

HOMOEOPATHY ARENA

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Understanding Medical Negligence: Key Concepts and Implications

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Introduction

Medical negligence is a critical issue in healthcare that can have serious implications for patients, practitioners, and the healthcare system as a whole. Defined as a breach of duty by a healthcare provider that leads to harm or injury to a patient, medical negligence raises important questions about accountability, ethics, and patient safety.

Key Components of Medical Negligence

1. **Duty of Care:** Healthcare providers owe a duty of care to their patients. This means they are expected to provide treatment that meets the accepted standards of practice within their profession.
2. **Breach of Duty:** A breach occurs when a healthcare provider fails to act according to the established standard of care. This could include errors in diagnosis, improper treatment, or lack of informed consent.
3. **Causation:** It must be demonstrated that the breach of duty directly caused the patient's injury or harm. This is often the most challenging aspect to prove in a negligence claim.
4. **Damages:** Finally, the patient must have suffered damages, which can be physical, emotional, or financial. This can include medical expenses, lost wages, and pain and suffering.

Common Examples of Medical Negligence

- **Misdiagnosis or Delayed Diagnosis:** Failing to correctly diagnose a condition can lead to delayed treatment and worsening of the patient's condition.
- **Surgical Errors:** Mistakes made during surgery, such as operating on the wrong site or leaving surgical instruments inside a patient, are clear instances of negligence.
- **Medication Errors:** Incorrect prescriptions or dosages can have severe consequences for patient health.
- **Failure to Obtain Informed Consent:** Patients have the right to understand the risks and benefits of a treatment. Failing to provide this information can be deemed negligent.

Legal Framework

In many jurisdictions, medical negligence cases are handled under tort law. Patients who believe they have been harmed by medical negligence may file a lawsuit against the healthcare provider or institution. Legal outcomes can vary significantly based on local laws, the evidence presented, and the specifics of the case.

Implications for Patients and Providers

For Patients

- **Impact on Health:** Victims of medical negligence may experience prolonged suffering and additional medical expenses.
- **Psychological Effects:** The emotional toll of experiencing negligence can lead to anxiety, depression, and a loss of trust in the healthcare system.

For Providers

- **Reputation and Trust:** Medical negligence can damage a provider's reputation and lead to a loss of patient trust.
- **Legal and Financial Consequences:** Providers found liable for negligence may face significant financial penalties and increased insurance premiums.

Preventing Medical Negligence

1. **Enhanced Training:** Continuous education and training for healthcare professionals can help reduce the risk of errors.
2. **Effective Communication:** Open and clear communication between providers and patients is essential in preventing misunderstandings and ensuring informed consent.
3. **Standardized Protocols:** Implementing standardized care protocols can help maintain consistency and minimize errors in patient treatment.
4. **Reporting and Learning Systems:** Encouraging a culture of reporting errors and near misses can help organizations learn from mistakes and improve patient safety.

Conclusion

Medical negligence remains a pressing issue in healthcare, highlighting the need for vigilance, accountability, and a commitment to patient safety. By understanding its components, implications, and prevention strategies, both patients and providers can work towards a more secure healthcare environment. Continued dialogue and improvement in medical practices are essential to minimizing the occurrence of negligence and enhancing the overall quality of care.

ETIOPATHOGENESIS OF BRONCHIAL ASTHMA AND ITS HOMOEOPATHIC TREATMENT

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INTRODUCTION

Asthma is a disease of airways that is characterised by increased responsiveness of the tracheobronchial tree to a variety of stimuli resulting in widespread spasmodic narrowing of the air passages which may be relieved spontaneously or by therapy.

Bronchial asthma is common and prevalent worldwide; in india Epidemiology of Asthma, Respiratory Symptoms and Chronic Bronchitis in Adults (INSEARCH) estimated the national burden of asthma at 17.23 million with an overall prevalence of 2.05%. total burden of asthma in India as 34.3 million, accounting for 13.09% of the global burden. It occurs at all ages but nearly 50% of cases develop it before the age of 10 years. In adults, both sexes are affected equally but in children there is 2:1 male-female ratio.

ETIOPATHOGENESIS AND TYPES

Based on the stimuli initiating bronchial asthma, two broad etiologic types are described: *extrinsic (allergic, atopic)* and *intrinsic pattern* in which the features do not fit clearly into either of the two main types: -

- 1. Extrinsic (atopic, allergic) asthma:-** this is the most common type of asthma. It usually begins in childhood or in early adult life. Most patients of this type of asthma have personal and/or family history of preceding allergic diseases such as rhinitis, urticaria or infantile eczema. Hyper sensitivity to various extrinsic antigenic substances or 'allergens' is usually present in these cases. Most of these allergens cause ill effects by inhalation e.g. house dust, pollens, animal danders, moulds etc. Occupational asthma stimulated by fumes, gases and organic and chemical dusts is a variant of extrinsic asthma. There is increased level of IgE in the serum and positive skin test with the specific off ending inhaled antigen representing an IgE-mediated type I hypersensitivity reaction which includes an 'acute immediate response' and a 'late phase reaction':
 - *Acute immediate response* is initiated by IgE-sensitised mast cells (tissue counterparts of circulating basophils) on the mucosal surface. Mast cells on degranulation release mediators like histamine, leukotrienes, prostaglandins, platelet activating factor and chemotactic factors for eosinophils and neutrophils. The net effects of these mediators are broncho-constriction, oedema, mucus hypersecretion and accumulation of eosinophils and neutrophils.

- **Late phase reaction** follows the acute immediate response and is responsible for the prolonged manifestations of asthma. It is caused by excessive mobilisation of blood leucocytes that include basophils besides eosinophils and neutrophils. These result in further release of mediators which accentuate the above-mentioned effects. In addition, inflammatory injury is caused by neutrophils and by major basic protein (MBP) of eosinophils.
2. **Intrinsic (idiosyncratic, non-atopic) asthma:-** this type of asthma develops later in adult life with negative personal or family history of allergy, negative skin test and normal serum levels of IgE. Most of these patients develop typical symptom complex after an upper respiratory tract infection by viruses. Associated nasal polypi and chronic bronchitis are commonly present. There are no recognisable allergens but about 10% of patients become hypersensitive to drugs, most notably to small doses of aspirin (aspirin-sensitive asthma).
 3. **Mixed type:-** Many patients do not clearly fit into either of the above two categories and have mixed features of both. Those patients who develop asthma in early life have strong allergic component, while those who develop the disease late tend to be non-allergic. Either type of asthma can be precipitated by cold, exercise and emotional stress.

CLINICAL FEATURES

- Asthmatic patients suffer from episodes of acute exacerbations interspersed with symptom free periods.
- Characteristic clinical features are paroxysms of **dyspnoea, cough and wheezing**. Most attacks typically last for a few minutes to hours.
- When attacks occur continuously, it may result in more serious condition called *status asthmaticus*.
- The clinical diagnosis is supported by demonstration of circulation eosinophilia and sputum demonstration of Curschmann's spirals and Charcot-Leyden crystals. More chronic cases may develop cor- pulmonale.

HOMOEOPATHIC MEDICINES

According to the WHO, homoeopathy is the second most popular form of medical therapy. Asthma is treated with it, which is one of the most popular and divisive complementary medical practices.

1. **Aletris Farinose-** Short, dry, and tickling cough worse on walking and talking; discharge of urine during cough; cough suddenly relieved by menstruation.
2. **Ailanthus glandulosa-** Deep dry and hacking cough, with asthmatic expansion of lungs; cough with headache and congestion of face.

3. Ephedra vulgaris – Mother tincture is used to control asthmatic attack; in reduced doses it is also helpful in pulmonary heart disease.

4. Pothos foetidus – A clinically useful drug in allergic rhinitis and bronchial asthma < dust. Acts better in Q potencies. Asthma is worse from any inhalation of dust.

5. Arsenic album- Anguish and restlessness. Can't lie down for fear of suffocation, asthma worse midnight, burning in chest, air passages, constricted cough dry, as from Sulphur fumes.

6. Natrum sulph- Dyspnea, desire to take a deep breath during damp, cloudy weather. Humid asthma in children, with every change to wet weather, sputa green and copious.

7. Antimonium tartaricum- Rapid, short difficult breathing seems as if he would suffocate must sit up. Large collection of mucus in the bronchi, it seems as if much would be expectorated, but nothing comes up.

8. Grindelia robusta- Stop breathing when falling asleep, wakes with a start. Cannot breathe when lying down. Cheyne strokes respiration. Dyspnea with foamy mucus with profuse, tenacious expectoration.

9. Blatta orientalis- Asthma associated with bronchitis, bronchitis with cough and dyspnea. Cough with pus like expectoration. Cough associated with dyspnea. Suffocation is threatened with profuse expectoration.

10. Aspidosperma – Aspidosperma is considered a tonic for lungs. This medicine removes temporary obstruction of the oxidation of blood by stimulating respiratory centers. It is useful in cardiac asthma.