THE REPUBLIC OF UGANDA

IN THE MATTER OF UGANDA MEDICAL AND DENTAL PRACTITIONERS ACT

AND

IN THE MATTER OF INQUIRY INTO ALLEGED PROFESSIONAL MISCONDUCT AND/OR INCOMPETENCE OF THE MEDICAL PERSONNEL OF KASSANDA HEALTH CENTRE IV IN TREATING AND MANAGING MS KABARUNGI AGNES, LEADING TO THE DEATH OF HER BABY.

KABARUNGI AGNES :: COMPLAINANT

VERSUS

DR. KUBUZIGU JOHNSON RICHARD :::::::::::::::::::::::::: RESPONDENT

FINDINGS AND RESOLUTIONS OF THE COUNCIL

Complaint Summary

The complainant, Kiwanuka Deo, is the husband to Kabarungi Agnes, hereinafter referred to as the mother, who was allegedly mismanaged at Kassanda Health Centre IV, leading to the death of her newborn baby and her life-threatening illness. The respondent, Dr. Kubuzigu Johnson Richard, is a Medical Doctor registered and licensed by the Uganda Medical and Dental Practitioners Council (here-in after referred to as the Council). The respondent was the In-charge of Kassanda Health Centre IV when the mother was admitted for medical care at the health facility.

Background

The Deputy Inspector General of Government (IGG) forwarded a complaint to the Council on 7th March 2024, stating that Dr. Richard Johnson Kubuzigu exhibited professional misconduct, including solicitation of a bribe from the patients at the health facility, including the complainant, negligence, and mismanagement of Kassanda

Health Centre IV. The Deputy IGG stated that her letter was intended to draw the matter to the Council's attention and inquire into it.

For his part, the respondent denied all the allegations of professional misconduct, negligence, and soliciting bribes from patients and averred that his interdiction was high-handed, denying a hearing in accordance with the principles of natural justice.

The Council's mandate

The Council's mandate, as spelled out under Section 3 of the Medical and Dental Practitioners Act (CAP 300), includes inter alia: exercising general supervision of the medical and dental practice at all levels; exercising disciplinary control over medical and dental practitioners; and to protect society from abuse of medical and dental care.

Among various ways of executing its mandate, the Council conducts inquiries when it receives complaints against medical practitioners and/or medical facilities under its ambit.

Consequently, the Council summoned both the complainant and the respondent for an inquiry to ascertain whether the respondent engaged in professional misconduct and neglect of care owed to the complainant.

The inquiry was held on 24/01/2025 at the Council premises

The following persons gave oral testimonies and represented themselves; no party named a legal representative.

1) Ms. Kabarungi Agnes, Complainant witness (the mother).
2) Dr. Kubuzigu Johnson Richard, the Respondent.
3) Dr. Sentamu Timothy, Respondent Witness (RW1).
4) Ms Nalika Faith, Respondent Witness (RW2).
5) Ms Ndagire Jessica, Respondent Witness (RW3).
6) Dr. Zinunula Noah, Respondent Witness (RW4).

Complainant's submission

The complainant did not attend the inquiry. However, since the complainant's witness was the mother and introduced herself as a spouse to the complaint, we consider her testimony sufficient for this inquiry.

Kabarungi Agnes stated that she was 18 years old, a resident of Kyankwanzi, staying with her parents, and having attained primary three education.

It was her testimony that when the pregnancy was due for delivery, she was taken to Kikandwa Health Center III for delivery. However, she was told that her condition required a caesarian section and referred to Kassanda Health Centre IV for further management.

When the mother and attendants reached Kassanda Health Centre IV, the health workers asked them to pay money to buy items to be used during the operation. The attendants did not have the money then but started mobilizing. She waited on the ward in severe labor pain until when they gave the money to an unnamed female health worker; she was operated on and sadly delivered a dead baby girl.

It was her testimony that the medicine the respondent prescribed after surgery was unaffordable for attendants and, thus, would buy a few doses and skip some days. She was later discharged and went back home. After three days at home, she started feeling severe pain around the scar that had started rotting, and she was taken back to Kassanda Health Centre IV for medical care. The respondent told her that she did not have enough blood and transfused her with two units of blood.

She stated that the respondent and nurses would occasionally work on her wound on the day that her attendants managed to raise money to buy drugs and other supplies. She was frequently worried about losing her life.

She expected Kassanda Health Center IV, being a government hospital, to give medicines free of charge and was surprised when she was told that she had to buy everything.

It was her testimony that while she was still admitted, the IGG officials came and noticed her foul-smelling and rotting surgical wound. She showed them a paper that the respondent had written on drugs to buy.

They organized transport and took her to Mityana Hospital, where she was attended to at no cost. While at Mityana Hospital, she underwent two surgical operations and gradually recovered.

She stated that she had recovered except for occasional abnormal pains on bending.

Respondent's submission

1. **Dr. Kubuzigu Johnson Richard (Respondent)**

Dr Kubuzigu Johnson Richard stated that he was an adult male resident of Kyedikyo Kassanda Town Council. He holds a Bachelor of Medicine and Bachelor of Surgery, and a Master of Public Health. He is a medical officer working with Kassanda District Local Government.

He stated that on 9/12/2023, at 10:35 a.m., he was in the theatre conducting a cesarean-section at Kassanda Health Centre IV when the midwife (RW2) came and informed him about a patient with obstructed labor referred from Kikandwa HCIII who needed urgent medical review.

Immediately after completing the surgery, he found the mother on the ward in labor and visibly distressed. He immediately mobilized other staff to help prepare the theatre for the emergency cesarean section.

He testified that the mother told him that the labor process had started on 6/12/2023, but she was first taken to the Traditional Birth Attendant (TBA) and stayed for two days before being taken to Kikandwa HC III. When he asked why the mother was delayed at

Kikandwa HC III after her referral, she told him they had difficulty finding transport means.

He stated that the mother was a young-looking lady with mild parlor and severe dehydration; the pulse rate and blood pressure were normal.

The fetus was in cephalic presentation, the abdomen had a Bandl's ring, and the fetal heart was normal.

The vagina was swollen, the cervix edematous; descent, 3/5, and inadequate pelvis admitting less than three knuckles.

Other systemic examination findings were unremarkable.

He diagnosed the mother with obstructed labor and ordered urethral catheterization, intravenous fluids, and emergency cesarean section.

He returned to the theatre and completed post-operative notes for the previous patient but realized the mother was not being brought in. RW2 informed him that the mother had not brought items needed for the surgery, prompting him to refer the mother to Mityana Hospital.

However, the mother and attendants declined the referral, alleging that Mityana Hospital was very far from their home, making it challenging to get food and personal necessities with their little money.

The mother's attendants later mobilized and brought the items for the operation. She was then taken to the theatre, had a cesarean section, and unfortunately delivered a baby girl who died shortly after birth. He stated that he could not break the news to the mother immediately because she had not yet recovered from the anesthesia.

The mother was hospitalized for three days, improved, and was discharged.

On 15th January 2024, the mother returned with postoperative complications characterized by severe abdominal pain, open abdominal wound discharging pus, moderate parlor, general

weakness, dehydration, and foul-smelling lochia. She was diagnosed with post-operative sepsis and offered a referral to Mityana Hospital. She still declined the referral due to being distant and unaffordable for personal needs and meals.

She was managed with blood transfusion, antibiotics, and wound dressing at Kasanda Health Center IV. The respondent further stated that the mother told him that she had been applying a hot water bottle around the wound since she did not have money to buy prescribed drugs upon discharge.

He further testified that on 19th January 2024, while conducting surgery in the theater, the staff informed him of an ongoing impromptu visit by the IGG. Upon completing that surgery, he met the Deputy IGG in the ward where the mother was admitted. He was asked if he knew and had been treating the mother and affirmed that he did.

He stated that the Deputy IGG falsely accused him of neglecting patients, soliciting money from patients, and mismanaging the health facility. She was so emotional that she ignored his explanation and ordered his immediate interdiction, which the CAO did.

After serving the maximum interdiction period of six months according to the public service standing orders, he wrote to the CAO, who advised him to contact the deputy IGG to review her decision. He wrote to the Deputy IGG accordingly. However, he received no response.

He testified that the Deputy IGG later invited him to a meeting at IGG's head office on 12/08/2024 to address his concern. At the venue, he found officials from Kasanda District Local Government and the Council. During the meeting, the Deputy IGG advised him to apologize for soliciting a bribe of UGX 300,000 (three hundred thousand shillings), which he rejected because he could not apologize for an offense he did not commit.

During cross-examination, when asked about the supplies he requested the mother to buy and whether there was a notice for patients and the public regarding these items, he stated that he had asked her to buy sutures, surgical gloves, IV fluids, adhesive plaster, catheters, and Jik(antiseptic). He added that there was no circular of requirements; however, each patient would be informed of what to buy based on their specific condition and the medical procedures involved.

He further stated that patients were often referred to Mityana Hospital when they failed to provide items that were not in stock.

The facility has a records book where all patients referred to other hospitals are registered. He stated that the lack of an ambulance also hindered the referral process for the mother.

2. Dr. Sentamu Timothy (RW1)

Dr. Sentamu Timothy stated that he was an adult male, a resident of Nansana municipality. He holds a Bachelor of Medicine and Bachelor of Surgery, and a Masters of Medicine in Orthopedic Surgery. He joined Mityana Hospital as a Medical Officer and served as a Medical Superintendent from 2023 to 2024. He later transferred service to China Uganda Friendship Hospital Naguru to date.

It was Dr. Sentamu's testimony that at about 7:00 p.m. on 20 /1/ 2024, he received the CAO and most of the senior district staff at the hospital ahead of the deputy IGG's visit.

He recalled assessing a young mother brought to the hospital with a burst abdomen. The mother was admitted for a duration of six to eight weeks and underwent two operations during her stay. It was a complex case to manage, and the income from the private wing was spent on laboratory tests, including a pus culture and sensitivity test and buying strong antibiotics. Eventually, she showed improvement and was discharged.

He stated that the mother's case was not an isolated incident caused by a shortage of medical supplies in the Mityana district. The National Medical Stores (NMS) supposed to distribute medical supplies every two months, did not do so, with some health facilities going for three months without essential medical supplies.

3. Ms Nalika Faith (RW2)

Ms Nalika Faith stated that she was an adult and enrolled as a midwife at Kassanda Health Center IV.

It was her testimony that on 9/12/2023, around 10:30 am, the mother, a 17-year-old prime gravida, was admitted at Kasanda HCIV, having been referred from Kikandwa HCIII due to fetal distress and obstructed labor.

The mother had told her that the labor started on 6/12/2024; she first went to the TBA, failed to deliver, was taken to Kikandwa HCIII, and then referred to Kassanda HCIV.

She examined the exhausted mother, whose vitals were normal except for a raised pulse and a Bandl's ring. She then went to the theater and discussed the case with the respondent, who was operating on another mother. The respondent requested that she insert a urethral catheter in the meantime, obtain informed consent from the mother, and prepare her for theatre.

She testified that she wrote the items required for the operation and gave the list to the mother's attendants. She did not participate in the cesarean section and only saw the mother again when re-admitted.

She further testified that the Deputy IGG's team found her on duty. They confiscated the prescription paper of drugs the mother was to buy and transferred her to Mityana Hospital.

On cross-examination, she stated that the respondent would dress the mother's wound and write drugs to buy but hadn't heard or seen his note requesting UGX 300,000 (three hundred thousand shillings only).

4. Ms Ndagire Jesica (RW3)

Ms Ndagire Jesica testified as an adult female, CAO for Kassanda District since July 2023. She holds a Master's in Urban Management and Governance, a Diploma in Public Management, and a Bachelor's in Social Work and Social Administration.

It was her testimony that on 22/12/2023, the Deputy IGG conducted an impromptu visit to Kassanda District, including Kassanda Health Center IV.

She stated that the mother while admitted to the health facility, had told IGG's team how she received no treatment that day and gave them a list of prescribed medications to be bought.

When she asked the Respondent why he sent the mother to buy stocked drugs, he responded that he was too busy to inquire from the store manager about what was in stock.

The IGG's team arranged an ambulance to take the patient to Mityana Hospital for further treatment.

She stated that the Deputy IGG ordered Dr. Kubuzigu's immediate interdiction, citing bribery allegations, mismanagement, and failure to supervise staff. After six months of interdiction, the respondent sought the CAO to lift the interdiction. The CAO referred him to the IGG's office for a comment.

Subsequently, officials from Kassanda District and the Council met with Dr. Kubuzigu at the IGG's head office in Kampala to address the matter. During the meeting, IGG advised Dr. Kubuzigu to apologize for failing to manage the facility and soliciting a bribe from the patient's attendants. Dr. Kubuzigu declined to apologize for soliciting a bribe, insisting that he never committed the offense.

5. Dr. Zinunula Noah – In Charge Kassanda HCIV (RW4)

Dr. Zinunura stated that he was an adult male, a resident of Mubende municipality, and a holder of a Bachelor of Medicine and Bachelor of Surgery. He testified that he was deployed at Kassanda Health Centre

IV in 2013 as.a medical officer and was promoted to In-Charge upon Dr. Kubuzigu's interdiction.

Dr. Zinunula testified that the facility had an irregular supply of drugs and commodities, with NMS supplying what was available in their stock instead of what the facility ordered. That NMS delivered medications on 19/12/2023 after missing the October 2023 cycle. The previous delivery had occurred on 25/9/2023.

Analysis by the Council

From the review of the complaint, the response thereto, the patient's file, testimonies of witnesses during the inquiry, medical knowledge, and medical practice protocols, the Council answered the inquiry questions as follows;

1. ***Whether the respondent's actions constitute professional misconduct?***
2. **What recommendations are available for the parties?**

Resolution of issues:

Issue 1: Whether the respondent's actions constitute professional misconduct?

The Black's Law Dictionary defines professional misconduct as a ***violation of some established and unambiguous rule of action, a prohibited act, failure to perform a duty, unlawful behavior, and improper or wrongful behavior.***

Briefly, the mother was a 17-year-old prime gravida at term admitted at Kassanda Health Centre IV as a referral from Kikandwa HCIII with obstructed labor due to a narrow pelvis. She had spent two days at a TBA's place before visiting Kikandwa HCIII. She underwent a cesarean delivery after delays attributable to stock out of essential medical supplies. Unfortunately, the baby passed away within an hour after birth. The mother subsequently developed serious postoperative sepsis and was hospitalized for nearly two months at Mityana Hospital, where she received treatment (including two other surgeries) and

eventually improved. She meets the criteria for Maternal near-miss morbidity, according to the World Health Organization.

During the inquiry, several key facts emerged.

The mother acknowledged experiencing a delay at Kikandwa HCIII due to a lack of transport. The mother also admitted to consulting a TBA, corroborating the respondents' testimonies.

Both parties concurred that there was a delay in performing the cesarean section at Kasanda HCIV.

There was an erratic supply of medicines and theatre commodities at the time.

There was poor stakeholder engagement by the respondent, including failing to display publicly the items out of stock.

Furthermore, it is clear that the Respondent was summarily interdicted.

The mother and attendants maintained that they handed over UGX 300,000 in cash to a female health worker, but they were unable to identify her by name or recognize her among the respondent's witnesses, including the midwife who was on duty.

Applying Thaddeus and Maine's Three Delays Model, the complications of obstructed labor, including early neonatal death and post-surgical sepsis, were because the mother experienced delays in accessing timely and appropriate care, particularly a decision to seek care (time lost seeking care from TBA), a delay in reaching a capable health facility (cited lack of ambulance), a delay in receiving adequate care at the facility (stocked out items for caesarian delivery).

The Council concludes that the Respondent acted within the limits of available resources provided by his employer, Kasanda District local government.

He performed a cesarean section too late to save the baby and prescribed the necessary medication, which was out of stock and unaffordable for the mother, leading to post-operative sepsis.

Therefore, the allegation of professional misconduct against Dr. Kubuzigu Johnson Richard fails. However, the Council notes that he had gaps in communication skills and interpersonal relationships.

The allegation of soliciting a cash bribe is undetermined based on the witness testimony alone.

2. What recommendations are available for the parties?

Based on the findings and conclusions above, the Council recommends that:

1. Dr. Kubuzigu Johnson Richard should attend a training in professional communication skills to improve his key stakeholder management and interpersonal relationship skills. He should share evidence of attendance of the training with the Council within 60 days from the date indicated below.

2. Kasanda District local government should ensure the healthcare workers have the necessary items to deliver quality medical and surgical services. Collaborating with NMS, the district should ensure the timely delivery of drugs and other supplies, preventing similar issues from happening in the future.

3. The In-charge of Kassanda HC IV should utilize public notice boards to communicate transparently with patients and the public should there be any stock-outs of essential medical supplies.

4. The Director of Public Prosecution can address the issue of soliciting a bribe which is a criminal offence.

Signed on this 16th day of April 2025 by the members of the Council hereafter:

1. Assoc. Prof. Joel Okullo (Chairperson).....
2. Dr. Ayub Twaha (Vice Chairperson) .....
3. Dr. Daniel Tumwine (Member) .....
4. Dr. Mark Andrew Muyanga (Member).....
5. Dr. Maxwell Okello (Member).....
6. Prof. Joseph Ngonzi (Member).....
7. Dr. Asiphas Owaraganise (Member).....