

# 羊水栓塞與 醫師之過失行為

Amniotic Fluid Embolism and  
the Negligence of the Physician

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## 摘要

2015年1月5日，死者D被診斷為輕度妊娠高血壓，於7日經E醫師催生不成後，9日晚間18時許緊急剖腹。同日晚間近20時50分E醫生外出，此間D不斷表示疼痛，助產士經E醫師投予藥物後依然無法緩解症狀，同時從E醫師外出後D之尿量並無增加。晚間23時許E醫師回來後，清除D之子宮與陰道內血塊，然而此時D之休克指數已達1.3。10日凌晨0時30分，E醫師研判D仍有出血傾向，而決定辦理轉院，D於轉院途中死亡。原告A與B分別為死者D之夫與子，控告E醫師處置有過失，而診所代表人C應負連帶賠償。東京地方法院認為，在善盡對D的監測義務，以及對羊水栓塞治療與轉院義務上，E醫師未能注意到D之休克指數，亦未每1小時監測

關鍵詞：羊水栓塞 (amniotic fluid embolism)、侵權因果關係 (causality of torts)、醫療過失 (medical negligence)

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尿量，致無法儘早確認是否完全止血，而因此延誤轉院。此外，雖D死後未經解剖，但從出血量、血小板數與血清檢測中，難以否定D是羊水栓塞而死。而近年羊水栓塞經適當即時之急救，其存活率會提高。因此，E醫師未盡其注意義務，與D死亡具因果關係。

On 5th January 2015, the dead D was diagnosed with the mild Gestational hypertension and took an emergency cesarean birth at 6 p.m. on 9th January after an unsuccessful augmentation by the physician on 7th. During that the physician E went out at about 20:50 on 9th, the patient D complained of pain and the midwife couldn't ease the syndrome by the medicine the physician E gave. Meanwhile, the amount of patient D's urine didn't increase. After coming back at about 23:00, the physician E cleaned the clots in D's uterus and vaginal. D's shock index had already been 1.3 at the same time. About 00:30 on 10th, the E judged that D still had the blood tendency and decided to transfer D to other hospitals. D died during the transferring. The plaintiff A is D's husband and the plaintiff B is D's son. Both of them accused E of the negligence of treatments, and C, the representer of the clinic, of joint compensation. Tokyo District Court asserts that, concerning to the duty of surveillance, the treatments to the amniotic fluid embolism and the duty of transferring, E didn't notice D's shock index, nor monitor the amount of urine. Consequently, E couldn't confirm as fast as he could whether the bleeding had been stopped and the transferring was delayed. Besides, it was hard to negate that D died on the ground of the amniotic fluid embolism according to the amount of the bleeding, the amount of the thrombocytes and the examination of serum, even though there was no anatomy after D' death. The survivability of the amniotic

fluid embolism would recently be enhanced with giving the first aid properly. Therefore, it would be causally related to D' death that E didn't fulfill the duty of care.

## 壹、事實概要

### 一、事件概要

D（死亡時35歲）為眼科醫師，自2014年8月懷孕20週起，即在C開設之診所接受E醫師規律產檢。於2015年1月5日，D被診斷為輕度妊娠高血壓，E醫師認為催生較為適合。同年1月7日D入院，E醫師以Oxytocin催生兩次失敗，並於1月9日晚間18時3分緊急剖腹，至18時40分手術結束。當日晚間20時50分E醫師外出，於23時10分回到診所並清除D的子宮和陰道中血塊約370ml。當時D的休克指數（Shock Index, SI）為1.3，有持續出血現象，並出現嗜睡、血壓降低、心跳加快、臉色蒼白、嘔吐等症狀。

1月10日凌晨0時30分，E醫師決定將D緊急轉院。此時D的血壓為90-100/50-60mmHg，心跳為130bpm多，剖腹產過程的出血量為525ml，術後的出血量約為1300ml，總出血量達到1800ml~1900ml。凌晨1時10分救護車抵達，1時24分轉院途中D心跳停止，1時27分抵達轉院處。D於同日7時30分死亡。

羊水栓塞是產科急症，指在分娩過程中羊水及胎便等物質進入母體血液循環所引起的肺栓塞、休克、瀰漫性血管內凝血（Disseminated Intravascular Coagulation, DIC）等病變，嚴重可能導致心肺衰竭死亡。D死亡後未進行病理解剖，故無法確定羊水栓塞之診斷，僅能從血清檢測結果推論。作為血清標的物的鉍糞紫質、STN胎兒抗原為羊水及胎便中含有較多之成分，為羊水流入母體的標記，檢測結果兩者皆為陰性（羊水栓塞患者較可能為陽性）。另外，補體C3、C4及C1抑制劑與過