

****Title:**** Dr. Antonio P. Cabugao and Dr. Clenio Ynzon vs. People of the Philippines and Spouses Rodolfo M. Palma and Rosario F. Palma

****Facts:****

- June 14, 2000: 10-year-old Rodolfo F. Palma, Jr. (JR) had abdominal pain. His parents brought him to Dr. Antonio P. Cabugao.
- June 15, 2000, 4:30 AM: Due to persistent pain, JR was brought back to Dr. Cabugao, who referred JR to the Nazareth General Hospital for confinement.
- At the hospital, blood samples and a diagnostic ultrasound indicated potential appendicitis, showing a high white blood cell count and inflammation in the abdominal area.
- Dr. Cabugao, suspecting acute appendicitis, referred the case to Dr. Clenio Ynzon, a surgeon, who ordered antibiotics and pain relief, and placed JR under observation for 24 hours.
- June 16, 2000: JR's condition worsened with symptoms of vomiting, diarrhea, and a fever, yet Dr. Ynzon did not personally monitor or re-evaluate JR closely apart from telephone instructions.
- June 17, 2000: JR's condition deteriorated further, resulting in a fever of 42°C, convulsions, and eventual death by the afternoon.
- A Death Certificate listed the causes of death as cardiorespiratory arrest, metabolic encephalopathy, septicemia (acute appendicitis), and possibly a cerebral aneurysm.

Post-death procedural steps:

- February 1, 2001: Information was filed for reckless imprudence resulting in homicide against both doctors.
- Trial court convicted both doctors on February 28, 2003.
- Court of Appeals affirmed the decision on June 4, 2004.
- Dr. Antonio P. Cabugao and Dr. Clenio Ynzon filed appeals with the Supreme Court.

****Issues:****

1. Whether the charge of failing to perform immediate surgery amounts to reckless imprudence resulting in homicide.
2. Existence of conspiracy among the accused doctors to neglect the patient's urgent need for medical intervention.
3. Scope of responsibility and standard of care in medical practice required from a general practitioner (Dr. Cabugao) and a surgeon (Dr. Ynzon).
4. Appropriateness and sufficiency of the 24-hour observation period.
5. Impact of procedural and monitoring failures on the liability determination.

6. Whether the defense's expert testimonies validated the methods employed by the accused doctors.

7. Determination of the proximate cause of JR's death.

Court's Decision:

1. **Conspiracy and Failure to Operate:**

- Dr. Ynzon's failure to perform or even contemplate necessary surgery, despite the symptoms and initial suspicion of appendicitis, amounted to gross negligence.
- Dr. Cabugao, a general practitioner, could not have been expected to perform surgery; his duty was to refer JR to a surgeon, which he did promptly.

2. **Dr. Ynzon's Liability:**

- The Court highlighted Dr. Ynzon's lack of direct monitoring, excessive reliance on telephone orders, and failure to act upon deteriorating symptoms, all amounting to reckless imprudence.
- Despite guidelines suggesting close observation and reassessment every 4-6 hours, Dr. Ynzon did not meet these standards, leading to JR's death.

3. **Dr. Cabugao's Acquittal:**

- The Court noted Dr. Cabugao, not being a surgeon, could only refer JR to one and that he repeatedly instructed hospital staff on medical orders and possible appendicitis.
- The Court found no negligence or lack of precaution in Dr. Cabugao's actions.

4. **Death and Civil Liabilities:**

- Dr. Ynzon's death extinguished his criminal liability; however, the civil liabilities against his estate could continue. The civil action based on non-delict sources (contracts, quasi-contracts, quasi-delicts) remains viable.

Doctrine:

- Criminal liability in reckless imprudence demands clear proof of inexcusable lack of precaution, relative to the problematic act or omission, evaluated against the standard care other professionals in good standing would exhibit.

Class Notes:

- **Reckless Imprudence:** Voluntary act or omission done without malice, resulting in material damage due to lack of caution.
- **Standard of Care:** The appropriate level of activity that a reasonable physician would exercise under similar circumstances. For medical professionals, continuous patient

evaluation and timely intervention (e.g., surgery for suspected appendicitis) are crucial.

- **Responsibility Levels:** General practitioners are expected to diagnose and refer cases beyond their expertise; specialists must directly apply critical skills, especially in emergencies.

Historical Background:

- The case exemplifies critical aspects of medical malpractice in the Philippine context, especially the judicial expectations of reasonable care and the handling of emergency diagnoses like acute appendicitis.

- It underscores the evolving legal standards for medical professionals' duties, particularly regarding timely surgical interventions and vigilant patient monitoring.