UGANDA MEDICAL NEGLIGENCE LAW ALERT:

HIGH COURT DISMISSES MEDICAL NEGLIGENCE CLAIM AGAINST HOSPITAL OVER CONFLICTING HEPATITIS B TEST RESULTS, FINDING USE OF NDA-APPROVED TEST KITS AND ADHERENCE TO ACCEPTED MEDICAL PRACTICE NOT NEGLIGENT

In a Judgment delivered on 26th May 2026 in favour of our client, Kampala Hospital, the High Court of Uganda (Civil Division) dismissed a medical negligence claim arising from conflicting Hepatitis B test results issued to an expectant mother, holding that a hospital which conducts tests using National Drug Authority (NDA) approved rapid test kits and follows accepted medical practice cannot be held liable in negligence merely because the screening results were later contradicted by confirmatory testing.

The Plaintiff had twice tested positive for Hepatitis B on rapid screening tests at the hospital but subsequently tested negative at independent laboratories and again tested negative upon a confirmatory Polymerase Chain Reaction (PCR) test at the hospital itself. She claimed that the discrepancy amounted to medical negligence which caused her mental and psychological distress and sought UGX 200,000,000 in general damages, together with special and exemplary damages.

The Court held that the hospital exercised the reasonable care expected of medical personnel since it used NDA-approved test kits which it did not manufacture, advised the Plaintiff to take a confirmatory Polymerase Chain Reaction (PCR) test in accordance with the test kit instruction manual and standard medical procedure, and administered no treatment to the Plaintiff on the strength of the screening results.

The decision reaffirms the Bolam standard in Uganda: a medical practitioner who exercises ordinary skill and acts in accordance with a practice accepted as proper by a responsible body of medical practitioners is not negligent, and a wrong or conflicting screening result is not, without more, proof of negligence.

We set out the facts, arguments, key holdings and takeaways.

The Facts

On 16th November 2019, the Plaintiff, an expectant mother, attended Kampala Hospital for routine antenatal care and was advised to undergo blood tests, including for Hepatitis B. The test, conducted by the hospital's laboratory technician (the 1st Defendant) using an NDA-approved rapid chromatographic immunoassay test kit, returned a positive result. Having received all three doses of the Hepatitis B vaccine in 2016, the Plaintiff was distressed by the result and sought a second opinion at AAR Health Care, where she tested negative.

On 29th February 2020, the Plaintiff returned to the hospital for her scheduled antenatal visit, where two further rapid tests again returned positive results. She was advised to undergo a viral load test for a conclusive result, scheduled for 3rd March 2020. In the interim, on 1st March 2020, she obtained an independent test from Lancet Laboratories which turned out negative. The hospital's own confirmatory PCR test later also returned a negative result.

The Plaintiff sued the laboratory technician and the hospital jointly and severally in negligence, seeking declarations of vicarious liability, general damages for mental and psychological distress, special damages for the expenses of verifying the results, exemplary damages, interest and costs.

Arguments

The Plaintiff argued that the issuance of false and conflicting Hepatitis B results was negligent and that the hospital failed to give her a reasonable explanation for the discrepancies, occasioning her preventable mental and psychological distress.

On behalf of the hospital, we argued that no cause of action lay against the 1st Defendant personally: an employee's wrongful acts done in the course of employment are, in law, the acts of the employer, and only the employer can be sued in respect of them.

On the substance, we argued that the Bolam standard applied and was satisfied: the tests were conducted with NDA-approved rapid test kits in accordance with the Ministry of Health guidelines for Hepatitis B screening and the kit manufacturer's instruction manual, which itself requires that a positive rapid result be confirmed by further testing before a specimen is considered positive. The Plaintiff was given a full explanation of the nature of acute Hepatitis B, no medication was administered on the strength of the screening results, and a confirmatory PCR test was recommended and carried out as required.

In the absence of a medical expert adducing any evidence inferring negligent conduct on the part of the Defendants, we argued that the Plaintiff failed to establish that the Defendants breached their duty of care.

We further argued that the Plaintiff proved no injury: she adduced no medical or documentary evidence of psychological harm, continued her antenatal care at the hospital without grievance or protest until safe delivery, did not strictly prove her special damages, and established no basis for exemplary damages.

The Court's decision

The Court agreed with our submissions, holding that the hospital exercised the reasonable care expected of medical personnel in the conduct of the Hepatitis B tests. The hospital was not the manufacturer of the test kits, the kits were NDA-approved, and the Plaintiff failed to show how the hospital departed from its usual and normal practice.

The damages claim also failed: the Plaintiff conceded in cross-examination that she had no proof of the alleged psychological harm or of the rise in blood pressure she attributed to the

results, and the special damages claim fell away with the finding of no liability. The suit was dismissed, with each party bearing its own costs on account of the public interest issues raised.

Key takeaways

Medical negligence in Uganda is assessed against the standard of a reasonable and competent medical practitioner, not perfection. A wrong or conflicting screening result is not in itself negligence; the claimant must demonstrate a departure from usual and normal accepted practice.

Use of NDA-approved test kits and adherence to Ministry of Health guidelines and manufacturer protocols is strong evidence of due care. Health facilities are not liable for the inherent limitations of approved test kits they did not manufacture.

Rapid screening results are preliminary by design. A facility that explains this to the patient, recommends confirmatory PCR testing, and withholds treatment pending confirmation acts within the accepted standard of care.

Claims for psychological injury must be proved by evidence, ordinarily medical documentation. A claimant's unsubstantiated assertions, particularly where contradicted by her continued patronage of the facility through to safe delivery, will not sustain an award of damages.

For health facilities and medical practitioners, the case underscores the protective value of documented adherence to approved testing protocols: retaining the regulatory approvals, instruction manuals and screening guidelines, and recording the explanations and advice given to patients, proved decisive.

For legal practitioners, expert evidence in a claim of medical negligence is critical to establish fault against a medical practitioner and to prove damages.

Representation

Kampala Hospital was represented by Eriya Mikka, Philip Eria Nsajja and Hellen Julian Ndagire.

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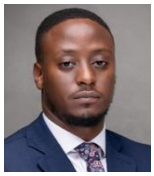

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