**Case series**

**Ethics, Errors and negligence in medicine**

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**Abstract**

To err is human but in medicine grave error is inhuman and life threatening. Many errors are caused by cross-pathy and cross specialty. Because of rampant illiteracy in rural setting, many patients are depend upon a doctors, quack practicing at village. These non qualified with little or incomplete knowledge commits many errors. Their errors are remains unrecognized, and unreported. Because of many advances in medical profession. Laboratory, radiological investigations advised without knowledge and pharmacological agents are prescribed without details knowledge. Many such agents are used by doctor with superficial, incomplete information obtained medical representative. Most grave errors often committed by super- specialists restricting to his specialty like water tight compartments and forget for looking rest systemic diseases.

**Cardiovascular system**

1-A 54 years male (SN) from Mumbai had sudden onset of severe backache. His daughter studying medicine at Chennai medical college. She advice on phone that get ECG done at nearby physician. He immediately attends physician hospital. In absence of doctor nurse took ECG, she said it is normal. He gone to home at the same time patient transferred the ECG on whatsapp to her daughter at Chennai . ECG showed acute extensive myocardial infarction. She advised immediately go cardiologist ,he reported to cardiologist who did angioplasty. What about a lay man if he believes in false interpretations of ECG. ECG should be immediately read by physician. Nurse or technician has no right to interpret and advice to patient. At our hospital only doctor take the ECG.

2-A 62 years (DGS) male complained of breathlessness on exertion . Cardiologist did a stress test which was positive for ischemic heart disease. 2D echo was normal. His family cardiologist prescribed antianginal antiplatelets therapy and diuretic , there was no improvement in his symptom . He was shown to senior cardiologist, who diagnosed chronic congestive cardiac failure, added digoxin to the previous prescription. There were no improving in his symptoms moreover they increased and he became bedridden Lastly he advised haemogram . His hemoglobulin was 4.5gm/dl. Severe anemia was responsible for his symptom. Bone marrow showed myloproliferative disease. His symptoms improved with three bottles of blood transfusion. Now he is on anticancer therapy.

3- A 68 years(REW) male patient known hypertensive had severe backache soon after he had hot discussion in political meeting . Reported to physician in charge of 100 bedded hospitals. Blood pressure noted was 160/100 mm hg, peripheral pulsations were present , ECG was normal on admission . Trop T test was positive . Irrespective normal ECG he was administered tenecteplase bolus a thrombolytic agent . Repeated ECGS were normal. The backache continued. 2D echo showed dissecting aneurysm of aorta. He undergone aortic graft surgery at tertiary care hospital . Thrombolytic therapy is contraindicated in dissecting aneurysm (1). Thrombolytic is indicted in acute myocardial infarction with 2mm elevation of ST elevation in two contiguous peripheral or pre-cordial leads ( 2 ). Not in normal ECG irrespective of chest pain or backache. In such situation one should repeat ECG every fifteen minutes for possibility of ST segment elevation and then thrombolysis.

4- A 60 year old male (BCN) complained of pain in throat while eating and walking. Throat pain relievers after rest. He was hypertensive, non-diabetic, normal lipid, repeated ECGS were normal. He was seen by ENT surgeon, two physicians. In view of pain during exercise we advised stress test, it was strongly positive. His angiogram showed three vessels disease, undergone coronary bypass surgery. Since last two years he is asymptomatic.

One should always rule ischemic heart disease any radiating pain above umbilicus, which appeared after or during exercise. Especially in hypertensive ,DM,chronic smoker, obesity ,sedentary or stressful life and family history of ischemic heart disease irrespective of age.

5- A 62 year old male (AIK) chronic smoker complained of pain in throat, radiating to back and both arms since 4 hours. He visited to physician (MD), his ECG showed inferior lateral ischemia. Physician diagnosed left axis deviation with normal ECG. Physician prescribed nimusulid and sent home. On next day he had similar pain reported to my clinic with severe discomfort and radiating pain. He felt comfortable with 10 mg nitrate sub- lingual. ECG showed recent inferior wall infarction. ECG changes improved with beta-blocker , aspirin ,clopidogrel ,nitroglycerine , statin and low molecular weight heparin. Angiography showed three vessels block.

Even ECG may be normal in acute coronary syndrome. One should think twice In case of radiation of pain in the territory of nerve supply to heart. One should treat patient and not the gadgets.

ECG should be interpreted with due caution or at times take second opinion in case of symptomatic patient.

**Clinical neglect: hypothyroidism**

A 47 (RAS) years old man attended busy outpatient department of tertiary care hospital, for recurrent upper respiratory tract, constipation, weakness and loss of scalp hair. He was prescribed diclofen, acetaminophen and antihistaminic. He continued for 15 days. There was no improvement in his symptoms. He reported to Mahad. His symptom persisted; he put up 8 kg weight in last one year. His wife said he snored loudly in sleep. On examination extremities cold with thick and dry palms and soles, heart sounds were muffled. There were delayed relaxation of reflexes(whotman sign). TSH was >60uml, serum cholesterol 350, ECG showed heart rate 54 per minute , low voltage pattern and prolonged QTC interval. He was addicted tobacco. He routinely put the tobacco quid between left chick and gums. There was extensive leukoplakia over left chick and floor of mouth. Became euthyroid. Irrespective warning he continued tobacco. He stop coming to mahad for last 3 years ,his relative told us he died of oral cancer .

Weakness, constipation, putting excessive weight irrespective poor appetite, cold dry skin with low voltage paatern in ECG are diagnostic signs and symptoms of hypothyroidism(3 )

**UNETHICAL APPROACH**

Physician (HSB) is routinely called at orthopedic and obstetrician hospital for medical fitness of case . I noted even in haemoglobulin 8 g/dl it is routinely given 2.3 blood bottles. Even hemoglobulin 4-6 are given bottles of blood before surgery. Such patient with chronic anemia never advised for further investigations even after discharged and not followed for anemia. Same is true with diabetic mellitus, at hospital diabetes controlled with plain insulin and never followed or referred to physician. Many surgeons specifically orthopedic very much eager to operate though it is not emergency. I don’t know why? Is he afraid that patient will go to other doctor, if so he think twice of his skill handling the admitted patients or want to more and more patients to be admitted. Even today doctors are much disturbed by looking vacant bed in intensive care unit. It is standard advices hemoglobulin < 5gm/dl must undergo hematological investigations including bone marrow aspiration, to rule out any cause for severe anemia

**CROSS PATHY: Life threatening**

A 41 years man (MBS) complained of swelling over the left margin of tongue, pain in ear since last 2 years . Last five years he was suffering from lichen planus affecting tongue , fingers and toes nails . He showed his tongue to six doctors. Surgeon took biopsy and confirmed the carcinoma of tongue and advised surgery (4). As he was non- smoker, no tobacco chewer or ***masheri*** applicant to gums, no history of trauma to tongue or teeth mal-union. He was active worker in industry. Hence he doubts regarding diagnosis. He met homeopath. Homeopath told me it is not a cancer and gave guaranty that homeopathy wild cure him . He took homeopathy regularly for one year. There was no improvement but there was big ulcer over tongue. He underwent surgery on December 2018. Cross-pathy is not only un-ethical but hazardous.

**Neglecting standard protocol**

29 years male (SRN) suffered of cough since last two months, recurrent fever, breathlessness. His family doctor advised repeated antibiotic and cough syrup. Cough used to suppress for few days and recurred. He undergone abdominal ultrasonography as advised by his physician. We advised him chest X-ray showed bilateral apical tubercular infiltration. He is improving with anti-koch treatment.

There is repeated advertise on television , even posters are displayed almost all villages and urban areas , at government and most private hospitals and offices ,that any cough lasted for more than two weeks must be investigated to rule out tuberculosis.

**Self experience and confidence with cross superspeciality**

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A 68 male (HSB) had chronic abdominal pain and Constipation. He consumed antacid , doxycycine, tinidazole, clairthomycin for 15 days. He was examined by surgeon (MS) ,who is performing endoscopies since last 10 years. While performing gastroscopy three attempts failed to introduce the probe in esophagus though local xylocaine sprayed over pharynx. Patient was disturbed had recurrent vomiting and severe intolerable pharyngeal spasm. He reported Stomach and duodenum were normal and advises metronidazole 400mg three times a day for 10 days. After completion of course of metronidazols. Still abdomen pain continued. Lastly patient reported to gastroenterologist (DM) and performed gastroscopy and colonoscopy under propofol a short acting an anesthesia. Process was smooth. Soon patient woke up ,because of his previous painful experience , he repeated asked to doctor that did you do the endoscopy??. Gastroenterologist confirmed that there is inflammation over lower end of stomach and duodenum. Mucosal folds were flattened in second part of duodenum. Biopsy was taken to rule out celiac diseases. Histopathology showed chronic duodenitis. Test for Helicobaceter pylori was positive. He improved with bismuth colloid 150 mg , chlarithromycin 500 mfg, doxycycline 100 mg , antacid 20 mg twice a day for 14 days .

This jumping of surgeon over the super-specialty, Is it ethical? Experience under superspecility is valued while experience under own guidance is not worthy.

**Lack of proper Interpretations**

A 60 years female (SSS) complained of cough with purulent expectoration, breathlessness ,anorexia , weakness and constipation since last 3 years . Her weight was 42 kg . No history hemoptysis , diabetes , low grade fever . Sputum was negative for acid fast bacilli. But loaded with bacteria. X-ray showed bilateral small cavities shadows over both lungs . She received anti-Koch treatment for 9 months. Cough used to reduce but her symptoms persisted. We examined her there were clubbing of fingers and toes . Coarse crepitus heard over both lungs. X- ray showed collection small cysts like bunch of grape allover both lungs fields . She was advice sputum culture and sensitive and postural drainage and compulsory vaccination for influenza and other pneumonias.

Because of rampart tuberculosis in India any infiltration in lung should not be attributed to tuberculosis. In such situation CT scan of chest confirmed the diagnosis. Surfactant expensive treatment is now availed for cystic fibrosis a congenital disease.

**Non scientific and unethical**

1- A 45 male (HRT) complained of recurrent chest pain and exertion dyspnoea , attended a family physician. His advised to climb steps fast up to fourth floor as a crude non scientific stress test. Soon the patient reached to fourth flood he dropped dead. Similarly many patients coming to us from this doctor told us they are advised to climbing steps fast up to fourth floor.

Another non qualified quack, who has worked for few months in a private nursing home. He owned his 20 bedded nursing home and intensive care beds. He himself manage almost all cases. But nursing home is in the name surgeon to get hospital registration and immune from any inquiry. Surgeon has his own consulting room else were. He never attends any non surgical patients. Almost all patient of chest with normal ECGs he gave course of 10 days low molecular weight heparin , antiplatelet agents . Many Unnecessary admission for dengue patients and giving platelets.

2- A 63 years (PS) had fissure with piles. He read big board peudospeciality display with photo ,mentioned in big broad letters a superspeciality hospital for piles , fissure , fistula center at thane . Doctor qualification is non allopathic BAMS,P.G.K.F.C(MUHS)C.C.K.(mum) . He did proctoscopy ,reported fissure with tag at a 12 o clock with printed photo graphs and signed by BAMS doctor. No details of surgery done is mentioned on paper except procedure – scctractbandum. Total bill 35 thousands for 12 hours admission.

Even a qualified non- medical person are attracted by such advertise.

**Professional life threatening injury**

It misery to write that my colleague of 38 years orthopedic surgeon, who used to handle the X-ray machine at rural setting died of extensive brain Gliama . Two senior cardiologists suffered of brain tumor (Glioma ) and lymphomas respectively . They were actively involved in daily routine angiography and angioplasty. It is important to note that head and face is exposed to radiation need special care of face head to prevent radiation injury or regular monitoring dose radiation received. If radition received over is over limitation immediately should be away from radiation field. But in India mushrooming of cardiologist in Urban areas and there is cut throat competitions amongst cardiologist result neglecting individual health.

We faced similar two incidences. A 3 years boy suffered of bone malignancy and died . His father received radioactive isotope for severe thyrotoxicosis. He cannot avoid to be away from his child, result in radiation injury to child. Another six years old child developed mass in mediastinum with lymphoma. Similar his mother had ovarian cancer received chemotherapy and radiation. Her son might be exposed radiation from mother and had lymphoma.

**CENTRAL NERVOUS SYSTEM**

1. Retired teacher of 63 years old (RU) operated for oral malignancy 6 years back. Early in the morning we received phone call from his wife, who is also teacher that while brushing teeth, he started applying tooth paste to bread and eating. No history of fall , non diabetes, normotensive no addiction to tobacco. There was no neurological deficit except disorientation. We thought of secondaries in brain. He undergone CT scan of brain showed large subdural hematoma (SDH). We ask repeated any history fall or head trauma. She recollected that 12 years before he sustained road accident and had fall. SDH was drained and he recovered completely now he 87 years old
2. A 65 years(RSD) old farmer was brought to clinic at Mahad with complained of giddiness unable to walk without support since last one month. He denied history of fall .He was treated by his family doctors with multivitamins , antibiotic and intravenous fluids. No recovery. We examined him he was well oriented time and place. Blood pressure 160/100. No history suggestive of transient ischemic attack. He can’t walk in straight line ,tandem gait was not possible. Bilateral planters were extensor. Fundoscopy examination showed bilateral papilloedema . CT scan of brain showed bilateral subdural hematoma. Hematoma was drained and he completely recovered from abnormal gait . We retrospectively asked regarding any fall ,he recollected that in the farm while working he had giddiness and fall . Within one hours he became conscious and came to home. Because of transient amnesia this accident was totally forgotten by patient on arrival.

**Surgery: don’t take so lightly**

A 53 years old (RSN) man had large submandibular salivary gland benign tumor. He attended outpatient department of surgeon. Without any investigation, he called an anesesthetic. Anesthetic without proper examination gave local anesthesia. Surgeon started surgery. Patient complained of severe pain. Hence he was intubated and given general anesthesia. Patient had cardiac arrest. We were called for help . We tried to resuscitate. Heart used to start contractions but had recurrent cardiac arrest. Abdomen started distending. He developed deep cyanosis spo2 78%, irrespective 8 liters of nasal oxygen. Extremities were cold. Had paradoxical respiration due to bilateral fractures of ribs as a result of recurrent compression of chest. Senior anesthetic was called. He noticed that endotrachael tube is misplaced and it is in the esophagus. Re-entubated patient became pink SPO2 92%, heart was beating no recurrent arrest. Because of prolonged hypoxia resulted in irreversible brain damage. He died on 5th day.

Any surgical procedure should not be taken so lightly. Anesthetic should be sure that tube is in trachea, equal air entry in both lungs confirmed by two separate examination by two doctors separately. Healthy person if developing recurrent cardiac arrest is often due to endotrachael tube blockade by plug or misplacement of tube. Thus “JUSTIC HURRIED JUSTIC BURRIED”

**Ophthalmology be aware of pupils**

A 48 year female (RAY) had blurring of vision, photophobia and the television images appeared blurred since last 2 days. She visited to ophthalmologist clinic. In ophthalmology OPD without any examination routine pupillary dilating drops are added to eyes. Pupils were dilated ophthalmologists did not find any abnormality and gave oral vitamin tablets. She felt better for 6 hours and again started blurring of vision. She reported to physician. physician noted that her pupils were pin point and poorly reacting to light. Her heart rate 58 per minute. In detail inquiry she told that in last week there was pest control sprayed at her resident. During pest control sprayed, she was presence in that closed room without mask. Pesticide sprayed was chlorpyrifos is insecticides are readily available over the counter. Its toxicity is prolonged may be several days because of high fat solubility ( 5 ) . Her serum cholinesterase level was 4.26u/ml (range 4.65-10.44). It is absorbed by inhalation, skin and mucus membrane. She improved with intravenous atropine. Transient improving at ophthalmology clinic was due to dilatation of pupils. Thus eye surgeon should examine the patient before adding any eye drops.

**Envenoming**

Scorpion sting

1. On 17 June 1982 A 17 year boy was admitted in a massive pulmonary edema due to severe scorpion sting. He was given propped up position, nasal oxygen , intravenous frusemide and aminophylline. There was no improvement ,hence decided to apply sodium nitroprusside (SNP) drip. At that time at primary health center was not equipped. There were no ECG,NIBP monitor ,oxymentry, micro drip ,scalp or intra-cath and infusion pump available. During that period 130 victims were recovered from pulmonary edema by SNP. This victim of massive pulmonary edema We applied SNP , while during infusion we both doctors (HSB &PHB) sat by the side of victim and closely monitored the blood pressure and pulse rate manually. The drip of fixed drop was started. We just gone to quarter for breakfast. During this period patient had cough and bloody sputum rather than calling us nurse suddenly increased the drops of SNP within five minute patient had hypotension thrown convulsive movement and died of cardiac arrest . since then one of us always present till the patient recovered or drip is over( 6 )

Krait Bite

1. On 25th September a 52 years farmer at 4 AM woke from floor bed due to abdominal colic, had vomiting and sweating. Subsequently he developed bilateral ptosis and weakness. Because of abdominal colic relative took him to surgeon(FRS),without detail history and examination he suspected acute appendicitis and referred for abdominal ultrasonography(USG). Surgeon was in busy in surgery. He advised nurse to give him buscopan injection. Patient returned home but pain did not improve. Patient returned with USG report but surgeon was busy in emergency case. Because of delay, relative took him to second surgeon ,who without examination advised repeat USG( might me for commission). He advised admission for appendicitis. Being poor patient relative could not afford the expenses at private hospital .Hence he reported to civil hospital at 11.30 AM. He developed full-fledged sign of neuroparalysis. We received phone call from medical officer who was in confusion. It was krait bite with neuroparalysis, advised intravenous antisnake venom , neostigmine, atropine ,oxygen ,intubation and ventilation if required . Patient recovered and discharged on 5th day. He would have died under care of surgeon. Being poor he failed to get admired under surgeon. **Thus at time poverty is worship.**

Patient woke up from floor bed due pain in abdomen, vomiting, sweating and subsequent neuroparalysis are the diagnostic signs and symptoms of krait bite envenoming ( 7)

**Errors are lesion of the past, yet future is in our hand**

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MANIFESTATIONS OF SCORPION STING