



# INDIAN ACADEMY OF PEDIATRICS

## PEDIATRIC HEMATOLOGY-ONCOLOGY CHAPTER

Regd. Office: Kailas Darshan, Kennedy Bridge, (Nana Chowk), Mumbai 400007 (India)  
Society Regn. No. Maharashtra State, Mumbai 1828/2006 200 GBBSD

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To

The President and Secretary General  
Indian Academy of Pediatrics

As pediatric specialists who are deeply dedicated to the care of our children we were greatly saddened by recent events in Delhi NCR. We lack all the details, but extend our deepest sympathies to the families of the children who died. We feel the time has come to formally address how we can best avoid such events so that no family undergoes such trauma in the future. In any risk-filled procedure for children such as bone marrow transplantation, chemotherapy etc. and for critically ill children in the ICU, adverse events (including death) are inevitable. In the United States and Canada, it is estimated 1-10% of admitted pediatric patients experience adverse events, some fatal and roughly half unavoidable. We want an environment where physicians can care for such patients and families can receive good care without hesitation, and call on all stakeholders to come together and address these critically important issues:

- Physicians need to consistently communicate risks and benefits of procedures and communicate more clearly to families and record such discussions, so there is no ambiguity later about what was discussed. The communication should continue throughout the hospital stay of the patient so that all concerns are continually addressed with the family.
- All hospitals need to appoint a physician as Chief Quality Officer and have clear operating procedures for situations where children have died or suffered other adverse outcomes. Firing the physicians involved is not a solution, on the contrary it usually masks underlying problems in the system.
- Hospital detention, defined as refusing release of either living patients after medical discharge is clinically indicated or refusing release of bodies of deceased patients if families are unable to pay their hospital bills, is unethical and violates international human rights. Measures including financial counselling and access to social support should be included early in the course of treatment. This will prevent issues around non-payment of bills coming to a head, particularly at the death of a child.



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- IAP needs to work with Union and State Governments to pass legislation that allows physicians to withdraw care (including “do not resuscitate” or “leave against medical advice” or “brain death”) from terminally ill patients after appropriate discussion with families, without fear of litigation or arrest. All hospitals need to put in place adequate procedures so that physicians and nursing staff can better take care of these situations.

- The Union and State Governments need to review healthcare as it is currently provided and funded and ensure that government-funded institutions are appropriately staffed and managed. Corporate hospitals should benchmark their outcomes to leading academic hospitals in India, which will benefit patients and their families. The overall funding of high-cost health care should be subject to a committee for central review to determine how this can best be covered in the years to come.

- Junior Residents in training Hospitals often work long hours with minimal supervision, and need more formal training in patient communication, quality improvement, elimination of medical error, and bioethics, so they can apply these skills when they practice in any setting.

To summarize, this tragic sequence of events has given us an opportunity to reflect on the quality of the medical care offered to children in India. Merely scapegoating the physicians in charge or shutting down the hospital concerned will not address the current flaws in the system. We would be negligent if we did not seize this opportunity and work together to improve the system and improve outcomes for children, and the IAP-PHO chapter commits itself wholeheartedly to this goal.

On behalf of the executive committee of the PHO Chapter of IAP.

Sincerely

Dr Gauri Kapoor  
Chairperson

Dr Deepak Bansal  
Secretary

14 December 2017