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A Study on Balancing the Demands of Patients' Families and the Responsibilities of Medical Staff in Medical Emergencies: Starting from the Xiao Zhijun Case and the Yulin Pregnant Woman Case

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Abstract: Through analyzing the cases of Xiao Zhijun and the Yulin maternal jumping incident, the authors found significant disputes between the requests for non-indicated cesarean section and medical risk prevention, as well as between the psychology of avoiding childbirth pain and surgical responsibility. Currently, based on people's current awareness and the responsibility orientation of expert opinions in disputes, medical institutions tend to satisfy family members' surgical requirements after fulfilling their obligation to fully inform about risks, to reduce the risk of losing disputes. This phenomenon actually reflects the contradiction between the demands of patients' families and the responsibilities of medical staff in medical decision-making. To balance the responsibilities of medical staff and the demands of patients' families, the authors believe that multiple governance paths need to be constructed: first, optimizing the level of medical staff's communication; second, strengthening medical risk science popularization relying on modern information technology to improve patients' risk cognition ability; and third, raising society's correct understanding of cesarean section through multiple channels. These measures can help to enhance patients' trust in hospital diagnosis and treatment results and promote harmonious development of doctor-patient relationships.

Keywords: Non-indicated cesarean section request; Medical staff responsibility; Doctor-patient relationship

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1. Introduction

The cases of Xiao Zhijun (2007) and the Yulin maternal jumping incident (2017) have exposed the structural contradiction between the demands of patients' families and the diagnostic and treatment responsibilities of medical staff in medical practice. By examining the legislative evolution from the Tort Liability Law to the Civil Code, the authors found that despite legislators' efforts to balance the rights and obligations of

both doctors and patients, there are still ambiguous areas of interpretation and application of legal norms in emergency medical decision-making scenarios. Specifically, when faced with surgical requests from family members, medical staff struggle to balance the surgery and the increased risk of childbirth danger it poses to the mother. More precisely, they face difficulties accurately defining the boundaries of "informed consent" and "emergency risk avoidance" obligations stipulated in Article 1219 of the Civil Code. This leads to a dilemma in clinical practice where medical staff either excessively avoid medical risks or blindly comply with family wishes. Additionally, medical institutions continuously face potential medical disputes and legal liability risks due to patients and their families' misperceptions of risk. This contradiction is essentially a concentrated manifestation of insufficient legal system supply in areas such as medical decision-making power allocation and risk responsibility determination, which urgently needs to be resolved through detailed legal interpretation and improved risk-sharing mechanisms.

2. Legislative evolution of balancing patient family demands and medical staff responsibilities

According to the provisions of Article 33 of the "Regulations on the Administration of Medical Institutions" issued in 1994, medical staff must obtain the consent and signature of the patient's family members or related persons before performing surgery on the patient. However, after the incident of Xiao Zhijun in 2007, the contradiction between the patient's informed consent rights and the hospital's implementation of surgical treatment sparked social concern. Subsequently, modifications were made to the "Tort Liability Law" in 2009. Article 56 of the "Tort Liability Law" provides a legal loophole for medical staff to rescue patients by stating that in emergency situations such as rescuing critically ill patients, if the opinions of the patient or their close relatives cannot be obtained, medical measures can be immediately implemented upon approval by the person in charge of the medical institution or an authorized person.

Article 1220 of the "Civil Code of the People's Republic of China" (hereinafter referred to as the "Civil Code"), which came into effect in 2021, and Article 32 of the revised "Regulations on the Administration of Medical Institutions" in 2022, also contain similar provisionss. These articles grant medical institutions emergency decision-making power under the condition of "rescuing critically ill patients in emergency situations." Furthermore, Article 21, Paragraph 3, of the "Law of the People's Republic of China on the Protection of Women's Rights and Interests (2022 Revision)," which came into effect in 2023, states that when medical institutions perform reproductive surgery, special examinations, or special treatments, they should obtain the consent of the woman herself; in cases where the woman and her family members or related persons have differing opinions, the wishes of the woman herself should be respected. This demonstrates that legislators have ultimately granted women the right to choose their own reproductive and other special treatments.

3. Ways the current Civil Code balances the demands of patients' families and the responsibilities of medical professionals

Firstly, it emphasizes the responsibilities of hospitals, including their obligation to provide compliant and effective medical care, as well as their liability for any damages caused to patients during medical treatment. According to Articles 1218, 1219(2), 1221, 1222, 1224, and 1226 of the Civil Code, medical institutions are responsible for compensating patients for any harm caused by the negligence of their medical professionals

or violations of medical regulations. This legal framework establishes a system of liability that is primarily based on fault liability, with fault presumption as a secondary principle. Specifically, Articles 1219 and 1221 define the obligation to inform patients and the standard of reasonable medical care, respectively, both of which are grounded in fault liability. Article 1222 shifts the burden of proof to medical institutions in certain circumstances, reflecting the rule of presumption of fault in special situations. Additionally, Article 1226 prohibits excessive medical treatment, further clarifying the legal obligations of medical institutions to protect patients' rights and avoid wasting medical resources. These provisions not only emphasize the responsibility of medical institutions and their professionals for the consequences of their negligence but also promote a balance between the standardization and efficiency of medical services by reasonably limiting the scope of liability. This approach effectively reduces unnecessary economic burdens and medical risks for patients.

Furthermore, the Civil Code underscores the importance of communication between doctors and patients, as well as the protection of patients' and their families' right to informed consent. According to Articles 1219(1), 1225(2), and 1226, legislators encourage open communication between medical professionals and patients. These provisions not only emphasize the duty of hospitals to explain medical conditions and treatment options to patients but also strive to ensure that patients receive effective medical care while explicitly prohibiting excessive medical treatment driven by profit. Furthermore, the law focuses on protecting patients' right to informed consent, aiming to enhance trust in medical treatment.

In addition, the Civil Code highlights the protection of the rights and interests of both patients and medical institutions. In terms of patient protection, Article 1226 explicitly prohibits hospitals from performing unnecessary medical procedures driven by profit, ensuring that patients receive compliant and effective medical services. Article 1123 establishes the principle of no-fault liability for damage caused by defective medical products, breaking through traditional limitations of fault liability and providing patients with more adequate remedies for harm caused by such products. Articles 1225 and 1226, which concern patients' rights to access and copy medical records and the protection of their personal information, respectively, constitute institutional guarantees for patients' rights to informed consent and privacy. The synergistic effect of these provisions reflects the Civil Code's emphasis on core patient rights such as the right to effective treatment, the right to remedies for damage, the right to informed consent, and the right to privacy.

On the other hand, the Civil Code also safeguards the rights and interests of medical institutions. Article 1224 enumerates exemption clauses for medical institutions, and Article 1228 prohibits actions that interfere with medical order, forming a dual protective mechanism. The former reasonably defines the boundaries of medical risk by limiting the conditions under which medical institutions can be exempted from liability in emergencies or when limited by medical capabilities. The latter creates a safe and orderly environment for medical activities, legally protecting the legitimate rights and interests of medical institutions and their practitioners. This institutional design not only highlights the preferential protection of patients' rights but also ensures the healthy development of the medical industry through liability exemptions and behavioral norms, reflecting a balance and unity of legislative values.

4. Reflections on the Xiao Zhijun case and the Yulin Maternal jumping case

Despite relevant provisions in the Civil Code on balancing the responsibilities of medical professionals and the demands of patients' families, medical staff still face difficult decisions during surgical procedures.

First, the dilemma between non-indicated cesarean section requests and hospital responsibilities. In 2015, the World Health Organization stated in its "Statement on Cesarean Section Rates" that cesarean sections can lead to serious, sometimes permanent complications, disabilities, or death, especially in facilities with inadequate resources or technical capabilities. It emphasized that cesarean sections should only be performed when there are medical indications. "Compared to natural childbirth, the risk of complications from cesarean section is 2–5 times higher, the rate of major hemorrhage is 3–4 times higher, the proportion of patients requiring intensive care due to major hemorrhage is more than 10 times higher, and the rate of postoperative infection is 6–8 times higher." [1].

As of March 30, 2025, a precise search on the theme of "Comparison of the Effects of Cesarean Section and Natural Childbirth on Mothers" was conducted in the China National Knowledge Infrastructure (CNKI) database, resulting in a total of 14 valid documents. Through systematic literature review, it was found that existing studies mainly focus on dimensions such as maternal childbirth trauma, postpartum pain management, and perinatal emotional regulation. The research results indicate that, under the premise of meeting the medical indications for natural childbirth, natural childbirth has significant advantages in reducing the risk of perineal tearing, shortening the postoperative recovery period, reducing the incidence of chronic pain, and improving postpartum psychological status. Therefore, existing studies generally advocate for the preferential selection of natural childbirth to ensure the physical and mental health of mothers while reducing the consumption of medical resources.

Through a questionnaire survey, the author collected 172 survey results. Among women with childbirth experience, around 40.74% believed that cesarean section is beneficial to the health of the mother, while 41.12% of women without childbirth experience believed the same. Among men, around 81.58% believed that natural childbirth is beneficial to the mother's health. Among women without childbirth experience, a percentage of 84.11% believed that most women cannot tolerate the pain of childbirth, while 77.78% of women with childbirth experience believed that the pain of childbirth is tolerable. Among men, 42.11% would choose to listen to their wives' requests for cesarean section surgery when their wives propose it due to unbearable pain, even if medical staff recommend natural childbirth. Among men who choose to persuade their wives to have a natural childbirth, 46.67% would request a cesarean section from the doctor when their wives request it again with strong emotions.

Based on this, it can be inferred that, firstly, if knowledge about cesarean sections is not popularized, a certain proportion of people may believe that cesarean sections are beneficial to the mother's health and choose the higher-risk option of cesarean section. Secondly, a large number of mothers who fear childbirth pain may request doctors to switch from natural childbirth to cesarean section due to psychological reasons, such as fear of pain, which increases the surgical risks encountered during childbirth.

Specifically, firstly, 92.59% of women with childbirth experience believe that mothers have the right to request cesarean section surgery due to unbearable childbirth pain, and 12.79% of people still believe that the hospital should bear responsibility for the injury or death of the mother and fetus even if the medical staff have fulfilled the hospital's existing diagnosis and treatment obligations. However, 68.02% of people believe that they should be responsible for the risks if they request a cesarean section themselves. This suggests that if medical staff agree to requests for cesarean section surgery, it may reduce certain medical disputes.

Secondly, in the empirical analysis of verdicts conducted by relevant scholars: (1) In terms of the proportion of losing cases, the proportion of hospital responsibility, and the average amount of compensation,

the hospital's refusal to perform surgery is higher than agreeing to perform surgery; (2) In related disputes, the expert opinion has lower requirements for agreeing to surgery than refusing surgery on behalf of the hospital. This suggests that court verdicts and expert opinions guide medical staff to agree to requests for cesarean section surgery.

Therefore, based on people's current awareness and the responsibility orientation of expert opinions in disputes, hospitals should agree to surgery requests after clearly informing the relevant individuals of the risks of cesarean section surgery, to reduce the risk of disputes and the risk of losing lawsuits.

5. Surgical risk assumption and hospital responsibility

Through analyzing the Xiao Zhijun case and the Yulin maternal jumping case, the author believes that these two cases expose two major legal issues in medical practice: first, the imbalance of rights and obligations between doctors and patients caused by ambiguous distribution rules; second, the institutional defects of doctor-patient communication mechanisms. These two types of issues not only concern the results of individual case verdicts but also reflect the inadequacies of China's medical responsibility legal system in emergency treatment scenarios.

In the Xiao Zhijun case, Xiao refused to sign because he was concerned that he would be responsible for Li Liyun's surgery after signing. In the context of modern medical technology innovation, advancements in medical means have significantly improved the success rate of natural births, enhanced the possibility of curing diseases, and delayed the occurrence of death to some extent. However, this has also triggered a noteworthy social phenomenon, where some members of the public have gradually downplayed the objective attributes of the natural law of "birth, aging, illness, and death" and instead tend to demand that specific responsible entities bear legal responsibility for unexpected events in medical scenarios. This shift not only reflects changes in public risk perception and responsibility expectations but also highlights new challenges faced by medical ethics and legal responsibility identification in modern society.

In the author's survey, around 12.79% of people believe that during the childbirth process, hospitals should bear the responsibility for accidents that occur, regardless of whether medical staff have made every effort to implement appropriate levels of diagnosis and treatment. Only 14.53% believe that "accidents" during medical care are truly accidental and no one should bear responsibility. Through interviews, the author found that there are deviations in the public's perception of medical risk responsibility. In surveys regarding the attribution of responsibility for medical surgery accidents, most people believe that if an accident occurs during their surgery, they will first look to see if the medical staff is responsible. If the medical staff is not responsible, then the husband who signed the consent form should bear some responsibility. This misconception of responsibility reflects a lack of full understanding among the public about the objectivity and uncontrollability of medical accidents and an excessive tendency to seek attribution of responsibility. From a legal perspective, such cognitive deviations may lead to further broadening of responsibility identification in medical disputes, thereby exacerbating the trust crisis between doctors and patients. Therefore, improving people's correct understanding of "accidents", strengthening risk awareness instead of obsessively seeking responsibility attribution, is a critical path for improving medical dispute prevention mechanisms and promoting positive doctor-patient relationships.

In the Yulin maternal jumping case, the tragic outcome may have been caused by, on the one hand, the

patient's distrust of the treatment advice given by the hospital, and on the other hand, the lack of communication from the hospital in doctor-patient interactions.

5.1. Patients' distrust of the treatment advice given by the hospital

The lack of security felt by patients seeking medical treatment under conditions of information asymmetry; misdiagnosis by some medical staff leading to skepticism among patients and their relatives toward the hospital's diagnostic opinions, as well as the attitude of medical staff affecting patients' trust in doctors' recommendations, all impact patients' trust in the hospital's diagnosis and treatment [2]. Distrust in the hospital's treatment advice can lead to refusal to accept the hospital's treatment.

5.2. The lack of communication from the hospital in doctor-patient interactions

5.2.1. Lack of prenatal communication with expectant mothers

(1) Insufficient attention to healthy eating and reasonable weight gain

With the rapid economic development of our country, the living standards of the people have significantly improved. For expectant mothers, compared to previous issues of malnutrition during pregnancy due to material constraints, the current risk of metabolic diseases during pregnancy caused by unbalanced dietary structure and excessive nutritional supplementation (such as gestational diabetes, gestational hypertension, etc.) is becoming a new focus of obstetric clinical attention. According to relevant research, the weight gain of pregnant women during pregnancy is related to the weight of newborns [3]. Overnutrition intake during pregnancy may increase the incidence of macrosomia, cesarean section, and hypertension in pregnant women [4].

However, dietary management during pregnancy and perinatal systematic healthcare management can help reduce the occurrence of adverse pregnancy outcomes [5, 6]. The current problem is that expectant mothers and their families, holding the belief of "for the health of the child", uncontrollably supplement nutrition during pregnancy, resulting in a serious excess of nutritional intake during pregnancy. At the same time, the implementation of the concept of reasonable weight gain during pregnancy by medical staff is not optimistic. In most cases, reminders are only given when there are signs of overweight in pregnant women, and some medical staff even fail to fulfill their reminder responsibilities. Therefore, prenatal communication between medical staff and expectant mothers and their families still needs to focus on reasonable weight gain, maintaining healthy nutritional intake during pregnancy, and promoting the improvement of pregnancy outcomes.

(2) Lack of mental health support

Women who fear childbirth pain and have no experience of childbirth are prone to develop adverse prenatal psychology during their first pregnancy, and may even suffer from adverse psychological diseases such as prenatal depression or postpartum depression, which have a negative impact on pregnancy outcomes. Except for a few top-tier hospitals or specialized hospitals that provide prenatal mental health support for expectant mothers, most secondary hospitals that receive expectant mothers still cannot provide mental health support. Therefore, there is a lack of duty performance by medical staff in terms of mental health support for expectant mothers. The psychological communication between medical staff and pregnant women during pregnancy, as well as the promotion of mental health support for expectant mothers, urgently need attention.

5.2.2. Lack of communication during childbirth

With the popularization of compulsory education and the advocacy of scientific awareness, more and more people are willing to trust professional advice given by doctors in their professional fields. However, during the delivery process, some medical staff may try to persuade expectant mothers who fear childbirth pain to choose natural childbirth through their families, who have a closer relationship with the expectant mothers. However, some families may focus on the newborn, ignoring the safety of the expectant mother herself. With the continuous development of society, more and more women pay more attention to their own conditions during the delivery process. In this context, using "naturally delivered babies are smarter/healthier" as a persuasion direction may produce negative effects that are contrary to expectations. Therefore, as authoritative professionals, medical staff should actively communicate with expectant mothers, reduce the selection of wrong persuasion directions by family members, strengthen family members' awareness of cesarean section, and enhance knowledge promotion and communication skills with family members.

5.3. Suggestions for promoting harmonious doctor-patient relationships and balancing patient demands and medical responsibilities

After discussing the issues related to the Xiao Zhijun case and the Yulin expectant mother jumping case, it can see that: (1) balancing the responsibilities of medical staff and the demands of patients' families not only requires optimizing the level of medical staff's notification and strengthening the popularization of medical knowledge and risk common sense; (2) according to the current state of people's awareness and the responsibility orientation of disputes in appraisal opinions, hospitals should agree to surgical requirements after clearly informing relevant personnel of the risks of cesarean section surgery, to reduce the risk of disputes and the risk of losing lawsuits they face [7].

5.3.1 Suggestions for balancing the responsibilities of medical staff and the demands of patients' families

(1) Strengthen risk awareness and build reasonable expectations for patients and their families seeking medical treatment

Strengthen patients' and their families' awareness of surgical risks, build reasonable expectations for patients seeking medical treatment, and reduce irrational behaviors of patients, thereby reducing doctor-patient disputes and promoting coordinated doctor-patient relationships.

(2) Standardize hospital diagnosis and treatment behavior, and rebuild doctor-patient trust

A database of medical staff who violate regulations can be established, and those who violate regulations can be subject to limited practice restrictions and punishments to combat illegal medical behaviors and urge hospital medical staff to implement compliant medical behaviors.

5.3.2. Suggestions to raise awareness of cesarean section in society

(1) Using "Internet +" for health education is conducive to reducing the insufficient understanding of scientific childbirth among expectant mothers and their families, promoting expectant mothers to master correct knowledge about pregnancy, forming a scientific cognition of natural childbirth and cesarean section, and urging expectant mothers and their families to make scientific decisions [8]. The use of "Internet +" for health education is not only conducive to reducing the communication pressure

between medical staff and expectant mothers and their families, but also conducive to promoting trust between expectant mothers and their families in the medical advice given by medical staff, and promoting a harmonious and stable doctor-patient relationship.

(2) Strengthen the communication responsibility of medical staff and enhance psychological counseling during pregnancy preparation. Improve the psychological state of pregnant women during pregnancy, strengthen the level of awareness of cesarean section during pregnancy, promote the shortening of the birth process and increase the rate of natural childbirth, and reduce the risks borne by expectant mothers during natural childbirth [9].

(3) Optimize the level of hospital notification and achieve information exchange between doctors and patients. Medical staff should first participate in dietary recommendations for expectant mothers before childbirth, manage the diet of expectant mothers during pregnancy, reduce the incidence of macrosomia and cesarean section, improve pregnancy outcomes, reduce doctor-patient disputes, and promote harmonious doctor-patient relationships. Secondly, medical staff should fulfill their obligation to inform expectant mothers and their families of the risks of cesarean section surgery before childbirth, optimize the level of notification, and promote scientific selection of cesarean section surgery by expectant mothers and their families.

6. Conclusion

Both the Xiao Zhijun case and the Yulin expectant mother jumping case reveal the complex contradiction between the demands of patients' families and the responsibilities of medical staff in medical emergencies. This contradiction runs through multiple levels, such as legislative evolution, judicial practice, and clinical diagnosis and treatment. How to balance the demands of patients' families and the responsibilities of medical staff is a long-term and arduous task that still requires the efforts and collaboration of multiple parties. Only through continuous improvement and perfection can we achieve the maximum balance of the interests of both doctors and patients, and provide patients with safer, more effective, and more humane medical services.

Disclosure statement

The authors declare no conflict of interest.

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