

****Title:****

Lucas v. Dr. Tuaño

****Facts:****

1. ****August 1988:**** Peter Paul Patrick Lucas (Peter) contracts sore eyes in his right eye.
2. ****2 September 1988:**** Peter consults Dr. Prospero Ma. C. Tuaño at St. Luke's Medical Center via Philamcare referral.
 - Dr. Tuaño diagnoses conjunctivitis and prescribes Spersacet-C eye drops.
 - Dr. Tuaño advises Peter to return the following week for a follow-up.
3. ****9 September 1988:**** Follow-up consultation:
 - The sore eyes have cleared.
 - EKC, a viral infection, diagnosed.
 - Dr. Tuaño prescribes Maxitrol eye drops (6 drops/day).
4. ****21 September 1988:**** Follow-up consultation:
 - EKC resolved.
 - Advised to taper off Maxitrol gradually to avoid recurrence.
5. ****6 October 1988:**** Another recurrence of EKC.
 - Dr. Tuaño prescribes Blephamide as a substitute due to Maxitrol being unavailable.
6. ****18 October 1988:**** Follow-up; severe eye pain and symptoms return.
 - Increase to maximum dosage of Blephamide
7. ****4 November 1988:**** Follow-up.
 - EKC present only at the periphery.
 - Prescribes a lower dose of Blephamide.
8. ****26 November 1988:**** Severe EKC symptoms return.
 - Dr. Tuaño reassures Peter and prescribes Maxitrol again.
9. ****13 December 1988:**** Peter awakes with no vision in his right eye. Dr. Tuaño diagnoses elevated IOP (39.0 Hg).
 - Prescribes Diamox and Normoglaucan.
10. ****15 December 1988:**** Follow-up.

- IOP normal (21.0 Hg).

11. **21 December 1988:** Consults Dr. Batungbacal, who diagnoses glaucoma and recommends Laser Trabeculoplasty.

12. **23 December 1988:** Follow-up.

- IOP 41.0 Hg.

13. **28 December 1988:** Dr. Tuaño refers Peter to Dr. Manuel B. Agulto.

- Continuing elevated IOP.

14. **31 December 1988:** Dr. Tuaño follows Dr. Agulto's prescription.

15. **2 January 1989 - 20 January 1989:** Multiple follow-ups show fluctuating IOP levels. Advised to use Timolol B.I.D. and D'epifrin.

16. **13 January 1989:** Peter consults Dr. Aquino who confirms the chronic nature of his glaucoma.

17. **May 1990 and June 1991:** Undergoes laser surgeries to control IOP.

Procedural Posture:

- **1 September 1992:** Peter, his spouse Fatima, and his children file a civil suit for damages against Dr. Tuaño (Civil Case No. 92-2482) alleging negligence causing steroid-induced glaucoma.

- **14 July 2000:** RTC dismisses the complaint for insufficiency of evidence.

- **27 September 2006:** Court of Appeals affirms RTC decision.

- **Petition for Review on Certiorari under Rule 45 to the Supreme Court.**

Issues:

1. Whether the Court of Appeals erred in affirming the RTC decision dismissing petitioners' complaint for damages due to insufficiency of evidence.

2. Whether the Court of Appeals erred in dismissing the complaint on the ground that no medical expert was presented to prove the medical negligence claim.

3. Whether the Court of Appeals erred in not finding Dr. Tuaño liable for actual, moral, and exemplary damages, as well as attorney's fees, due to gross negligence.

Court's Decision:

1. **Insufficiency of Evidence:**

- **Finding:** Supreme Court affirmed the lower courts' findings that petitioners did not establish Dr. Tuaño's negligence by preponderance of evidence.

- **Rationale:** The complaint lacked definitive evidence that the prescribed medication

and its dosage caused the glaucoma.

2. **Need for Expert Testimony:**

- **Finding:** Supreme Court held that expert medical testimony was essential to establish the alleged breach of medical standards.
- **Rationale:** The medical standard and any deviation therefrom must be established by medical experts in the field, which petitioners failed to provide.

3. **Claim for Damages:**

- **Finding:** Without proof of standard medical care deviation or causation, Dr. Tuaño cannot be held liable for the damages claimed by the petitioners.
- **Rationale:** The petitioners' failure to substantiate their claims with relevant expert testimonies rendered their arguments weak and speculative.

Doctrine:

The case reiterates the principle that:

- In medical negligence or malpractice cases, claimants must establish evidence of the standard medical care, demonstrate the breach of this standard by the physician, and show a direct causal link between the breach and the injury suffered.
- Expert medical testimony is crucial for establishing both the expected standard of care and breach in medical negligence cases.

Class Notes:

- Key Concepts in Medical Negligence:

- **Duty of Care:** Physicians must exercise the same degree of skill, knowledge, and care as reasonably competent practitioners.
- **Breach of Duty:** Failure to perform to the accepted practice standards. Expert testimony generally required.
- **Causation:** Direct link between breach and injury.
- **Proximate Cause:** Injury must naturally follow the breach.
- **Article 2176 of Civil Code:** Establishes liability for quasi-delicts (similar to torts).

Historical Background:

- The 1980s saw growing regulation and scrutiny of medical practices globally, spotlighting patient rights and medical malpractice. This case emerged during a period when medical

negligence suits became more common, reflecting evolving standards in patient care, legal awareness, and accountability in the Philippines.