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BHATIA GLOBAL HOSPITAL & ENDOSURGERY INSTITUTE NEWSLETTER

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ATTITUDE

Life is best for those who are enjoying it,difficult for those who are analysing it and worst for those who are criticising it.Our attitude defines our lives !

"What a beautiful world this would be if everyone thought this way..."'

The Burnt Biscuits.....

When I was a kid....my mom liked to make food for breakfast and for dinner every now and then. And I remember one night in particular when she had made dinner after a long, hard day at work. On that evening so long ago, my mom placed a plate of eggs, sausage and extremely burned biscuits in front of my dad. I remember waiting to see if anyone noticed! Yet all my dad did was reach for his biscuit, smile at my mom and ask me how my day was at school. I don't remember what I told him that night, but I do remember watching him smear butter and jelly on that biscuit and eat every bite!

When I got up from the table that evening, I remember hearing my mom apologize to my dad for burning the biscuits. And I'll never forget what he said: "Honey, I love burned biscuits."

Later that night...I went to kiss Daddy good night and I asked him if he really liked his biscuits burned. He wrapped me in his arms and said, "Your Mom put in a hard day at work today and she's real tired...And besides - a little burnt biscuit never hurt anyone!"

You know...life is full of imperfect things.....and imperfect people. I'm not the best at hardly anything and I forget birthdays and anniversaries just like everyone else.

What I've learned over the years is that learning to accept each others faults - and choosing to celebrate each others differences - is one of the most important keys to creating a healthy, growing and lasting relationship.

Learn to take the good, the bad and the difficult parts of your life and take them for what they are worth. Because in the end, a burnt biscuit isn't a deal-breaker!

We could extend this to any relationship. In fact, understanding is the base of any relationship, be it a husband-wife or parent-child or friendship!

"Don't put the key to your happiness in someone else's pocket...keep it in your own."

So Please pass me a biscuit and yes...the burnt one will do just fine.!.!.!.!

Life is too short to wake up with regrets.

30 second Speech by Bryan Dyson (CEO of Coca Cola)

"Imagine life as a game in which you are juggling some five balls in the air. You name them - Work, Family, Health, Friends and Spirit and you're keeping all of these in the Air.

You will soon understand that work is a rubber ball. If you drop it, it will bounce back.

But the other four Balls - Family, Health, Friends and Spirit - are made of glass. If you drop one of these; they will be irrevocably scuffed, marked, nicked, damaged or even shattered. They will never be the same. You must understand that and strive for it."

WORK EFFICIENTLY DURING OFFICE HOURS AND LEAVE ON TIME. GIVE THE REQUIRED TIME TO YOUR FAMILY, FRIENDS & HAVE PROPER REST.

Shubham Bhatia, Itender Singh Sondhi

According to Aerodynamic Laws, the Bumblebee cannot fly. Its body weight is not the right proportion to its wingspan. Ignoring these laws, the bee flies anyway.

I've learned that finishing a marathon isn't just an athletic achievement. It's a state of mind; a state of mind that says anything is possible: John Hanc

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Handwashing

Dr. Parveen Bhatia, Dr. Pulkit Nandwani, Dr. Amit Agarwal

Truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident. **Arthur Schopenhauer**

During the 19th century, women in childbirth were dying at alarming rates in Europe and the United States. Up to 25% of women who delivered their babies in hospitals died from childbed fever (**puerperal sepsis**), later found to be caused by **Streptococcus pyogenes bacteria.**

In the late 1840's, Dr. Ignaz Semmelweis was an Assistant Professor in the maternity wards of a Vienna hospital. There he observed that the mortality rate in a delivery room staffed by medical students was up to three times higher than in a second delivery room staffed by midwives. In fact, women were terrified of the room staffed by the medical students. Semmelweis observed that the students were coming straight from their lessons in the autopsy room to the delivery room. He postulated that the students might be carrying the infection from their dissections to birthing mothers. He ordered doctors and medical students to wash their hands with a chlorinated solution before examining women in labor. The mortality rate in his maternity wards eventually dropped to less than one percent.

Despite the remarkable results, Semmelweis's colleagues greeted his findings with hostility. At the time, diseases were attributed to many different and unrelated causes. Each case was considered unique, just as a human person is unique. Semmelweis's hypothesis, that there was only one cause, that all that mattered was cleanliness, was extreme at the time, and was largely ignored, rejected and ridiculed. He was dismissed from the hospital for political reasons and harassed by the medical community in Vienna, being eventually forced to move to Pest .In Pest he took a relatively insignificant, unpaid, honorary head-physician position of the obstetric ward of Pest's small St. Rochus Hospital. Childbed fever was rampant at the hospital. After taking over in 1851, Semmelweis virtually eliminated the disease.

In 1858, Semmelweis finally published his own account of his work in an essay entitled, "The Etiology of Childbed Fever". He was again ridiculed with a number of unfavorable foreign reviews and most of the doctors rejected his doctrine.

Outraged by the indifference of the medical profession he began writing open and increasingly angry letters to prominent European obstetricians, at times denouncing them as irresponsible murderers. His contemporaries, including his wife, believed that he was losing his mind, and in 1865 he was committed to an asylum. In an ironic twist of fate, he died there of septicemia only 14 days later, after being severely beaten by the asylum guards.

In the 1870's a hospital in France was called the **"House of Crime"** because of the alarming number of new mothers dying of childbed fever within its confines. In 1879, at a seminar at the Academy of Medicine in Paris, a noted speaker stood at the podium and cast doubt on the spread of disease through the hands. An outraged member of the audience felt compelled to protest. He shouted at the speaker: "The thing that kills women with childbirth fever is you doctors that carry deadly microbes from sick women to healthy ones." That man was **Louis Pasteur**. Pasteur, contributed to the **germ theory of disease**, but his efforts too were initially met with skepticism.

Perhaps handwashing seemed odd at that time. The lack of indoor plumbing made it difficult to get water. In order to make the water comfortably warm, it would have to be heated over a fire. It is difficult perhaps in our current day to imagine physicians being so resistant to what we now consider common practice.

Despite its rocky beginnings, handwashing has become a part of our culture. Handwashing and other hygienic practices are taught at every level of school, advocated in the work place, and emphasized during medical training.

The rate of nosocomial infections can be reduced by full-scale infection control, but, as The New England Journal of Medicine report reminds us, one of the most effective, simple, and yet difficult to implement solutions would be for all hospital personnel to wash their hands between every patient!

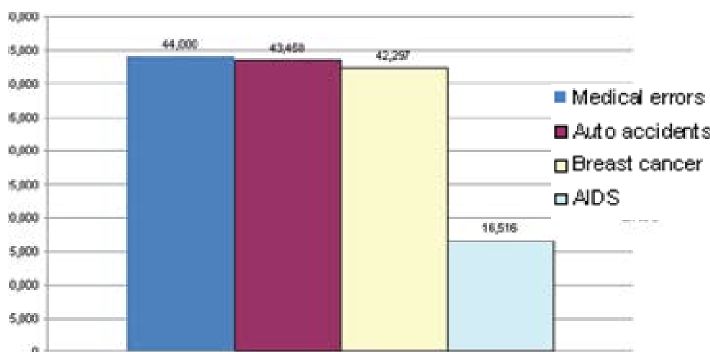
Semmelweis is now recognized as a **Pioneer of Antiseptic Policy. Semmelweis University,** a university for medicine in Budapest, Hungary, is named after Semmelweis, and a number of books and films have been featured on his life.

"To err is Human, to cover it up is unforgivable, and to fail to learn is inexcusable."

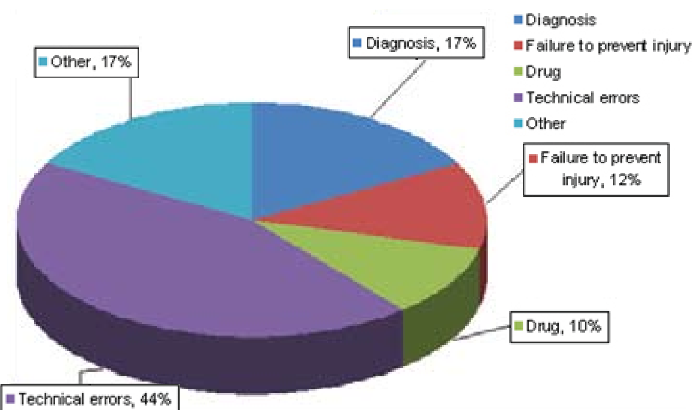
Dr. Parveen Bhatia, Dr. Pulkit Nandwani, Dr. Amit Agarwal

Medical history is punctuated with scandals in which things have gone wrong and have been covered up. More doctors than ever before are coming into an enquiry. The number has increased by 11% in the period 2008–2009, with a rise of 30% of cases appearing in front of interim order panels.

Research shows that the group at highest risk of medical claims are male doctors aged between 36 and 55, with peak incidence at 40. Astonishingly, 70% of medical claims are related to poor communication, with patients citing lack of information, lack of understanding, feeling devalued and feeling deserted as the main reasons.



A recent survey by the Medical Protection Society (MPS) revealed that more than 90% of medical professionals believe that a patient is less likely to sue after being the victim of a medical error or adverse event if they receive an apology or explanation as to what went wrong. However, the same study revealed that only 68% of medical professionals questioned said that doctors are willing to be open and honest with patients when something goes wrong.



Why should doctors disclose medical errors?

Patients have a right to know about critical incidents even if they are not physically harmed by them. Doctors often argue that reporting an error may anguish the patient unnecessarily and breed suspicion in his mind. Also, disclosure may erode patient's trust in their doctors. Although the presumed concerns are plausible, they lack general applicability. Ethics, law, and the literature suggest that when doctors make mistakes, they have a moral obligation to disclose their errors to the patient- timely and openly.

Why doctors do not disclose errors ?

Dr Stephanie Bown, MPS Director of Communications and Policy, says 'There are many barriers to openness. As doctors we know academically and cerebrally that being open is the right thing to do but when it comes down to it, it can be very difficult'

Doctors are fearful of the consequences and understandably so. 'Doctors are inherently altruistic; they go into medicine to do good and when something bad happens there is often a feeling of disbelief: "how could this possibly happen? What is it going to do to me professionally? What are my colleagues going to think about me; what is the patient going to do?" Doctors have their own feelings to deal with, which may come between giving the patient or the relatives of a patient what they need.'

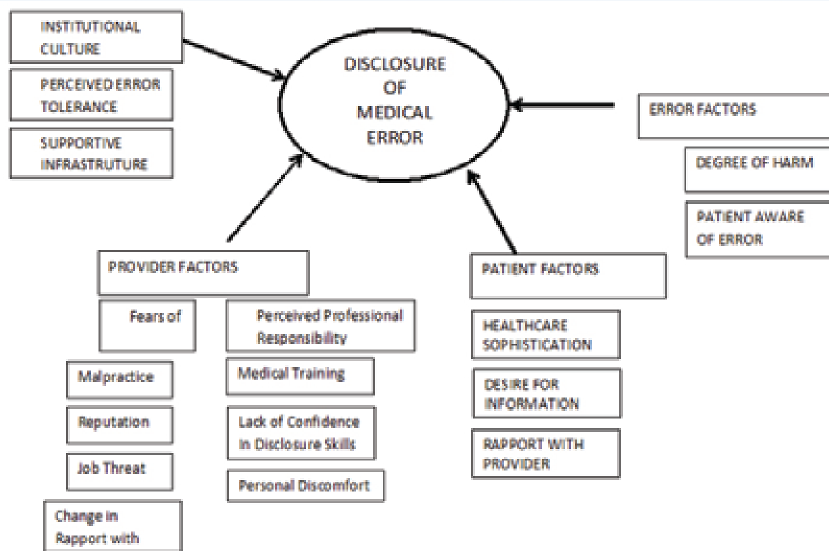
The problem for many healthcare professionals is that there is a complete lack of awareness of what, how and when to report, and to whom. This can ultimately lead to a situation in which problems are only dealt with if or when it's absolutely necessary. Dr. Bown says - 'Higher up the management chain there may also be anxiety about adverse media coverage and therefore a desire to control, contain and keep the lid on incidents. But being open stops so much damage later: damage to the patient, claims to the Medical Council, legal proceedings, loss of trust and negative media attention on a larger scale.'

Research shows that organisations that have objective, quantifiable safety records also have better levels of patient reporting. Similarly, NHS staff surveys show that organisations in which there is no blame and punishment culture have much higher reporting rates.

First, coping with medical error when it has occurred is never easy. As Atul Gawande aptly puts it, "I felt a sense of shame like a burning ulcer. This was not guilt: guilt is what you feel when you have done something wrong. What I felt was shame: I was what was wrong. And yet I also knew that a surgeon can take such feelings too far." It is one thing to be aware of one's limitations. It's another to be plagued by self-doubt. Second, the fear of retaliation, such as malpractice litigation. Third, doctors fear, often justifiably, that media may use these incidents as fuel to fire a campaign against medical profession.

How should doctors disclose medical errors?

Disclosing errors, thus, needs tremendous



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moral courage. It is painful to admit one's errors, especially to those who have been harmed by them. Nevertheless, offering an apology for harming a patient should be considered to be one of the ethical responsibilities of the profession of medicine. Improved communication may play a major role in reducing the risk of litigation. The primary question is not whether to disclose error but how to disclose error in the most productive and ethical fashion. Doctors should take the lead in disclosing error to patients and their families. They must tell their patients what happened in an objective and narrative way and should let them dictate the pace and scope of discussion. An open and transparent approach may help to strengthen, rather than weaken, the doctor–patient relationship.

Should the adverse outcome require medical attention, doctors should disclose this and seek prompt help. Patients may be reassured by knowing that their doctor is not only repentant but is also trying to set the harm right, and preventing further harm, by a clearly defined course of action. Doctors should ensure that all relevant information regarding the sequence of events leading to the adverse outcome is presented as clearly and openly as possible. This strategy can help avoid suspicions about a "cover-up." Disclosure should, of course, take place at the right time, when the patient is medically stable enough to absorb the information, and in the right setting. If something has gone wrong it's the most important time for the doctor or the team to help the patient through the next part of the journey.

On 1 April 2010, it became a statutory requirement for healthcare organisations to demonstrate to either the Care Quality Commission or the National Patient Safety Agency that systems are in place to report adverse events for the purpose of learning and disseminating best practice.

Doctors must investigate, go back to their records to try to find out what might have gone wrong. If we really want to improve patient safety we need to understand this because it's only by understanding the root cause of errors that we can start putting them right.

Medical errors are usually considered to be **"preventable adverse medical events."** Patients are harmed as a consequence of either what is done to them – **errors of commission** - or what is not done but should have been done - **errors of omission**. Whether all errors are truly preventable can be debated, no matter what measures are taken, medicine will sometimes falter.

A well-led, well-managed healthcare organization will seek to minimize such incidents by preventing their occurrence and acting swiftly to limit their adverse consequences.

Which doctors experience claims?

- Males are three times more likely to be in the high-claims group than females.
- Doctors aged 36–45 face the highest amount of claims, with peak incidence at 40.
- Males are 60% more likely to be sued than females.
- Doctors who engage in risk-management seminars have significantly lower rates of litigation.

What motivates patients to sue?

- 70% of claims are related to poor communications.
- Attitudes of staff and communications with patients are in the top four categories of complaints against the NHS.
- Negative communication behaviour by doctors increases litigious intent – even when there have been no adverse outcomes.
- 50% of patients who claimed said they were so turned off that they wanted to sue the doctor before the alleged event occurred.
- Up to 50% of claims are initiated at the suggestion of another healthcare professional.

To err is Human, to refer is divine.

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