional, impunity, hospital.

Introduction

Health is a fundamental human right and a universal social goal and health service is a basic human requirement for every human being. It is, therefore, the liability of the government of any country to secure health for its citizens. Bangladesh, being a poor developing country in South-Asia, is yet to provide health for its huge number of people. The government is constitutionally committed to “the supply of basic medical requirements to all levels of the society” and “the improvement of nutrition status of the people and public health status”¹. Unfortunately, health care services are still insufficient comparing to its huge number of people. The government under Ministry of Health and Family Welfare has a total of 593 hospitals, 22 medical colleges, 9 dental colleges, 15922 doctors, 13235 nurses and 45621 beds for its estimated population of 154.8 million². The patients are regularly being deprived of the health facilities due to a number of irregularities and corrupt practices³. Limited resources, shortage of necessary equipments and medicines and an abnormally disproportionate ratio of doctors and nurses against patients- all these are reality in the context of medical services in Bangladesh⁴. To all these factors constantly obstructing in achievement of universal goal of ‘health for all’, medical negligence added a lethal one; causing our health services to be of inferior quality. Such incidents of medical negligence leading to a serious injury,

suffering and even death are on the rise that almost every day we find the news of negligence by the health professionals through media. In Bangladesh, one of the leading human rights organizations Ain o Salish Kendra (ASK) discovered 504 cases of medical negligence from June 1995 to September 2008 and most of which show the horrible picture of our medical sector as far as clinical negligence goes⁵. The most serious impact of such uncountable incidents of medical negligence and their going unpunished has strongly established a culture of impunity in the health care sector, both public and private, which is a serious threat to right to health care⁶. Moreover, negligence in health setting does not only threaten people’s ‘right to life’ and ‘right to health’ but also diminish the overall standards and acceptance of our health professionals and tarnish the reputation and image that makes people have a worse opinion of them. The changing doctor-patient relationship and commercialization of modern medical practice has affected the practice of medicine⁷. The factors that make such negligence happen or prevail in our health sector are apparent. There is no particular law or no statutory provisions for this and there are only some scattered references which are to be followed when a problem arises and which do not bring about any result in the patients’ favour⁸. Penal code is being used for medical negligence litigation⁹. Existing law is not well-defined to address the remedy against medical malpractice properly¹⁰. Due to the absence of effective application of laws the

medical professionals are taking the full advantages of their professional indemnity¹¹. The overwhelming number of people having poor economic status, while coming to the government health settings, face negligence in hospital and therefore, poor people are considered to be, in most cases, victim of medical negligence. Thinking it as their predestination, they hardly seek for the redress and even if the redress is sought for by the victims, the result is predictably negative.

Medical Negligence: The term negligence literally means lack of care. But mere carelessness is not what the term negligence means. The term refers to the failure of or omission to exercise care which a reasonable person would do in that circumstance. L.B. Curzon in dictionary of law defined the term 'negligence' as "a breach of legal duty to take care, resulting in damage to the climate which was not defined by the defendant"¹². Medical negligence is, on the other hand, a professional negligence that implies failure of a medical professional- doctor, physician, nurse, health assistant and other health care providers- to meet their standard of conduct. When their standard of acts or behaviors falls beneath the ethical standard of a medical professional as a service provider, we term it as 'medical negligence'. As the term 'negligence' is mostly attached to the law of tort, standards and regulations for medical negligence differ from country to country. Although medical negligence is expected to be defined by the law of a particular country, a plaintiff must establish all four elements of the tort of negligence for a successful medical malpractice claim – (i) a duty of care was owned by the physician; (ii) the physician violated the applicable standard of care; (iii) the person suffered from compensable injury and; (iv) the injury was caused in fact and proximately by the standard conduct¹³. More specifically, medical negligence means omission to do something by a medical professional that a reasonable one would do, or doing something that a reasonable one would not do.

Objectives: The general objective of the study was to know the overall scenario of negligence in medical settings of Bangladesh. Under this general objective, the study has been conducted on the basis of the following specific objectives: (i) to identify the persons liable for negligence in health settings; (ii) to specify the areas and nature of negligence and know the physical, financial and mental impact of it on the patients and their attendants; (iii) to know the behaviors of doctors, nurses, and other health professionals towards patients and their attendants and to what extent the latter are satisfied towards the former ones.

Material and Methods

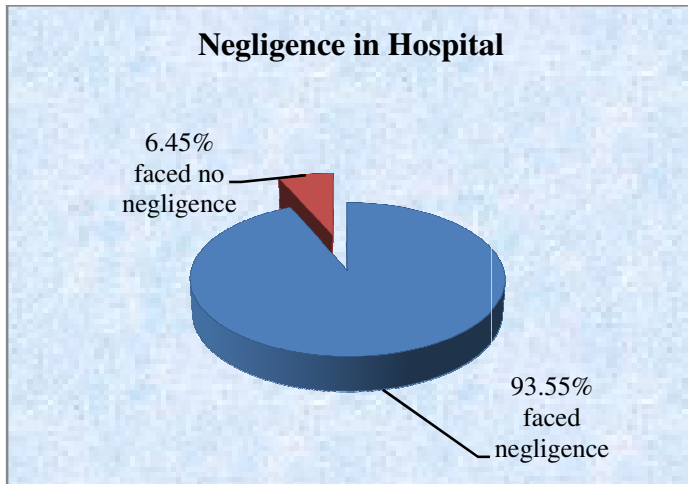
The study is an explorative social study. Both qualitative and quantitative data were collected from primary source following social survey method. Nine purposively selected

hospitals of Bangladesh namely Dhaka Medical College Hospital, Bangabandhu Sheikh Mujib Medical University (BSMMU), Shaheed Suhrawardy Medical College Hospital, National Orthopedic Hospital (Pangu Hospital), Gazipur Sadar Hospital, Dhaka Shishu (Children) Hospital, Rajshahi Medical College Hospital, Abdul Malek Ukil Medical College Hospital and Chapai Nawabganj Sadar Hospital were the area of the study. Before the main survey, a quick field visit to the selected hospitals under study was done to have an idea about the negligence in medical settings. 122 respondents (both male and female) who were both patients and attendants were selected as sample of the study by using purposive sampling technique. As data collection tool, an interview schedule was developed. Data were collected through direct interview with the respondents by using the interview schedule. In interview schedule, both open and close ended questions were designed. The interview schedule was prefaced in the field to bring necessary modification. Before launching the main study, all the techniques and tools were tested and modified if needed. Effective and supportive supervision has been ensured on a regular basis in order to control the quality of the study. Data have been presented using statistical table, diagram and chart. Then, descriptive analysis was done in order to show the prevailing practices and scenarios of negligence in medical settings of Bangladesh. It's worth mentioning that most of the respondents while coming across the interviewers did not want to provide information being scared of the concerned personnel, which is, however, thought to be the limitation of this study.

Results and Discussion

Trends and Impacts of Negligence in Hospital: The study is to unveil and highlight existing malpractices and negligence in government hospitals of Bangladesh. It discloses the formidable picture of negligence, the patients and their attendants are regularly incurring, in the hospitals of Bangladesh. Figure- 01 illustrates the proportion of patients and their attendants having experience of negligence in hospitals. It shows that the overwhelming number of the respondents, which constitutes 93.50%, accused that they, while coming to the hospitals for services, somehow experienced negligence in hospitals by the concerned people. The remaining portion, which constitutes 6.50% of the total respondents, reported that they did not have any experience of being neglected in the hospitals.

As is presented, it can be said that most of the patients and their attendants coming to the government hospitals of Bangladesh for health services face negligence by the concerned people including doctors, physicians, nurses and other service providers.



Source: Field Survey, 2014

Figure-1

Information on whether respondents faced any negligence in hospital

Table-1

Nature of losses respondents had due to negligence in hospital

Variable	Category	N=115	
		Frequency	Percentage (%)
Nature of Losses due to the Negligence	Suffering	96	83.48
	Financial loss	61	53.04
	Deterioration of condition	42	36.52
	Loss of mental strength	65	56.52

*More than one response was possible, Source: Field Survey, 2014

Moreover, table-1 provides information about the impacts of negligence on the respondents reporting to be the victim of negligence in hospitals. It shows that among the respondents who faced negligence in hospitals, 83.48% had suffered due to the negligence they incurred. A considerable number of them, which stand at 56.52%, lost their mental strength and became psychologically weak in response to the negligence they faced. Furthermore, 53.04% had financial loss due to the negligence they experienced. A bit smaller proportion of them amounting 36.52% accused that their health condition had deteriorated due to the negligence of the concerned professionals.

Persons Liable for Negligence in Hospitals: Health professionals who are engaged in providing health services can be classified into three basic categories. The first category entails doctors, physicians, dentists and others having same professional status and responsibilities. They have professional degrees and mostly engaged in diagnosis and treatment. The second one, as we classified, includes nurses, health assistants and so on of having same professional status and responsibilities. The third category, not necessarily from

medical background, entails all the executives and staffs working in hospitals and other health care providers beyond the personnel of former two categories. Figure-2 illustrates that most of the respondents- patients and their attendants-accused hospital executives and staffs to be neglected by. Among the total respondents 71.54% reported that they experience negligence of some kinds by them. A slightly lower number of respondents amounting 69.92% accused nurses and other health assistants to be neglected by. Moreover, a considerably smaller but larger than half of the total respondents, which stand at 50.41%, stated that they had been neglected by the concerned doctors, physicians or others of same status.

As is evolved, not only the persons of any specific category or having specific professional status are responsible for negligence in health sectors to hold them accountable, rather the persons of all categories, though not by all of them, are liable for negligence in hospitals of Bangladesh.

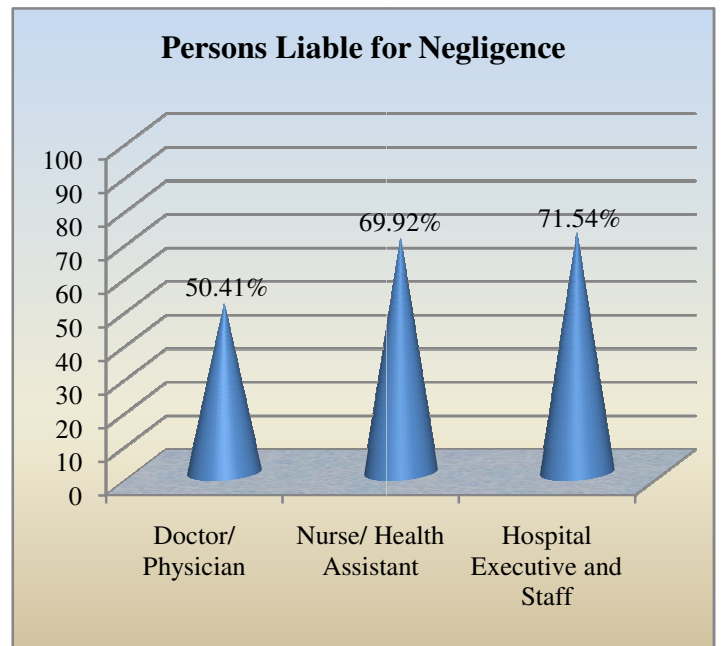


Figure-2

Persons liable for negligence in hospital

Source: Field Survey, 2014

Nature of Negligence in Hospitals: Although some incidents of negligence having devastating impacts on the victims are reported in media but negligence of many other natures remains always unreported. This is because the victims hardly seek for the redress thinking to be neglected as their predestination or being scared of them and, in some cases, having no adequate means of holding the perpetrators accountable. Undoubtedly, the nature of negligence patients and their attendants faced by the professionals of one category is not same to that of the professionals of other categories as the responsibilities differ. Table-2 shows that in terms of

negligence by doctors and physicians, 28.46% accused that they did not get them in time when needed. Likewise, 25.20% reported that the concerned doctors and physicians were inattentive to them while providing services. Meanwhile, 17.07% of them reported that they prescribed them without listening to them carefully. Moreover, 22.76% accused them of misbehaving with them. Unexpectedly, 14.63% of the total respondents stated that they referred them to their personal chamber so as to earn extra money from them. Furthermore, 19.51% of them thought that they did not provide or hide necessary information needed for their treatment. Besides, some patients and their attendants amounting 34.15% reported that they faced some other kinds of negligence like as wrong treatment, wrong advice, unnecessary test and low quality drug prescribed by them.

As per as the nature of negligence by the nurses, health assistants and others of having same status and responsibilities concerned, the table shows that the majority of the respondents, which constitute 60.16% of the total respondents, accused that the nurses and other health assistants misbehaved with them. 45.53% stated that they were not attentive to them. A bit lower proportion of them amounting 43.09% stated that they did not provide regular services to the respondents. Moreover, a small proportion of the respondents, which constitute 13.82%, said that they were advised wrongly by them. Furthermore, 34.15% also faced some other kinds of negligence like as not to provide information, unavailability and not to provide medicine regularly by them.

The table also evolves the nature of negligence by the concerned executives, staffs and other personnel working in the hospitals. It shows that a large proportion of respondents amounting 47.97% got delayed services from them. Moreover, 43.90% accused that they misbehaved with them. Besides, 34.96% of them experienced tyranny of middlemen (*Dalal*) which is a common phenomenon that goes without saying in the hospitals of Bangladesh. 25.20% of the respondents accused the concerned executives and staffs of showing nepotism whereas 19.51 reported that they didn't pay any attention to them while providing services. Furthermore, 30.89% faced some other kinds of negligence like apathy to provide information, unavailability when needed, hiding information they sought for.

As is explored, patients and their attendants coming to the hospitals of Bangladesh for services experience different kinds of negligence by the concerned professionals. Among them misbehavior, unavailability, inattention, apathy to provide information and delay are the common forms of negligence patients and their attendants face in the hospitals by them.

Nature of Behaviors of Health Professionals: Most often, people accuse the concerned health professionals of behaving deplorably with them. What is most reprehensible is that the concerned personnel, instead of serving people with adherence

to their professional responsibilities, behave in a manner that falls much beneath their professional code of ethics. To be sure, there are still some health professionals in the hospitals who behave with the patients and their attendants ethically as expected from them. But the disgraceful behavior of those professionals tarnishes the overall standard and reputation of our health care professionals. Table- 03 unveils the opinion of the respondents about how the concerned people behaved with them.

As per as the behavior of the doctors and others of same status concerned, it shows only 43.90% of the total respondents think their behavior as cordial whereas 38.11% think that they were not cordial to them. Moreover, some respondents amounting 9.76% think that they are unmannerly and the others, which stands for 8.13%, opined that their behavior is very bad. In terms of the behavior of nurses and others of same category, a huge proportion of respondents, which constitute 34.15%, think that their behavior is not cordial while only 26.83% of them opined positively as cordial. Besides, 20.32% of the respondents stated that the nurses and others of same status are unmannerly whereas 18.70% accused that their behavior is extremely bad. Subsequently, regarding the behavior of hospital executives, the table shows that only a very few respondents amounting 21.14% admitted their behavior to be cordial whereas 30.08% thought that they were not cordial to them. Furthermore, 17.89% opined their behaviors as unmannerly and 30.89% stated their behavior as extremely bad.

As is opined, it is therefore, can be said that the overwhelming number of the persons coming to the hospital are not satisfied towards the behavior of the concerned professionals and most of them accused their behavior to be not cordial rather unmannerly and extremely bad.

Negligence in the Pathological Test: One of the most remarkable areas of hospital services is pathological test. Almost all the patients are referred to some tests for diagnosis purpose. Unfortunately, the situation of negligence in the area of services is very grave and appears to be deteriorating and it is in pathological test where most patients and their attendants accused to be experienced negligence in. Table-04 demonstrates information about negligence in pathological test. It shows that the majority of the respondents, which stand at 54.47%, reported that they experienced negligence in pathological test. The remaining 45.53% stated that they did not face negligence of any kind in pathological test. The table also provides information about nature of negligence they faced in doing pathological tests. Moreover, the table also shows that a large proportion of respondents, which constitute 42.28% the total respondents, got delayed services from this department. Moreover, 21.14% accused the concerned personnel to claim extra money from them while doing the test. Likewise, 6.50% of the respondents claimed that the report they were provided was wrong and 16.26% of the

respondents stated that the concerned personnel were unwilling to do test although the tests were available in those hospitals.

Standard of Hospital Services: While discussing standard of various services provided by the hospital, it goes without saying that most of the people as service recipients from the hospitals are not satisfied with the standard of available services provided. This is due to the negligence,

mismanagement, unhealthy environment and lack of adequate facilities. Figure-03 illustrates that only a small proportion of respondents, which constitute 8.13%, showed their satisfaction to the various services provided in the hospitals. A significant number of the respondents, which stand at 36.59%, opined to be satisfied to some extent to the available services. But the overwhelming proportion of the respondents amounting 55.28% showed their dissatisfaction towards the various services and facilities available in the hospitals.

Table-2
Nature of negligence respondents faced in hospital

Variable	Category	N=123	
		Frequency	Percentage (%)
Nature of Negligence by Doctor/ Physician	Unavailability	35	28.46
	Misbehavior	28	22.76
	Referring to personal chamber	18	14.63
	Inattention	31	25.20
	Prescribing without listening to the patients	21	17.07
	Not to provide information	24	19.51
	Others (wrong treatment/ wrong advice / unnecessary test/ low quality drug)	42	34.15
Nature of Negligence by Nurse/Health Assistant	Misbehavior	74	60.16
	Inattention	56	45.53
	Withdrawal of regular services	53	43.09
	Wrong advice	17	13.82
	Others (not to provide information/ unavailability/ not to provide medicine regularly)	26	21.14
Nature of Negligence by Hospital Executive and Staff	Delay	59	47.97
	Misbehavior	54	43.90
	Tyranny of middlemen (<i>Dalal</i>)	43	34.96
	Claiming extra money	48	39.02
	Nepotism	31	25.20
	Inattention	24	19.51
	Others (apathy to provide information/ unavailability/ not to provide information)	38	30.89

*More than one response was possible, Source: Field Survey, 2014

Table-03
Opinion of the respondents towards the behavior of different health professionals

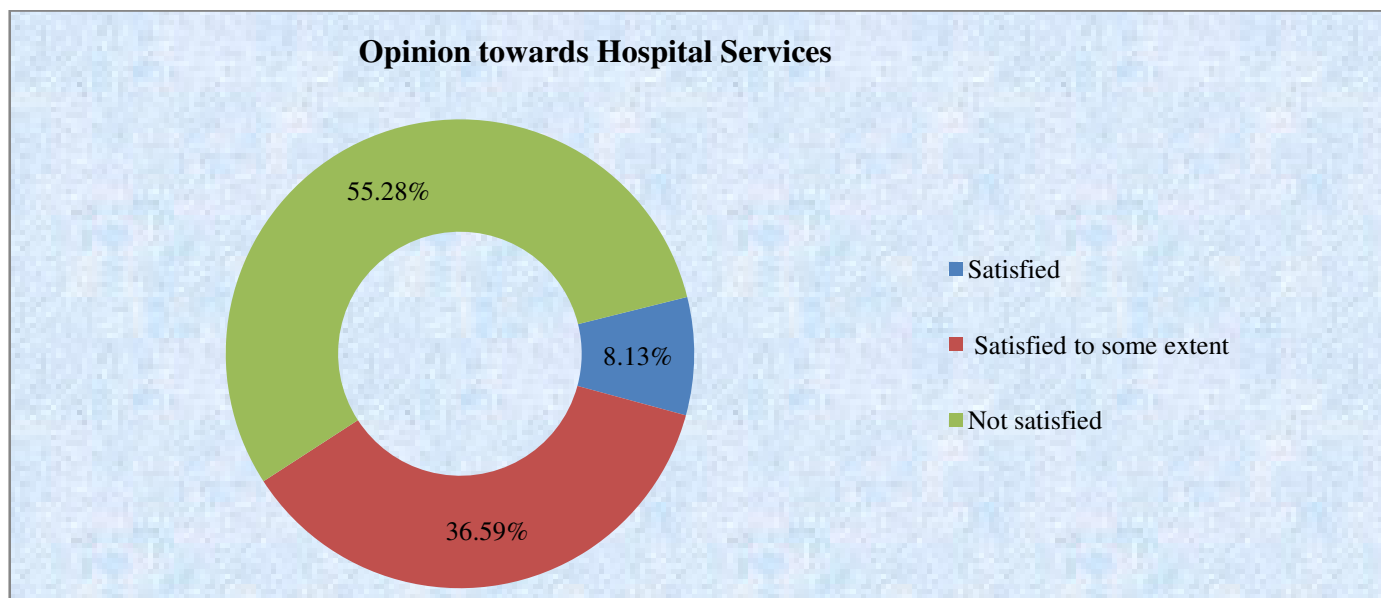
Variable	Category	N=123	
		Frequency	Percentage (%)
Behavior of Doctor/Physician	Cordial	54	43.90
	Not cordial	47	38.11
	Unmannerly	12	09.76
	Extremely bad	10	08.13
Behavior of Nurse/ Health Assistant	Cordial	33	26.83
	Not cordial	42	34.15
	Unmannerly	25	20.32
	Extremely bad	23	18.70
Behavior of Hospital Executive and Staff	Cordial	26	21.14
	Not cordial	37	30.08
	Unmannerly	22	17.89
	Extremely bad	38	30.89

Source: Field Survey, 2014

Table-4
Information about negligence in pathological test

Variable	Category	N=123	
		Frequency	Percentage (%)
Negligence in pathological test	Yes	67	54.47
	No	56	45.53
	Total	123	100.00
Nature of Negligence in Pathological Test*	Delay	52	42.28
	Claiming extra money	26	21.14
	Wrong report	08	06.50
	Unwilling to do test	20	16.26

*More than one response was possible, Source: Field Survey, 2014



Source: Field Survey, 2014

Figure-03
Opinion of the respondents towards hospital services

This data are really alarming for the health sector of Bangladesh though the constitution made it fundamental for government to take effective measures to protect people’s right to health and life. It would be reasonable to say people are increasingly getting fed up with the standard of services they are provided with.

Conclusion

One might have been taken aback by the information the study unveiled but this is, unexpectedly, what is generally going on in the hospitals of Bangladesh. The study showed that about 94% respondents faced negligence in hospitals and had losses of some kinds due to the negligence they faced. The patients and their attendants, by and large, are not satisfied towards the behavior of the concerned professionals and the services they were provided with, the study pointed out. Thankfully, there are still some health professionals in our health settings who are

working with professional integrity and strong adherence to their professional code of conduct being devoted to their services. The government should take effective measures to hold the perpetrators accountable and punishment should be meted out to the person found guilty of negligence. With the proper initiative taken by the concerned authorities, still we hope that everything will turn out all right and our health sector will be free from negligence of any kind by anyone and all the professionals will show the integrity to the responsibilities they were assigned with strong adherence to their professional code of conduct.

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