When speed is very much not of the essence

The tragedy in the surgical sterilisation of women in an Indian State highlights the vital importance of never allowing political targets to trump personal professional care. Shima Gyoh reports

The entire human race has the obligation to reduce the rate of population growth to mitigate the serious problems that are going to compromise global peace, and even human survival. Some of these problems are already on us, though we don't often recognise them for what they are. It is also vastly important to avoid doing damage to any family planning method through risky over-enthusiasm that would scare people and reinforce the arguments of those opposing them. The story coming out of India is an example of this.

Surgical sterilisation of women, particularly bilateral tubal ligation done through laparotomy is a serious operation. Laparotomy and laparoscopy always provide the surgeon with a wonderful opportunity to look and feel around for any unrecognised or early pathology that might not have reached the clinical stage, thus offering patients chances for effective prophylaxis. Neither is a minor surgical procedure to be done in 15 minutes as recommended in the officially approved protocol[1] in the Indian state of Chandigarh. It is irresponsible to reward doctors on the number of operations they do without rigorous attention to quality, as many would abandon humane practice to pursue speed, numbers and rewards. One doctor boasts that he has sterilised over 330 000 patients and that he is doing God's work![2]

A doctor who was honoured for doing 50 000 sterilisations also became a champion of speed. He did 83 trans-abdominal bilateral tubal ligations in less than three hours, averaging less than 2.5 minutes per operation. 13 of the women died and scores are on admission, with some in intensive care units fighting for their lives.

From the press reports and photographs, he did right paramedian incisions. By his own accounts, he would use the same instruments to do 10 operations, dipping them in spirit after each operation. General and local anaesthesia were apparently not used; the patients, described as 'groggy' were helped to walk out of the operating room. For analgesia he used ibuprofen, and prophylactic antibiotics cover was ciprofloxacin. Clinical details of the dose, the route or the timing could not be inferred from the press reports.

The operating room itself was described by the police as filthy, hung with cobwebs and littered with bloodied sheets. On the outside, Reuters correspondents saw piles of medical waste including used syringes and blood-stained cotton swabs. It was an abandoned building being rented to carry out mass operations of women collected in 'sterilisation camps'.

Shima Gyoh has held many posts ranging from village doctor to DG of Nigeria's Federal Ministry of Health and Chair of the Medical and Dental Council of Nigeria.

The doctor seemed unaware of the universally accepted fact that the buck for the patient's safety stops on the doctor's table, be it the suitability of the operating room, the surgical instruments, the drugs or the conduct of all the people involved in the clinical care. People who are not ready to accept this responsibility have no business being medical doctors. He defended himself by saying it was the duty of the government to clean the operating room and blamed health workers for the drugs given to the women. 'I am not the culprit. I have been made the scapegoat. It is the administration which is responsible for this incident.'[1] Another surprise was that autopsies done on the deceased patients were said to give inconclusive results. Was this an aspect of a cover-up? From the history available, any competent doctor, talk less of a pathologist could not miss finding the cause of death at autopsy. The drugs were described as 'contaminated',[3] yet the press reported tough action against manufacturers without mention of the results of prior analysis.

There was no evidence that the doctor was aware that he was cutting conscious human beings. In this day and age, taking pride in speed of operation without including safety, etiquette and respect for the patient's dignity is highly unethical. He should be tried for professional misconduct and barred from further practice. He should find a job in one of India's vehicle manufacturing outfits, standing in one place like a robot, fixing exhausts on cars as they move past him on the conveyor belt.

I am not impressed by the attitude of the Indian Minister of Health who went on wild defence of his government as if the story were untrue. I expect much better response from a government official of a country that has sufficient resources to send a rocket to Mars. His comments did not acknowledge the serious humanitarian tragedy that occurred under his watch. Biggest democracy? He should either resign or be sacked.

Shame on the health workers who took monetary rewards to lure poor, ill-educated women into ghastly experiences; greater shame on those who further short-changed them out the paltry equivalent of 10 - 20 US dollars they were promised. They should be identified and punished.

We must work hard to repair the serious damage this tragedy has done to family planning worldwide.

Reference

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