Authors response to the comments

The general response to the reviewers' comment

Thank you for your extensive and in-depth review. Before we address your points, we would like to state that our manuscript is intended to deliver a message in context to only one specific point; i.e., preoperative investigation. We, by no means, indicate that the final decision which is taken by the honorable Court is not correct. The honorable Court has made the decision based on multiple points, i.e., oxygen, cardiac massage, preoperative assessment, etc., and our correspondence concerning the preoperative investigation and evaluation only.  
  
Specific Responses

Comment:  
1. It is not clear if the authors have access to the District Court judgment. The facts of the case would be detailed out in the District Court judgment. It is not known whether the authors have even seen the papers filed before the Court. The appellate courts may just state a few points, but may not give all the details. The authors should obtain a copy of the papers or at least the order of the District Court to know what arguments were placed before the Court, and only upon understanding the facts clearly, should they give an opinion.

Response: We agree that the details of the document submitted and case history are not reviewed by us. But, in context to our point, we beg to differ with the reviewer that we need to consider the documents. It is because, the judgment we have accessed has in details that the doctor (anesthesiologist) have examined the patient and verified the investigations like a blood test, chest X-ray, ECG, etc., and the honorable Court also agrees to that. So, further checking the district court documents will not add anything or point against.  
  
2. There appear to be some gaps on the reading of the National Commission's order. It is not known if informed consent was taken for the surgery and whether the Complainant and the deceased were made aware of the complication or the known risk of a cardiac arrest during spinal anesthesia. Also as stated in the judgment it is not known what time lapse occurred and whether the oxygen was there or not (whether it was proved or not), and how the situation was managed. The finding of the Court appears that there was negligence in handling the case as the patient went into hypoxic damage due to the delay.

Response: As stated by us in the general response, our point is not against the verdict. Our article points a concern about observation and statement made by the honorable Court in context to preoperative ECG repetition only. We fully agree with the reviewer that lack of informed consent and explanation about the possible cardiac arrest (although it is rare complication) is a lapse, and the honorable Court can take the decision as per law in this aspect. We do not argue against this.

3. The issue of getting an ECG done prior to the surgery is based on the facts of the case. The Court has stated that if it is a known complication then some precaution had to be taken. They have indicated getting an ECG done as a precaution. It does not appear from the reading of the judgment that it was opposed or that the anesthetist put forth arguments stating that ECG is not required to be done. It is not known whether the Court was apprised of any guideline to this effect. The reading of the judgment indicates that where there are known harmful side effects, precautions need to be taken, and the team needs to be ready. There should not be a delay in providing immediate treatment in case a known side effect or complication occurs.

Response: Firstly, we beg to differ from the reviewer partly. The honorable Court agrees that ECG was done on 25.05.2004 (in point no 10 of the attached judgment). Secondly, the judgment also indicates that the anesthesia record indicates cardiac massage and DC shock and return of heartbeat. The respondent (anesthesiologist) also informed the honorable Court that cardiac monitoring and pulse oximetry were applied during surgery and anesthesia. So, all precautions and management steps were taken. Still, complication and the adverse outcome may be there.

Our manuscript is only intended to deliver a message in context to the observation of the honorable court "they should have taken another ECG to assess the cardiac status. We want to appraise that resting 12-lead ECG is not at all indicated in young, healthy patients (The patient was healthy young 25 years old, who came to the hospital on foot as mentioned in the judgment). We also want to state that it is not the only guideline but text-book teaching and anesthesia practice that is taught during postgraduate curriculum itself. It is now standard practice that the preoperative investigation should be optimal and patient and surgery-specific. If a patient is healthy and undergoing an elective minor or intermediate surgery, the patient may not need even a single preoperative test.

Yes, we agree with the reviewer that, it not clear whether the anesthesiologist let the Court know about the guideline.

But, we believe that our manuscript will be able to draw the attention of both the honorable courts and medico-legal professionals about this situation. If the honourable Court makes a statement that the non-repeating ECG in such young patients undergoing non-cardiac, non-vascular, non-major plus category of surgery (where even not indicated) is lapse and through cardiac evaluation is required for all elective cases; we believe that the Court should understand the economic impact of such statement on the public and nation.

This is where we are in cross-road. The health care delivery team and administration is doing all the research and works to reduce the cost, and if such a statement is passed by the judgment, all these efforts will be futile.

4. It is not known if the case has gone in appeal to the SC? It would be good if the authors could find out whether an appeal has been filed and by whom?  
5. The opinion appears to be based only on the judgment of the National Commission, which does not lay out all the details.

Response: we agree with the reviewer, but, we regret to say that it is not relevant. The reason is clear from the above discussion. We want to highlight only the observation made by the NCDR about the repetition and thorough assessment by doing the preoperative investigation. This also explains, why our manuscript should be confined to the NCDR judgment only.  
  
Comment: I suggest that the authors should get the details, read the judgments of the lower courts, see what arguments were put forth by both parties, especially the anesthetist, prior to giving their opinion.

Response: Thank you very much. We believe that we could clarify our points. The judgment of NCDR is attached herewith for reference. Important points are highlighted in yellow. We also agree that a similar question is likely to come up in the mind of readers too. A statement pertinent to our objective of the letter is added now and highlighted in yellow in the revised manuscript. We are sure that the revised manuscript will deliver the intended message in a better way.

Thanking the reviewer again for his/her efforts and allowing us to clarify and revise the manuscript.