

Title:

****Our Lady of Lourdes Hospital vs. Spouses Romeo and Regina Capanzana (G.R. No. 89030)****

Facts:

Regina Capanzana, a 40-year-old nurse, was scheduled for her third caesarean section (C-section) on January 2, 1998. However, she went into labor on December 26, 1997, leading to an emergency C-section at petitioner Our Lady of Lourdes Hospital, attended by Dr. Miriam Ramos (obstetrician/gynecologist) and Dr. Milagros Joyce Santos (anesthesiologist). Regina had no known history of cardiac issues and was found fit for anesthesia.

Post-operation, Regina was transferred to a regular room. At 2:30 a.m. the next day, she experienced symptoms of headache, chills, restlessness, and shortness of breath. Despite her niece's call for help, it took around 10 minutes for the nurses to attend and call the resident doctor, resulting in delayed oxygen administration. Regina progressed to pulmonary edema, subsequently diagnosed with rheumatic heart disease mitral stenosis and mild pulmonary hypertension, leading to cardiac arrest, hypoxic encephalopathy (brain damage), and a vegetative state. She died on May 11, 2005.

Spouses Capanzana sued the hospital, Dr. Ramos, Dr. Santos, and unidentified nurses for negligence. The Regional Trial Court (RTC) found negligence by the nurses but cleared the doctors and the hospital. It held the midwife, Florita Ballano, liable for damages. On appeal, the Court of Appeals (CA) upheld the findings of nurse negligence but held the hospital liable under the doctrine of corporate responsibility and absolved Ballano.

Issues:

1. Whether the nurses breached their duty to Regina and caused her injury.
2. Whether the hospital could be held liable for the negligence of its nurses.
3. Whether the hospital's failure to provide timely oxygen was the proximate cause of Regina's brain damage.
4. Whether the hospital exercised due diligence in supervising its nurses.
5. Whether there was an error in the exclusion of nurse Evelyn David's testimony.
6. Whether the hospital could demand payment for Regina's unpaid hospital bills.

Court's Decision:

1. Breach of Duty by Nurses:

The Supreme Court upheld the findings of both the RTC and the CA that the nurses

breached their duty by delaying the administration of oxygen and informing the resident doctor. Expert testimonies established the importance of prompt oxygen administration to prevent brain damage.

2. Hospital Liability:

The Court affirmed the hospital's liability for nurse negligence under Article 2180 in relation to Article 2176 of the Civil Code, stating the hospital failed to prove due diligence in supervising its nurses effectively.

3. Proximate Cause:

The delay in administering oxygen was found to be the proximate cause of Regina's hypoxic encephalopathy. The nurses' failure to promptly respond played a substantial part in causing Regina's brain damage.

4. Supervision of Nurses:

The Court affirmed that the hospital's claim of adequate supervision was not supported by evidence. Instances of nurses' tardiness and absences without sanctioning indicated a failure in the implementation and monitoring of supervision rules.

5. Exclusion of Testimony:

The Court upheld the trial court's denial of the hospital's Motion for Leave to take nurse Evelyn David's deposition, finding that the motion, filed years after the beginning of the trial, was likely intended to delay proceedings.

6. Unpaid Hospital Bills:

The Court ruled that the unpaid hospital bill of P20,141.60 should be deducted from the actual damages awarded to the respondents.

Doctrine:

****Corporate Responsibility:****

The hospital's liability for the actions of its employees under Article 2180 in relation to Article 2176 of the Civil Code. It must prove diligence in supervision, not just in selection, to avoid liability.

****Proximate Cause:****

Defined in *Ramos v. CA* as the dominant cause that produces injury in a natural and continuous sequence, without which the result would not have occurred.

****Negligence Standard:****

A failure to act as a reasonably prudent health professional is a breach of duty. Timely intervention can prevent injury, highlighting the importance of immediate medical response in emergencies.

Class Notes:

1. ****Medical Negligence Elements:****

- Duty: Obligation to act with prudence.
- Breach: Failure to meet the standard of care.
- Injury: Harm resulting from the breach.
- Causation: Direct link between breach and injury.

2. ****Corporate Responsibility Doctrine:****

- Employer liability for employees' negligence.
- Burden of proving diligent supervision lies with the employer.

3. ****Proximate Cause:****

- Injury should be a probable consequence of an act/omission.
- A failure to act can be considered a proximate cause.

4. ****Relevant Legal Provisions:****

- Article 2176, Civil Code: Quasi-delicts.
- Article 2180, Civil Code: Employer's liability for employee's act.

Historical Background:

This case sheds light on the evolving legal landscape surrounding medical negligence and hospital responsibility in the Philippines. Historically, the realm of medical liability was reluctant to extend principles like corporate responsibility and proximate causation to hospitals. But as healthcare systems grew more complex, there was recognition of the need for stringent adherence to patient care protocols and supervisory roles in medical facilities to ensure accountability and patient safety. The case underscores the judiciary's role in balancing legal principles with the practical intricacies of healthcare delivery systems.