R –v- DR PRIYA RAMNATH [2009]

BACKGROUND:

The recent conviction at Birmingham Crown Court of Dr Priya Ramnath for the manslaughter of a patient under her care at Stafford District General Hospital, occurs no less than a decade after the original inquest into the victim's death recorded a verdict of death by natural causes. This verdict was later overturned following a second inquest in 2004 and substituted for a verdict of unlawful killing.

Dr Ramnath, who moved to the United States shortly after the unfortunate incident in 1998, returned voluntarily to the United Kingdom in February 2007 following the initiation of extradition proceedings.

FACTS:

The victim, who was suffering from rheumatoid arthritis, was transferred by ambulance from Cannock Chase Hospital to Stafford District General Hospital's Intensive Therapy Unit after she developed septic shock as the result of an infected bunion.

The victim was admitted to A&E where the attending SHO correctly diagnosed septic shock and arranged for her transfer to the ITU. His notes recorded:

'*Transfer to ITU, put CVP line into neck, give adrenaline*'

Upon her admission to ITU the victim whilst ill was not in respiratory distress, she was both alert and sitting up, conversing with attending medical staff on the Unit. Her blood pressure however, was low, but not critically so. The on-call Medical Registrar set about putting in a central venous pressure line, in order to transfuse fluids and raise the patient's blood pressure.

Dr Ramnath, the on-call SHO Anaesthetist at some stage during treatment informed Sister that she wished to give the patient intravenous adrenaline to improve her heart rate. Sister relayed this to the on-call Registrar who stated that 'under no circumstances should intravenous adrenaline be given'. The defendant acted in contravention of this instruction and administered 3mls of intravenous adrenaline from a minijet in the face of protests by nursing staff.

Shortly after the victim became distressed, and suffered a cardiac arrest, the defendant intubated the patient who initially responded with rhythm and output, but this was not sustained. Attempts were made to

resuscitate the patient but efforts proved futile.

ISSUES:

A key issue in this case was the gap in time between the point at which the bolus of adrenaline was administered and the patient deteriorated. Recollections some ten years post event, understandably differed. The Crown contended that the timing was crucial and that the briefer the gap, the more likely adrenaline precipitated the patient's death. The Crown maintained that adrenaline should not have been given to a conscious patient in Mrs Leighton's condition, and that even if her condition were such that it warranted adrenaline it should not have been administered by a bolus but by means of a titration, slow and controlled. Furthermore the Crown maintained that adrenaline had been administered by the defendant at too high a dose; 1ml should have been the correct starting point and not 3ml. The Crown relied on Professors Hopkins and Forrest, who considered the patient's death was by cardiac artery vasospasm, or because her diseased heart needed more oxygen than it was getting. Either way, the adrenaline was responsible.

The defence by contrast contended that the giving of adrenaline was an appropriate course of treatment; therefore Dr Ramnath was not grossly negligent. Furthermore it advanced that the adrenaline had not been proved as the cause of death. The defence relied on the evidence of Professor Pounder, who considered the cause of death to be myocardial depression, associated with septic shock; together with the evidence of Drs Coakley and Riley, who considered the cause of death septic shock associated with etomidate.

DECISION:

The jury by a 10-2 majority found the defendant guilty of manslaughter by gross negligence. Mrs. Justice Rafferty handed down a suspended six-month custodial sentence to the defendant.

COMMENT:

In the context of this piece it scarcely seems necessary or appropriate for that matter to review the justifications for the imposition of criminal liability. Yet, in an era, which is marked by a sharp increase in prosecutions for manslaughter in healthcare, it is perhaps pertinent to remind oneself of the appropriateness of the imposition of negligent criminal liability upon the healthcare practitioner who errs fatally.

Although the prosecution and conviction of healthcare practitioners remains comparatively rare, the difficulties of interpretation and the potential vagaries of discretion illustrated in this case remind us that the clear and objective measurement of the offence of manslaughter by gross negligence is highly problematic in a healthcare setting.

The case of R-v-Ramnath, once again highlights the need to rethink this much criticized offence, and in the interim the present and pressing need for explicit and detailed guidance for prosecutors, trial judges and juries in cases where a healthcare practitioner has fatally erred in the course of their duty.

MR Burrow QC & MR Keeling appeared on behalf of the Prosecution

MR J Caplan QC & MR J Knowles appeared on behalf of the Defendants

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