



An Obstetrician's Salute

By Dr Chew Shing Chai

OBSTETRICS (from Latin *obstare* meaning “to stand by” or “the one who waits”) indicates that delivery is a normal process where one merely has to await the natural outcome. Indeed the buzzwords are “watchful waiting” and “masterly inactivity”. Overenthusiastic interventions in the third stage of labour has been called “fundus fiddling”.

Historically, deliveries were left to women of low esteem, who were practically mendicants called “midwives”, and within the medical fraternity obstetrics always had a low status and ranking.

The low importance of midwives' contributions was emphasised by the Health Minister in 1978 when he closed down the School of Midwives, stating in the press that he himself was delivered in Batu Gajah by a mere “*bidan*” (a

Malay term, meaning “minimally trained local midwife”). This attitude was shared by a head of department in Kangang Kerbau Hospital who allocated the Medisave claim for deliveries to Table 1A (later to 1B) which allowed a claim of \$180. Since January 2014, it has been under Table 2B and a claim of \$750 is allowed.

This simple, natural and “cheap” procedure has become the most expensive burden for the Medical Protection Society (MPS) and bankrupted other medical defence companies as well.

Obviously, while most deliveries are simple and can be left to *bidans*, complications can be sudden, unexpected, terrifying and beyond control. This can only be fully appreciated by obstetricians through personal experience.

In 1969, I read Ian Donald's textbook *Practical Obstetric Problems*. He dedicated his book not to any person in particular, but "to those who have known doubt as I have, to those who have known fear as I have..." It was awesome that someone of his stature and experience had doubts and encountered fear in his professional practice.

Some of the conditions associated with unexpected bad outcomes include vasa previa, cord complications, amniotic fluid embolism and adherent placentas. These however are not in MPS's blacklist, as they can be successfully defended under the Bolam principle.

The current top two on the hit list are cerebral palsy and shoulder dystocia.

While there is no absolute index for shoulder dystocia, a cheek-to-cheek/biparietal diameter (BPD) ratio of over 88% is ominous, a BPD of over 100 millimetres and thoracic diameter over 110 millimetres should raise a red flag.

Cerebral palsy results in very high claims for damages as the child lives for many years. Recent colour scanning studies in Japan have shown that neuronal migration in utero may be defective, causing severe mental retardation which may only be seen three years after delivery. As this is difficult to prove, the obstetrician is blamed although it was a congenital condition.

The landmark case *Whitehouse v Jordan* [1981] was from a failed trial of forceps ending with caesarean section and cerebral palsy. The learned judge, Lord Denning (Master of the Rolls) applied the Bolam principle and dismissed the claim.

In Singapore, the Bolam principle has been applied in negligence cases, eg, *Khoo v Gunapathy* [2002], but of late there is a trend away from this. The lawyers have realised that levelling their charges based on "informed consent" is easier to win as Bolam does not apply.

In addition, Singaporeans can appeal to the Health Minister if their complaint is dismissed by the Preliminary Proceedings Committee and the Discipline Committee of the Singapore Medical Council (SMC). This subjects the doctor to "triple jeopardy" and increases MPS's financial burden.

Recently, Dr Lawrence Ang who went through this Trial by Ordeal was totally exonerated by the Chief Justice (CJ) who also chastised the Minister and awarded charges against SMC. (To obstetricians, there are such things called "Trial of Labour" and "Trial of Forceps". If it is going to fail, we say that it is a "Trial by Ordeal".) We are fortunate that the CJ, like the Master of the Rolls, upheld the rule of law and showed his impartiality in a truly landmark case.

The Royal College of Obstetricians and Gynaecologists' motto is "Super Ardua" and its logo depicts a shield with half light and half darkness, indicating that we work by day and by night, often sacrificing sleep, health, and even personal/family time. It is ironic that a medical insurance company was needed to highlight that we work in laborious conditions (pun intended).

As I bow to the inevitable, I salute my colleagues and friends who continue.

If I have any advice it is this:

1. Keep abreast of technology.
2. Hone your skills to keep out of trouble.
3. Keep Trials of Forceps to a minimum and remember Otify's grading for moulding before applying the forceps/ventouse. Failed forceps is not an option!
4. Avoid doing heroic procedures. Remember the words of Hoffmeister (a master oncologic gynaecologist): "In heroic surgery it is the patient, not the surgeon, who is the hero."
5. Foreigners are not for the faint-hearted - they are scarier than lawyers who actually are nice patients.

Vaya con Dios. ■

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