

GSMC MUHS UNESCO Bioethics Unit
Seth G S Medical College & K E M Hospital, Parel, Mumbai, Maharashtra, India

Panel Discussion on “First, Do No Harm” and Book Release Function

19th July 2016

GSMC MUHS UNESCO Bioethics Unit organized Panel Discussion on “First, Do No Harm” and Book Release Function on Guru-Pournima, 19th July 2016.

Book release: **“Patient Safety – protect yourself from medical errors”**. Author – Dr. Aniruddha Malpani and Panel discussion – **“First, Do No Harm”** attended by more than 300 practitioners, health care professionals, undergraduate and post graduate students

Panelists :-

- 1) Dr. Farokh Udwadia. Professor emeritus, Medicine, GMC Mumbai.
- 2) Dr. Sunil Pandya. Ex Professor and head, Neurosurgery, KEMH.
- 3) Dr. Yeshwant Amdekar. Medical Director, BJ Wadia hospital for children.
- 4) Dr. Urmila Thatte. Professor and head, Clinical pharmacology, GSMC.

Moderator – Dr Aniriddha Malpani.

Dr Swarupa Bhagwat started the proceedings by greeting the dignitaries. They were welcomed by the members of the GSMC bioethics unit with a memento (postal Stamp of GSMC 90 yrs) and guruvandana sung by Shivani and Pooja.

Dr. Padmaja Marathe, head steering committee, GMU briefed all about activities of the GMU Bioethics Unit and its future plans and urged all to visit the website www.kem.edu. Dean's address was read by Dr Salagre and Dr A Malpani was invited to introduce the book to the audience.

Dr. Malpani introduced the audience to the content of the book giving two important messages – soil not the seed is to be looked at and its we not I (the whole team including the patient) play a role. He said that the book was for everyone and aimed to bridge the gap between patients and the doctor. The book was released by Dr Farokh Udwadia Sir. A complimentary copy of the book was distributed to all attendees after the panel discussion.

Dr Malpani addressed the panelist to seek answers on questions as who is to blame? Why do the patients feel that medicine is commercialized? Problems with clinical research? Impact of mistakes on doctors and role of nurses as barriers to mistakes. The panel discussion was very interactive with many

stories told and secrets unfolded. The excerpts from the panel discussion are pearls of wisdom shared by these stalwarts to prevent mistakes in health care delivery.

Excerpts from Panel Discussion:--

Dr Farokh Udwadia:-

“The public perceives a lack of humanity, communication and humility. The doctors on their part have compartmentalized the body by organ systems instead of the person as a whole”.

“It’s equally important to communicate with patient as well as relatives. Improve the doctor patient bond. A patient’s mind makes a difference to the outcome. Also important is to communicate with yourself. How do I do it? I write out every 5 – 7 days what has been happening and analyze”.

“Know your staff, improve communication, be extremely ethical, listen well and thoroughly examine patients. Tell the patient what is wrong. Tell it, if not knowing what’s wrong and ask your patient to be open to you”.

“All make mistakes. Judgmental error is only human. Clinical judgment – one is born with it, though one may improve upon it. E.g. In neuro a craniotomy may be debated. There can be difference of opinion. Explain it to the patient”.

“Best is to talk scientifically and clearly”.

Dr.Yeshwant Amdekar :-

“The ART of medicine is missing, unlike olden days. Communication and honesty is required”.

“Patients have a right to know, why are events happening or even why no medicines are being given. Therefore, communicate and document, so that there is accountability and responsibility”.

“In a mistake, look for genesis of it. Most of the time it’s an error of judgment. If medical error is done by junior doctor then the senior talks to him and advice about rectification”.

“The mother and nurse may know better about the condition of the child”.

“Negligence starts from the casualty, where now there are CCTVs installed. Even relatives may video graph the happenings. Talk to them clearly. Management should listen to the doctor concerned. Many a times RMOs are overworked, have to pay attention to all patients. Thus decide how to do better in the available resources”.

Dr. Sunil Pandya :-

“High regard has dwindled. First attitude is of suspicion. Is the doctor fleecing me? Draining each naya paisa of mine The suspicion is based on – even lay persons know of reference money being paid. But if good history taken, thorough clinical examination done, few tests are needed based on the 2/3 differential diagnosis and thus the rationale of the tests is explained, thus reducing the suspicion.”

“if the family and patient see that you are trying to do good, attending the patient well and at the same time the team is doing well and explaining to patients all steps, there should be least problems”.

“If truth is told, relatives become an ally or else we have an antagonist.”

“In an ICU five doctors communicate with one another so one of them has to be the chief consultant. He communicates with the patient and looks after the prescriptions checking. Answering the above question – We should always function as a team. Final authority and responsibility is with the leader but all are equal”.

“It’s our error to equate illiteracy with lack of intelligence.”

“Few years back there was a patient redressal forum. It had a journalist, a social worker, 2 staff members and a person to maintain records. In case of complaint, it would be written down, it would be cross check and send copies to and have meeting with HOD, accused and complainant. The committee did well and reduced mistrust and annoyance”.

Dr. Urmila Thatte :-

“It is very important to do research, else medical progress can’t happen. Old references used, subjects was changed to participants, looking at patients as partners of doctors, helping other doctors treat other patients. 2nd important point is to make patients aware of research. Its one of the patient’s right to have access to research. Here too communication should be outstanding”.

“Mistakes and negligence are different. If adverse event is due to drug, the fear needs to decrease. Thus there has to be reporting of errors which can prevent repetitions”

“Each patient treated is an experiment, hence all principles of ethics research apply, e.g. autonomy etc. Recent times, there’s internet overuse. Patient may come armed confidently with misunderstood information”.

“The GOI runs a pharmacovigilance program if we want to report. Even patients can report. Administration should develop SOPs or Standard guidelines which may help to take care of 80% of the problems (cases)”.

Closing Remarks -Take Home Message.

Dr. Anirudh Malpani:- “Defensive medicine finally increases. We took up medicine to help patients. Thus expect patients to respect us. Slowly it will make a difference and it would be difficult to find good doctors. The 4 Cs will always help - communication, **care, concern and compassion**”.

Dr. Urmila Thatte:- “Report adverse events. Every doctor should do research & publish so that science gains and gets better”.

Dr. Sunil Pandya:- “We should remember that we are here because of the patients. Thus every step should be for the betterment of the patient. If we keep in our mind the following and behave, ‘what we

would want if we were in the position of the patient', problems could be lesser. Problems will be there but can be minimized and they should not detract care".

Dr. Farokh Udwadia:- "Communication, care, concern and compassion. Be reasonably knowledgeable. Know that presentation of diseases varies. Advice for young doctors would be, get reasonably acquainted with humanities".

Dr. Yeshwant Amdekar:- "First be answerable to your conscience, if a child is concerned then answerable to family, then to community".

Dr. Santosh Salagre. Head of GSMC MUHS Bioethics Unit concluded with the vote of thanks to all who made this event a great success.