

SPOUSES FREDELICTO FLORES (DECEASED) AND FELICISIMA FLORES, PETITIONERS, VS. SPOUSES DOMINADOR PINEDA AND VIRGINIA SACLOLO, AND FLORENCIO, CANDIDA, MARTA, GODOFREDO, BALTAZAR AN...

G.R. No. 158996. November 14, 2008

Ponente: BRION, J.

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BRION, J.:

This petition involves a medical negligence case that was elevated to this Court through an appeal by certiorari under Rule 45 of the Rules of Court. The petition assails the Decision[1] of the Court of Appeals (CA) in CA G.R. CV No. 63234, which affirmed with modification the Decision[2] of the Regional Trial Court (RTC) of Nueva Ecija, Branch 37 in Civil Case No. SD-1233. The dispositive portion of the assailed CA decision states:

WHEREFORE, premises considered, the assailed Decision of the Regional Trial Court of Baloc, Sto. Domingo, Nueva Ecija, Branch 37 is hereby AFFIRMED but with modifications as follows:

1)

Ordering defendant-appellants Dr. and Dra. Fredelicto A. Flores and the United Doctors Medical Center, Inc. to jointly and severally pay the plaintiff-appellees – heirs of Teresita Pineda, namely, Spouses Dominador Pineda and Virginia Saclolo and Florencio, Candida, Marta, Godofredo, Baltazar and Lucena, all surnamed Pineda, the sum of P400,000.00 by way of moral damages;

2)

Ordering the above-named defendant-appellants to jointly and severally pay the above-named plaintiff-appellees the sum of P100,000.00 by way of exemplary damages;

3)

Ordering the above-named defendant-appellants to jointly and severally pay the above-named plaintiff-appellees the sum of P36,000.00 by way of actual and compensatory damages; and

4)

Deleting the award of attorney's fees and costs of suit.

SO ORDERED.

While this case essentially involves questions of facts, we opted for the requested review in light of questions we

have on the findings of negligence below, on the awarded damages and costs, and on the importance of this type of ruling on medical practice.[3]

BACKGROUND FACTS

Teresita Pineda (Teresita) was a 51-year old unmarried woman living in Sto. Domingo, Nueva Ecija. She consulted on April 17, 1987 her townmate, Dr. Fredelicto Flores, regarding her medical condition. She complained of general body weakness, loss of appetite, frequent urination and thirst, and on-and-off vaginal bleeding. Dr. Fredelicto initially interviewed the patient and asked for the history of her monthly period to analyze the probable cause of the vaginal bleeding. He advised her to return the following week or to go to the United Doctors Medical Center (UDMC) in Quezon City for a general check-up. As for her other symptoms, he suspected that Teresita might be suffering from diabetes and told her to continue her medications.[4]

Teresita did not return the next week as advised. However, when her condition persisted, she went to further consult Dr. Flores at his UDMC clinic on April 28, 1987, travelling for at least two hours from Nueva Ecija to Quezon City with her sister, Lucena Pineda. They arrived at UDMC at around 11:15 a.m.. Lucena later testified that her sister was then so weak that she had to lie down on the couch of the clinic while they waited for the doctor. When Dr. Fredelicto arrived, he did a routine check-up and ordered Teresita's admission to the hospital. In the admission slip, he directed the hospital staff to prepare the patient for an "on call" D&C[5] operation to be performed by his wife, Dr. Felicisima Flores (Dr. Felicisima). Teresita was brought to her hospital room at around 12 noon; the hospital staff forthwith took her blood and urine samples for the laboratory tests[6] which Dr. Fredelicto ordered.

At 2:40 p.m. of that same day, Teresita was taken to the operating room. It was only then that she met Dr. Felicisima, an obstetrician and gynecologist. The two doctors – Dr. Felicisima and Dr. Fredelicto, conferred on the patient's medical condition, while the resident physician and the medical intern gave Dr. Felicisima their own briefings. She also interviewed and conducted an internal vaginal examination of the patient which lasted for about 15 minutes. Dr. Felicisima thereafter called up the laboratory for the results of the tests. At that time, only the results for the blood sugar (BS), uric acid determination, cholesterol determination, and complete blood count (CBC) were available. Teresita's BS count was 10.67mmol/l[7] and her CBC was 109g/l.[8]

Based on these preparations, Dr. Felicisima proceeded with the D&C operation with Dr. Fredelicto administering the general anesthesia. The D&C operation lasted for about 10 to 15 minutes. By 3:40 p.m., Teresita was wheeled back to her room.

A day after the operation (or on April 29, 1987), Teresita was subjected to an ultrasound examination as a confirmatory procedure. The results showed that she had an enlarged uterus and myoma uteri.[9] Dr. Felicisima, however, advised Teresita that she could spend her recovery period at home. Still feeling weak, Teresita opted for hospital confinement.

Teresita's complete laboratory examination results came only on that day (April 29, 1987). Teresita's urinalysis showed a three plus sign (+++) indicating that the sugar in her urine was very high. She was then placed under the care of Dr. Amado Jorge, an internist.

By April 30, 1987, Teresita's condition had worsened. She experienced difficulty in breathing and was rushed to the intensive care unit. Further tests confirmed that she was suffering from Diabetes Mellitus Type II.[10] Insulin was administered on the patient, but the medication might have arrived too late. Due to complications induced by diabetes, Teresita died in the morning of May 6, 1987.[11]

Believing that Teresita's death resulted from the negligent handling of her medical needs, her family (respondents)

instituted an action for damages against Dr. Fredelicto Flores and Dr. Felicisima Flores (collectively referred to as the petitioner spouses) before the RTC of Nueva Ecija.

The RTC ruled in favor of Teresita's family and awarded actual, moral, and exemplary damages, plus attorney's fees and costs.[12] The CA affirmed the judgment, but modified the amount of damages awarded and deleted the award for attorney's fees and costs of suit.[13]

Through this petition for review on certiorari, the petitioner spouses – Dr. Fredelicto (now deceased) and Dr. Felicisima Flores – allege that the RTC and CA committed a reversible error in finding them liable through negligence for the death of Teresita Pineda.

ASSIGNMENT OF ERRORS

The petitioner spouses contend that they exercised due care and prudence in the performance of their duties as medical professionals. They had attended to the patient to the best of their abilities and undertook the management of her case based on her complaint of an on-and-off vaginal bleeding. In addition, they claim that nothing on record shows that the death of Teresita could have been averted had they employed means other than what they had adopted in the ministration of the patient.

THE COURT'S RULING

We do not find the petition meritorious.

The respondents' claim for damages is predicated on their allegation that the decision of the petitioner spouses to proceed with the D&C operation, notwithstanding Teresita's condition and the laboratory test results, amounted to negligence. On the other hand, the petitioner spouses contend that a D&C operation is the proper and accepted procedure to address vaginal bleeding – the medical problem presented to them. Given that the patient died after the D&C, the core issue is whether the decision to proceed with the D&C operation was an honest mistake of judgment or one amounting to negligence.

Elements of a Medical Negligence Case

A medical negligence case is a type of claim to redress a wrong committed by a medical professional, that has caused bodily harm to or the death of a patient. There are four elements involved in a medical negligence case, namely: duty, breach, injury, and proximate causation.[14]

Duty refers to the standard of behavior which imposes restrictions on one's conduct.[15] The standard in turn refers to the amount of competence associated with the proper discharge of the profession. A physician is expected to use at least the same level of care that any other reasonably competent doctor would use under the same circumstances. Breach of duty occurs when the physician fails to comply with these professional standards. If injury results to the patient as a result of this breach, the physician is answerable for negligence.[16]

As in any civil action, the burden to prove the existence of the necessary elements rests with the plaintiff.[17] To successfully pursue a claim, the plaintiff must prove by preponderance of evidence that, one, the physician either failed to do something which a reasonably prudent health care provider would have done, or that he did something that a reasonably prudent provider would not have done; and two, the failure or action caused injury to the patient.[18] Expert testimony is therefore essential since the factual issue of whether a physician or surgeon has exercised the requisite degree of skill and care in the treatment of his patient is generally a matter of expert opinion.[19]

Standard of Care and Breach of Duty

D&C is the classic gynecologic procedure for the evaluation and possible therapeutic treatment for abnormal vaginal bleeding.[20] That this is the recognized procedure is confirmed by Drs. Salvador Nieto (Dr. Nieto) and Joselito Mercado (Dr. Mercado), the expert witnesses presented by the respondents:

DR. NIETO: [W]hat I know among obstetricians, if there is bleeding, they perform what we call D&C for diagnostic purposes.

xxx xxx xxx

Q:

So are you trying to tell the Court that D&C can be a diagnostic treatment?

A:

Yes, sir. Any doctor knows this.[21]

Dr. Mercado, however, objected with respect to the time the D&C operation should have been conducted in Teresita's case. He opined that given the blood sugar level of Teresita, her diabetic condition should have been addressed first:

Q:

Why do you consider the time of performance of the D&C not appropriate?

A:

Because I have read the record and I have seen the urinalysis, [there is] spillage in the urine, and blood sugar was 10.67

Q:

What is the significance of the spillage in the urine?

A:

It is a sign that the blood sugar is very high.

Q:

Does it indicate sickness?

A:

80 to 95% it means diabetes mellitus. The blood sugar was 10.67.

xxx xxx xxx

COURT: In other words, the operation conducted on the patient, your opinion, that it is inappropriate?

A:

The timing of [when] the D&C [was] done, based on the record, in my personal opinion, that D&C should be postponed a day or two.[22]

The petitioner spouses countered that, at the time of the operation, there was nothing to indicate that Teresita was afflicted with diabetes: a blood sugar level of 10.67mmol/l did not necessarily mean that she was a diabetic considering that this was random blood sugar;[23] there were other factors that might have caused Teresita's blood sugar to rise such as the taking of blood samples during lunchtime and while patient was being given intra-venous dextrose.[24] Furthermore, they claim that their principal concern was to determine the cause of and to stop the vaginal bleeding.

The petitioner spouses' contentions, in our view, miss several points. First, as early as April 17, 1987, Teresita was already suspected to be suffering from diabetes.[25] This suspicion again arose right before the D&C operation on April 28, 1987 when the laboratory result revealed Teresita's increased blood sugar level.[26] Unfortunately, the petitioner spouses did not wait for the full medical laboratory results before proceeding with the D&C, a fact that was never considered in the courts below. Second, the petitioner spouses were duly advised that the patient was experiencing general body weakness, loss of appetite, frequent urination, and thirst – all of which are classic symptoms of diabetes.[27] When a patient exhibits symptoms typical of a particular disease, these symptoms should, at the very least, alert the physician of the possibility that the patient may be afflicted with the suspected disease:

[Expert testimony for the plaintiff showed that] tests should have been ordered immediately on admission to the hospital in view of the symptoms presented, and that failure to recognize the existence of diabetes constitutes negligence.[28]

Third, the petitioner spouses cannot claim that their principal concern was the vaginal bleeding and should not therefore be held accountable for complications coming from other sources. This is a very narrow and self-serving view that even reflects on their competence.

Taken together, we find that reasonable prudence would have shown that diabetes and its complications were foreseeable harm that should have been taken into consideration by the petitioner spouses. If a patient suffers from some disability that increases the magnitude of risk to him, that disability must be taken into account so long as it is or should have been known to the physician.[29] And when the patient is exposed to an increased risk, it is incumbent upon the physician to take commensurate and adequate precautions.

Taking into account Teresita's high blood sugar,[30] Dr. Mendoza opined that the attending physician should have postponed the D&C operation in order to conduct a confirmatory test to make a conclusive diagnosis of diabetes and to refer the case to an internist or diabetologist. This was corroborated by Dr. Delfin Tan (Dr. Tan), an obstetrician and gynecologist, who stated that the patient's diabetes should have been managed by an internist prior to, during, and after the operation.[31]

Apart from bleeding as a complication of pregnancy, vaginal bleeding is only rarely so heavy and life-threatening that urgent first-aid measures are required.[32] Indeed, the expert witnesses declared that a D&C operation on a hyperglycemic patient may be justified only when it is an emergency case – when there is profuse vaginal bleeding. In this case, we choose not to rely on the assertions of the petitioner spouses that there was profuse bleeding, not only because the statements were self-serving, but also because the petitioner spouses were

inconsistent in their testimonies. Dr. Fredelicto testified earlier that on April 28, he personally saw the bleeding,[33] but later on said that he did not see it and relied only on Teresita's statement that she was bleeding.[34] He went on to state that he scheduled the D&C operation without conducting any physical examination on the patient.

The likely story is that although Teresita experienced vaginal bleeding on April 28, it was not sufficiently profuse to necessitate an immediate emergency D&C operation. Dr. Tan[35] and Dr. Mendoza[36] both testified that the medical records of Teresita failed to indicate that there was profuse vaginal bleeding. The claim that there was profuse vaginal bleeding although this was not reflected in the medical records strikes us as odd since the main complaint is vaginal bleeding. A medical record is the only document that maintains a long-term transcription of patient care and as such, its maintenance is considered a priority in hospital practice. Optimal record-keeping includes all patient inter-actions. The records should always be clear, objective, and up-to-date.[37] Thus, a medical record that does not indicate profuse medical bleeding speaks loudly and clearly of what it does not contain.

That the D&C operation was conducted principally to diagnose the cause of the vaginal bleeding further leads us to conclude that it was merely an elective procedure, not an emergency case. In an elective procedure, the physician must conduct a thorough pre-operative evaluation of the patient in order to adequately prepare her for the operation and minimize possible risks and complications. The internist is responsible for generating a comprehensive evaluation of all medical problems during the pre-operative evaluation.[38]

The aim of pre-operative evaluation is not to screen broadly for undiagnosed disease, but rather to identify and quantify comorbidity that may impact on the operative outcome. This evaluation is driven by findings on history and physical examination suggestive of organ system dysfunction...The goal is to uncover problem areas that may require further investigation or be amenable to preoperative optimization.

If the preoperative evaluation uncovers significant comorbidity or evidence of poor control of an underlying disease process, consultation with an internist or medical specialist may be required to facilitate the work-up and direct management. In this process, communication between the surgeons and the consultants is essential to define realistic goals for this optimization process and to expedite surgical management.[39] [Emphasis supplied.]

Significantly, the evidence strongly suggests that the pre-operative evaluation was less than complete as the laboratory results were fully reported only on the day following the D&C operation. Dr. Felicisima only secured a telephone report of the preliminary laboratory result prior to the D&C. This preliminary report did not include the 3+ status of sugar in the patient's urine[40] - a result highly confirmatory of diabetes.

Because the D&C was merely an elective procedure, the patient's uncontrolled hyperglycemia presented a far greater risk than her on-and-off vaginal bleeding. The presence of hyperglycemia in a surgical patient is associated with poor clinical outcomes, and aggressive glycemic control positively impacts on morbidity and mortality.[41] Elective surgery in people with uncontrolled diabetes should preferably be scheduled after acceptable glycemic control has been achieved.[42] According to Dr. Mercado, this is done by administering insulin on the patient.[43]

The management approach in this kind of patients always includes insulin therapy in combination with dextrose and potassium infusion. Insulin xxx promotes glucose uptake by the muscle and fat cells while decreasing glucose production by the liver xxx. The net effect is to lower blood glucose levels.[44]

The prudent move is to address the patient's hyperglycemic state immediately and promptly before any other procedure is undertaken. In this case, there was no evidence that insulin was administered on Teresita prior to or

during the D&C operation. Insulin was only administered two days after the operation.

As Dr. Tan testified, the patient's hyperglycemic condition should have been managed not only before and during the operation, but also immediately after. Despite the possibility that Teresita was afflicted with diabetes, the possibility was casually ignored even in the post-operative evaluation of the patient; the concern, as the petitioner spouses expressly admitted, was limited to the complaint of vaginal bleeding. Interestingly, while the ultrasound test confirmed that Teresita had a myoma in her uterus, she was advised that she could be discharged a day after the operation and that her recovery could take place at home. This advice implied that a day after the operation and even after the complete laboratory results were submitted, the petitioner spouses still did not recognize any post-operative concern that would require the monitoring of Teresita's condition in the hospital.

The above facts, point only to one conclusion – that the petitioner spouses failed, as medical professionals, to comply with their duty to observe the standard of care to be given to hyperglycemic/diabetic patients undergoing surgery. Whether this breach of duty was the proximate cause of Teresita's death is a matter we shall next determine.

Injury and Causation

As previously mentioned, the critical and clinching factor in a medical negligence case is proof of the causal connection between the negligence which the evidence established and the plaintiff's injuries;^[45] the plaintiff must plead and prove not only that he had been injured and defendant has been at fault, but also that the defendant's fault caused the injury. A verdict in a malpractice action cannot be based on speculation or conjecture. Causation must be proven within a reasonable medical probability based upon competent expert testimony.^[46]

The respondents contend that unnecessarily subjecting Teresita to a D&C operation without adequately preparing her, aggravated her hyperglycemic state and caused her untimely demise. The death certificate of Teresita lists down the following causes of death:

Immediate cause: Cardiorespiratory arrest

Antecedent cause: Septicemic shock, ketoacidosis

Underlying cause: Diabetes Mellitus II

Other significant conditions

contributing to death: Renal Failure – Acute^[47]

Stress, whether physical or emotional, is a factor that can aggravate diabetes; a D&C operation is a form of physical stress. Dr. Mendoza explained how surgical stress can aggravate the patient's hyperglycemia: when stress occurs, the diabetic's body, especially the autonomic system, reacts by secreting hormones which are counter-regulatory; she can have prolonged hyperglycemia which, if unchecked, could lead to death.^[48] Medical literature further explains that if the blood sugar has become very high, the patient becomes comatose (diabetic coma). When this happens over several days, the body uses its own fat to produce energy, and the result is high levels of waste products (called ketones) in the blood and urine (called diabetic ketoacidosis, a medical emergency with a significant mortality).^[49] This was apparently what happened in Teresita's case; in fact, after she had been referred to the internist Dr. Jorge, laboratory test showed that her blood sugar level shot up to 14.0mmol/l, way above the normal blood sugar range. Thus, between the D&C and death was the diabetic complication that could have been prevented with the observance of standard medical precautions. The D&C operation and Teresita's death due to aggravated diabetic condition is therefore sufficiently established.

The trial court and the appellate court pinned the liability for Teresita's death on both the petitioner spouses and this Court finds no reason to rule otherwise. However, we clarify that Dr. Fredelicto's negligence is not solely the act of ordering an "on call" D&C operation when he was mainly an anaesthesiologist who had made a very cursory examination of the patient's vaginal bleeding complaint. Rather, it was his failure from the very start to identify and confirm, despite the patient's complaints and his own suspicions, that diabetes was a risk factor that should be guarded against, and his participation in the imprudent decision to proceed with the D&C operation despite his early suspicion and the confirmatory early laboratory results. The latter point comes out clearly from the following exchange during the trial:

Q:

On what aspect did you and your wife consult [with] each other?

A:

We discussed on the finding of the laboratory [results] because the hemoglobin was below normal, the blood sugar was elevated, so that we have to evaluate these laboratory results – what it means.

Q:

So it was you and your wife who made the evaluation when it was phoned in?

A:

Yes, sir.

Q:

Did your wife, before performing D&C ask your opinion whether or not she can proceed?

A:

Yes, anyway, she asked me whether we can do D&C based on my experience.

Q:

And your answer was in the positive notwithstanding the elevation of blood sugar?

A:

Yes, sir, it was both our disposition to do the D&C. [Emphasis supplied.][50]

If Dr. Fredelicto believed himself to be incompetent to treat the diabetes, not being an internist or a diabetologist (for which reason he referred Teresita to Dr. Jorge),[51] he should have likewise refrained from making a decision

to proceed with the D&C operation since he was neither an obstetrician nor a gynecologist.

These findings lead us to the conclusion that the decision to proceed with the D&C operation, notwithstanding Teresita's hyperglycemia and without adequately preparing her for the procedure, was contrary to the standards observed by the medical profession. Deviation from this standard amounted to a breach of duty which resulted in the patient's death. Due to this negligent conduct, liability must attach to the petitioner spouses.

Liability of the Hospital

In the proceedings below, UDMC was the spouses Flores' co-defendant. The RTC found the hospital jointly and severally liable with the petitioner spouses, which decision the CA affirmed. In a Resolution dated August 28, 2006, this Court however denied UDMC's petition for review on certiorari. Since UDMC's appeal has been denied and they are not parties to this case, we find it unnecessary to delve on the matter. Consequently, the RTC's decision, as affirmed by the CA, stands.

Award of Damages

Both the trial and the appellate court awarded actual damages as compensation for the pecuniary loss the respondents suffered. The loss was presented in terms of the hospital bills and expenses the respondents incurred on account of Teresita's confinement and death. The settled rule is that a plaintiff is entitled to be compensated for proven pecuniary loss.[52] This proof the respondents successfully presented. Thus, we affirm the award of actual damages of P36,000.00 representing the hospital expenses the patient incurred.

In addition to the award for actual damages, the respondent heirs of Teresita are likewise entitled to P50,000.00 as death indemnity pursuant to Article 2206 of the Civil Code, which states that "the amount of damages for death caused by a xxx quasi-delict shall be at least three thousand pesos,[53] even though there may have been mitigating circumstances xxx." This is a question of law that the CA missed in its decision and which we now decide in the respondents' favor.

The same article allows the recovery of moral damages in case of death caused by a quasi-delict and enumerates the spouse, legitimate or illegitimate ascendants or descendants as the persons entitled thereto. Moral damages are designed to compensate the claimant for the injury suffered, that is, for the mental anguish, serious anxiety, wounded feelings which the respondents herein must have surely felt with the unexpected loss of their daughter. We affirm the appellate court's award of P400,000.00 by way of moral damages to the respondents.

We similarly affirm the grant of exemplary damages. Exemplary damages are imposed by way of example or correction for the public good.[54] Because of the petitioner spouses' negligence in subjecting Teresita to an operation without first recognizing and addressing her diabetic condition, the appellate court awarded exemplary damages to the respondents in the amount of P100,000.00. Public policy requires such imposition to suppress the wanton acts of an offender.[55] We therefore affirm the CA's award as an example to the medical profession and to stress that the public good requires stricter measures to avoid the repetition of the type of medical malpractice that happened in this case.

With the award of exemplary damages, the grant of attorney's fees is legally in order.[56] We therefore reverse the CA decision deleting these awards, and grant the respondents the amount of P100,000.00 as attorney's fees taking into consideration the legal route this case has taken.

WHEREFORE, we AFFIRM the Decision of the CA dated June 20, 2003 in CA G.R. CV No. 63234 finding petitioner spouses liable for negligent medical practice. We likewise AFFIRM the awards of actual and compensatory damages of P36,000.00; moral damages of P400,000.00; and exemplary damages of P100,000.00.

We MODIFY the CA Decision by additionally granting an award of P50,000.00 as death indemnity and by reversing the deletion of the award of attorney's fees and costs and restoring the award of P100,000.00 as attorney's fees. Costs of litigation are adjudged against petitioner spouses.

To summarize, the following awards shall be paid to the family of the late Teresita Pineda:

- The sum of P36,000.00 by way of actual and compensatory damages;
- The sum of P50,000.00 by way of death indemnity;
- The sum of P400,000.00 by way of moral damages;
- The sum of P100,000.00 by way of exemplary damages;
- The sum of P100,000.00 by way of attorney's fees; and
- Costs.

SO ORDERED.

Quisumbing, Acting C.J., Carpio Morales, Tinga, and Velasco, Jr., JJ., concur.

[1] Dated June 30, 2003 and penned by Justice Bienvenido Reyes, Jr., with Associate Justice Salvador Valdez and Associate Justice Danilo Pine, concurring; rollo, pp. 43-65.

[2] Dated September 21, 1998, and penned by Judge Lauro Sandoval; id., pp. 66-97.

[3] See: *Dela Cruz v. CA and People of the Philippines*, G.R. NO. 105213, December 4, 1996, 265 SCRA 299; *Valenzuela v. CA*, G.R. No. 115024, February 7, 1996, 253 SCRA 303.

[4] TSN, January 14, 1992, pp. 5-8.

[5] "D&C" refers to dilatation and curettage, an operation in which the cervix of the uterus is expanded, using an instrument called dilator, and the lining (endometrium) of the uterus is lightly scraped with a curet (The Bantam Medical Dictionary, 5[th] ed., p. 192).

[6] The laboratory tests conducted were for complete blood count, urinalysis, stool examination, blood sugar examination, BUN determination, uric acid determination, and cholesterol determination; rollo, p. 12.

[7] "mmol/l" refers to millimoles per liter of blood; the normal fasting blood sugar is between 3.9 to 6.05mmol/l; infra note 19.

[8] "g/l" refers to grams per liter of blood; the normal CBC count is 120 to 170 g/l.

[9] Myoma of the uterus; myoma is a benign tumor of muscle (The Bantam Medical Dictionary, 5[th] ed., p. 437).

[10] Diabetes is a condition where the cells of the body cannot metabolize sugar properly due to a total or relative lack of insulin. The body then breaks down its own fat, proteins, and glycogen to produce sugar, resulting in high sugar levels in the blood (otherwise known as hyperglycemia, infra note 26), with excess by-products called ketones being produced by the liver. (Dr. Gordon French, *Clinical Management of Diabetes Mellitus During Anesthesia and Surgery*, http://www.nda.ox.ac.uk/wfsa/html/u11/u1113_01.htm, last visited September 21, 2008).

[11] Records, Volume II, Exhibit "B" (Death Certificate); TSN, July 12, 1988, pp. 5-8.

[12] The amount of P36,000.00 by way of actual and compensatory damages; P1,000,000.00 by way of moral

damages; P500,000.00 by way of exemplary damages; P30,000.00 by way of attorney's fees, plus P1,000.00 fee per appearance; rollo, p. 97

[13] *Supra* note 1.

[14] *Reyes v. Sisters of Mercy Hospital*, G.R. No. 130547, October 3, 2000, 341 SCRA 760.

[15] *Martin, C.R.A., Law Relating to Medical Malpractice* (2nd ed.), p. 361.

[16] 61 Am. Jur. 2d §200.

[17] REVISED RULES OF COURT, Rule 133, Section 1.

[18] *Professional Services, Inc. v. Agana*, G.R. No. 126297, January 31, 2007, 513 SCRA 478.

[19] *Reyes v. Sisters of Mercy Hospital*, G.R. No. 130547, October 3, 2000, 341 SCRA 760.

[20] *Sabiston Textbook of Surgery* (17th ed.), pp. 2255-2256.

[21] TSN, June 23, 1989, p. 31.

[22] TSN, September 18, 1990, pp. 2-4.

[23] Random blood sugar is defined without regard as to last meal, as distinguished from fasting blood sugar where the blood sample has been taken after patient has fasted for at least 8 hours. The current criteria for the diagnosis of diabetes mellitus emphasize that fasting blood glucose is the most reliable and convenient test for identifying diabetes in asymptomatic individual. (*Harrison's Principles of Internal Medicine*, 17th ed., p. 2277)

[24] TSN, March 5, 1992, p. 5; TSN, February 16, 1993, pp. 17-18.

[25] TSN, February 28, 1989, p. 20; TSN, March 5, 1992, pp. 17, 20.

[26] TSN, September 27, 1994, p. 26; TSN, December 10, 1992, p. 8; TSN, February 28, 1989, p. 36.

[27] TSN, September 18, 1990, p. 6; *Harrison's Principles of Internal Medicine* (17th ed.), p. 2277.

[28] *Solis, P., Medical Jurisprudence* (1980 ed.), p. 141, citing *Hill v. Stewart*, 209 So 2d 809 Miss 1968.

[29] *Winfield and Jolowicz, On Tort* (15th ed.), p. 181.

[30] High blood sugar is also known as hyperglycemia. It refers to a condition where there is excessive glucose in the bloodstream (that is, fasting blood sugar level > 6 mmol/l) due to insufficient insulin in blood and excessive carbohydrate intake; untreated, it may lead to diabetic coma. (*The Bantam Medical Dictionary*, 5th ed., p. 322)

[31] TSN, August 14, 1991, pp. 81-82.

[32] *Oxford Textbook of Surgery* (2nd ed.), Section 36.1 on Acute Vaginal Bleeding.

[33] TSN, January 14, 1992, p 33.

[34] TSN, December 10, 1992, p. 3.

[35] TSN, August 14, 1991, pp. 57-58.

[36] TSN, October 18, 1990, p. 23.

[37] *Schwartz's Manual of Surgery* (8th ed.), pp. 246-147.

[38] *Kelly's Textbook of Internal Medicine* (4th ed.), Chapter 25 on Pre-operative Medical Evaluation.

- [39] Sabiston Textbook of Surgery (17[th] ed.), p. 222, *supra* note 20.
- [40] TSN, January 14, 1992, p. 19.
- [41] Gordon French, MD, Clinical Management of Diabetes Mellitus During Anesthesia and Surgery, http://www.nda.ox.ac.uk/wfsa/html/u11/u1113_01.htm, last visited September 21, 2008.
- [42] Samuel Dagogo-Jack, MD and K. George M.M. Alberti, Management of Diabetes Mellitus in Surgical Patients, <http://spectrum.diabetesjournals.org/cgi/content/full/15/1/44>, last visited September 21, 2008.
- [43] TSN, September 18, 1990, pp. 5-6.
- [44] Raymond A. Plodkowski, MD and Steven V. Edelman, MD, Pre-Surgical Evaluation of Diabetic Patients, <http://clinical.diabetesjournals.org/cgi/content/full/19/2/92>, last visited September 21, 2008.
- [45] 61 Am. Jur. §359, p. 527.
- [46] 61 Am. Jur. 2d §359.
- [47] Records, Volume II, Exh. "B."
- [48] TSN, August 7, 1990, pp. 6-8.
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- [51] TSN, March 5, 1992, p. 9.
- [52] CIVIL CODE, Article 2199.
- [53] The amount has been increased to P50,000.00 according to jurisprudence.
- [54] CIVIL CODE, Article 2229.
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