Death Following Laparoscopic Cholecystectomy: Foreseeable Complications and Vicarious Liability

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Laparoscopic cholecystectomy is a relatively safe procedure widely performed even in base hospitals in Sri Lanka. Medical literature says that it carries a small to moderate risk. A 52-year-old woman with diabetes mellitus and hypertension was diagnosed of having acute cholecystitis. An elective laparoscopic cholecystectomy was performed. She was complaining of post-op abdominal pain for four days for which she was only reassured that the pain after a major surgery was not unusual. It was only on the fourth day that the patient was diagnosed of having septic shock. She was immediately transferred to a tertiary care hospital. Emergency laparotomy revealed bilious peritonitis with 600 ml of bile in the peritoneal cavity, saponification around pancreatic head, duodenal tear at D₁ and an oozing stump of bile duct. On the 5th day, the patient died and the post-mortem examination revealed generalized peritonitis with features of pancreatitis. The cause of death was coined as septic shock following complications originated from laparoscopic surgery for acute cholecystitis. The concept of foreseeability and the ability to anticipate a complication before it worsens is a medical skill going hand in hand with high degree of suspicion. These qualities prove the ability to provide a reasonable degree of care and skill as doctors are responsible for protecting the patients against foreseeable risks and dangers. Lack of reasonable degree of care and skill, when some other factors too are proved, will amount to causation of medical negligence. The surgeon may seek the cover of the defense 'vicarious liability'.

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