Volume 01 | Issue 06 | September 2024

Free copy

HEALTH SHOTS

Unlock Your Wellness Potential!

/Bloomlifehospital
/Bloomlifehospital
/bloomlife_hos
/@BloomCreativeTeam

06

Sexual Intimacy during Infertility

Why do couples undergoing fertility treatments experience a decline in sexual intimacy? How can they prevent it from happening?

WORLD PHYSIOTHERAPY DAY

THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS WOMEN CELL
IAPWC

LOWER BACK ACHE
HEEL PAIN
PELVIC & PUBIC PAIN

PHYSIOTHERAPY CAMP

Date: 15 to 30 September 2024

Gynaec examinations and consultation for women

Cost per person: ₹499

BloomLife HOSPITAL

32, Taramani Link Road, Velachery, Chennai

Registration is mandatory

+91-44-4000 0009 / +91-94989 94989

Editor's Note

Dear Readers,

The second half of the year is a festive time, and you can literally feel the mood change and become lighter, happier and joyous! (Maybe it also has something to do with a dip in temperatures and the hope of the monsoon being a good one this year!)

I particularly enjoy the Navaratri festival, with the colourful displays of golu dolls in houses, the continued line of festivities for a whole nine days, and the joyful enthusiasm people have when visiting each other's homes. Most of you might already know that each of the nine days is dedicated to a different goddess, who represents a specific quality that we need on our life journey. Strength, compassion, intelligence, fortitude…The list goes on. The festival is a time for us to dwell on these qualities so that we may, at our choosing, imbibe the quality that best suits us at this point of time.

"What is the quality you recommend?" a friend asked me when I was sharing my thoughts. I took some time to reflect, and then said: "Self-love."

I should mention here the deep difference between self-love and selfishness (or even vanity). When I say 'self-love', I am referring to full acceptance of ourselves in every way, and responsibility towards ensuring that we take care of ourselves – all of which will help us tap into and use our innate potential in the best ways possible.

Self-love is not a checklist that mentions you have to walk 10,000 steps a day, have a candle-light dinner or go on a luxurious holiday. It means looking at ourselves – openly, honestly – every single day, and then deciding what is it we need to do for our highest good health (physical, mental, and every other aspect).

When we are able to make this a practice, we will soon notice that all other positive qualities follow through, quietly and without resistance.

Festive greetings to you and your families! ◆

Dr. Kavitha Gautham
Managing Director, BloomLife Hospital Pvt. Ltd.

We want to hear from you! Please keep sending your feedback, suggestions and questions to info@bloomhealthcare.in.

Contents

Editorial Team:
Dr. Kavitha Gautham
Anita Krishnaswamy

Marketing and Distribution:
R. Kavitha Lakshmi
R. Eniya Thendral
K. Thiyagaraj
D. Mangaiyarkarasi

Contributors:
Dr. Aiswarya M. Nair | Ms. Anita Krishnaswamy
Dr. Aravind Ravichandran | Dr. D. Balakumaran
Dr. Kavitha Gautham | Dr. Rija Prathab
Mr. Samuel Abraham | Ms. Shweta R.

Content Support & Design:
SARAS Works, Chennai

Published by BloomLife Hospital Pvt. Ltd.

Copyright © BloomLife Hospital Pvt. Ltd.
BloomLife Hospital Pvt. Ltd. All rights reserved. This book or parts thereof may not be reproduced in any form, stored in any retrieval system, or transmitted in any form by any means—electronic, mechanical, photocopy, recording, or otherwise—without prior written permission of the publisher. For permission requests, please write to info@bloomhealthcare.in Disclaimer: The information provided in this health magazine is for educational and informational purposes only. It is not intended as a substitute for professional medical advice, diagnosis, or treatment. As a reader, please do further research or consult with relevant experts before making any decisions based on the information presented herein. Furthermore, please seek the advice of your physician or qualified healthcare provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay seeking it because of something you have read in this magazine. Reliance on any information provided in this magazine is solely at your own risk. The magazine and its contributors do not endorse any specific tests, physicians, products, procedures, opinions, or other information mentioned. Mention of any specific healthcare products or services does not constitute an endorsement. The magazine or publishing organisation is not responsible for any untoward outcomes resulting from the use or misuse of information obtained from this publication.

Same Meal, More Benefits

Power of Meal Sequencing

Did you know that the order of eating can transform your health? An age-old practice rooted in Indian dietary traditions, 'meal sequencing' can help enhance digestion, maintain energy levels, and promote overall health.

Shweta R.
Clinical Dietitian
BloomLife Hospital Pvt. Ltd.

While most of us focus on what we eat, research suggests that the sequence in which we consume different types of foods may play a crucial role in managing blood sugar levels, weight, and overall well-being. Known as 'meal sequencing', this is an age-old practice – with roots in Indian dietary traditions – and is believed to enhance digestion, maintain energy levels, and promote overall health. This age-old wisdom is seen in the traditional Indian meals or thalis, wherein the first item served is vegetables, followed by proteins, and ending with carbohydrates.

So, how does meal sequencing work? Basically, the order of eating is centred on the tenet that eating foods in a specific order can influence the rate at which glucose enters your bloodstream. This is seen an effective strategy to optimise health, without drastically altering one's diet.

THE ORDER IN MEAL SEQUENCING

Typically, the order recommended is:

1. **Vegetables:** Start your meal with fibre-rich vegetables.
2. **Proteins and fats:** Follow up with protein sources like meat, fish, eggs, or plant-based proteins, along with healthy fats.
3. **Carbohydrates:** Finally, consume starchy or sugary foods like bread, rice, or dessert.

This sequence can help slow down the digestion and absorption of carbohydrates, leading to a more gradual increase in blood sugar levels. By preventing spikes and crashes in blood sugar, meal sequencing may contribute to better weight management, improved energy levels, and reduced risk of metabolic diseases. Many people have reported that, by switching the order in which they eat their meals, they have been able to gain better control over their blood sugar spikes. Many of them report feeling more energised and less prone to cravings, which has made it easier to maintain these habits over the long term.

BENEFITS OF MEAL SEQUENCING

1. **Improved digestion:** Starting with fibre-rich foods prepares the digestive system and promotes a feeling of fullness, thus reducing the likelihood of over-eating.
2. **Weight management:** By stabilising blood sugar levels, meal sequencing can help control hunger and reduce cravings for added helpings of snacks or sweets.
3. **Better energy levels:** A steady release of energy from food prevents the highs and lows associated with blood sugar spikes and crashes, leading to sustained energy throughout the day.
4. **Reduced risk of metabolic disorders:** Consistently managing blood sugar levels through meal sequencing may lower the risk of developing conditions such as type 2 diabetes and cardiovascular diseases. ◆

Sexual Intimacy During Infertility

A Neglected Conundrum

Dr. Aravind Ravichandran
Consultant - Reproductive Medicine & Fertility
BloomLife Hospital Pvt. Ltd.

Oftentimes, couples who are undergoing fertility treatments experience a decline in sexual intimacy – which may then give rise to cracks in the relationship over time. What causes this, and how can they avoid the problem in the first place?

For couples planning a family, attempts at conceiving usually start on an unassuming note. But this can gradually turn worrying with every failed attempt at conception, more so for couples who carry a perception that conception happens at the drop of a hat. After multiple failed natural attempts, when couples are compelled to seek fertility evaluation and treatment, one of the main physiological processes that takes a hit is sexual intimacy.

The initial visit to a fertility specialist can be quite unnerving for a couple with regard to how information regarding sexual intimacy that is, undoubtedly, deeply private, can be shared as comfortably as possible, to further the chances of an outcome so fiercely anticipated. The couples also fear an element of appearing vulnerable, secondary to self-doubt and lack of self-esteem, which invariably accompanies conception failure, despite frequent sexual activity.

Many couples often liken sexual relations to a "chore", with the focus primarily on the chances of conception, rather than the sanctity of the process that leads to conception. More often than not, the process is perceived as being less fruitful and a decline in sexual engagement ensues. The desperation to conceive, fuelled both by personal interests and peer pressure, forces them to focus on treatment-related scheduling of sexual intimacy, overlooking its natural role in sustaining a healthy relationship.

The First Victim: Spontaneity

Sexual intimacy is all about spontaneity and this important aspect of the sexual act is, unfortunately, the first victim when a couple contemplates fertility treatment. The prospect of being told how and when to have sex is unsettling for many couples, more so when it is tied to a successful conception. The use of apps/kits/scans to identify ovulation and the pressure to concentrate efforts around this period have given rise to scenarios of performance issues in partners, thereby hurting their morale and trust in the process.

While infertility is not gender-biased, the impact on male partners is something which is often left unaddressed in many clinics. Many men with performance issues experience a sense of shame and frustration. Regrettably, they also choose to remain silent or secretive about it due to fear of embarrassment and judgement. This mindset only complicates the narrative and introduces significant barriers to their smooth understanding and execution of the fertility plan. Further, while undergoing procedures like IUI or IVF, where a semen sample is usually collected from the male partner for treatment and the natural process is dispensed with, it is high likely for them to feel neglected. This only furthers the isolation and introduces a sense of indifference in playing their part.

Infertility, often a major hurdle encountered in the early years of a couple's journey, has the possibility to create a lasting impact on their marital life. The grief of not being able to conceive naturally, the gruelling nature of hospital visits and procedures, the costs involved and, most importantly, the uncertainty of results has a potential to drive a sense of despair and disengagement. It disrupts the sense of security and trust a relationship provides and also flames fears of marital failure in certain circumstances. Unfortunately, we have witnessed too many patients trade their sexual intimacy for fertility prospects – that we sought it fit to address this important issue now rather than later.

Sustaining The Connection

Thankfully, most of the problems are transient and come with a solution. We only need to be attentive towards its availability and use it to our advantage to stay composed to see through to a better outcome. So, what are some pointers to address infertility while also sustaining a connection to our sexual selves and partners?

- Consider not restricting intercourse to the 'fertile window'. Restoring spontaneity to sexual acts rather than scheduling, goes a long way in boosting the couple's sexual connection and morale.
- Maintaining a healthy coital frequency, say twice or thrice a week, helps ease the pressure on performance.
- Do not hold out on sexual intimacy until after resolution of the fertility treatment. They are interlinked and suppressing one for the other only complicates things.
- It is perfectly alright to ask questions pertaining to sexual intimacy during treatment. Although we do advise against intercourse during or after certain procedures, assuming that sexual engagement is universally prohibited during treatment is not warranted.
- Intimacy during infertility treatment can feel different but it is not necessary for it to be expendable or unfulfilling. The act should not always be perceived to be outcome-driven.
- Consider an open, non-judgmental discussion with your clinician regarding problems faced in pursuing or practicing sexual intimacy. The idea is to provide a secure, mindful space aimed at facilitating your conversations to be more physiological and less clinical.
- Take your time to express yourself. It is perfectly normal for people to take time to gain trust in the clinician, especially with information that is too private. The main motive is to identify problem areas, ease apprehension and provide confidence.
- Be wary about what information you seek from friends and social media. Although you might find advice that might make sense, its appropriateness can only be ensured by a subject expert.

Sexual health is a foundational aspect of human relationship. Beyond physicality, intimacy is about sharing thoughts, embracing vulnerability, displaying mutual respect and engaging in conversations free from judgement or rejection. In fact, it fosters trust, honesty and mindfulness among partners to deal with the crisis together and helps them build a strong bond that is key to a fulfilling relationship and a continued journey towards parenthood. ◆

Closing the Gap

Understanding Diastasis Recti

Dr. Kavitha Gautham
Senior Consultant - Reproductive Medicine
& High Risk Obstetrics
BloomLife Hospital Pvt. Ltd.

Post-partum bulges around the tummy are common – but what if the bulge remains despite sustained diet and exercise? It may not be just added weight, but a condition known as 'diastasis recti'. (Good news: It is completely treatable.)

Many women tend to notice that their abdomen starts to bulge after delivery, and assume that they have gained post-partum weight. They resort to binding their tummy, modifying their diet and doing regular abdomen crunches or plank exercises. However, even after several months of sustained efforts, they realise that the bulge does not decrease.

This is because it is not post-partum weight gain we are dealing with, but a condition called 'diastasis recti'.

What is Diastasis Recti?

The abdominal muscles are formed of two parts (left and right) and are positioned vertically along the front of the stomach (what we refer to as 'six-pack'). The left and right parts of the muscles are joined by a line of tissue in the middle. When the uterus expands during pregnancy, the abdominal muscles are stretched and the tissue connecting both parts becomes thin as it is pulled apart.

After delivery, if the tissue retains its elasticity, it will retract back and pull the muscles close together again. However, if the tissue loses its elasticity from being overstretched, a gap will form between the muscles – which will show up as a bulge of the stomach. The condition is known as 'diastasis recti'. Since there is no pain caused, it often goes unnoticed. However, if the condition remains unsolved, it may lead to further complications such as increased back pain, umbilical hernia, urinary incontinence, pelvic / hip pain and pain during sexual intercourse.

Diastasis recti is extremely common, with up to 60% of women who have had children experiencing it. Common factors that could increase its occurrence include multiple pregnancies (especially back-to-back, without sufficient gap between pregnancies), and experiencing added abdominal pressure during vaginal delivery.

Diagnosis and Treatment

Some tell-tale signs, apart from the bulge of the stomach, are a jelly-like feeling around the belly button, weakness when lifting heavy objects, tendency for the muscles to form a cone or dome-like shape when the ab muscles are contracted, tendency to experience pain during sexual intercourse, pelvic / hip pain, and urinary incontinence when sneezing or coughing. However, the best way to diagnose diastasis recti is to consult an experienced obstetrician / gynaecologist and physiotherapist.

Good news is, diastasis recti is completely treatable without use of invasive procedures. The treatment involves learning and following a set of exercises that will strengthen the muscles, thus helping them to come closer and become aligned properly. There are specific guidelines on the timings and duration of the exercise, and dos and don'ts to be followed.

When a woman follows the exercises and guidelines without deviation, she will definitely begin to see her post-partum body coming back into good shape and health. ◆

Help!

My child is hurt!

Dr. D. Balakumaran
Head of Paediatrics & Neonatology
BloomLife Hospital Pvt. Ltd.

Be it bumps, bruises or serious injuries like concussions, cuts or burns, here is a handy guide on what you should look out for, and what to do next.

As a paediatrician and parent, I am aware of how scary it can be for a parent when a child gets hurt. From soothing the child to worrying about long-term impact due to the injuries, it can be an emotional roller-coaster. The first thing is to avoid panicking. A calm, measured response will reassure the child, and make it easier to carry out needed checks and next steps.

HEAD INJURIES

Newborn to 1 year: Children in this age group may fall off a cradle or bed if they are not given adequate protection. Regardless of the distance of the fall, consult your paediatrician immediately. Serious warning signs needing a visit to the Emergency include vomitting, seizures, bleeding from ears, nose or throat, and dullness.

Over 1 year: Soothe the child and check on the severity of the injury. If there is heavy swelling around the injured area, consult your paediatrician immediately. If the injury seems relatively mild with very little swelling, place an icepack on the injured area. Avoid vigorous rubbing as this will cause further swelling. Remove the child's clothes and check for other injuries. Observe the child over the next 24 hours – any signs of dullness, extended sleep, vomiting, or prolonged crying should be taken as warning signs, and you should see the paediatrician immediately. Importantly, during these 24 hours, don't change the child's routine or add new ones.

CUTS AND BRUISES

Newborn to 1 year: These kinds of injuries are uncommon in children who have not started to move on their own, so it might need an in-person assessment for co-existing signs. Consult a paediatrician immediately. Avoid putting any medicine or home remedies on the wound before meeting the doctor.

Over 1 year: When children start crawling or walking, little cuts or bruises will be commonplace. The first step is to wash the wound with cold running water. Avoid using soap or cleansers as this might cause the wound to sting. After cleaning the wound, observe if the wound seems superficial or deep. If the wound is superficial (a scratch or mild bruise), keep it open and let it dry naturally. Don't apply any home-made pastes or coconut oil on it – this might attract dirt and increase chances of infection. After the wound heals and a scab forms over it, you can apply a bit of coconut oil to soothe the itching sensation.

In case of lacerations (deep cuts), consult the paediatrician to check if stitches are required. Avoid using over-the-counter gels or plasters, medicines or home remedies. If blood continues to flow, cover the wound with a clean piece of cotton cloth and put pressure on the wound – this should help to stem the flow of blood. In case of bruises, if the wound become purplish in colour, it indicates a blood clot and requires medical attention.

SCALDS AND BURNS

Regardless of the age, scalds and burns warrant immediate medical attention. Unless a full examination is done as to the degree and extent of the injury, it is difficult to say what the treatment will involve. In some cases, the child may have to be admitted to the hospital to avoid dehydration and to administer intravenous antibiotics or fluids as needed. Furthermore, in some cases, there may be some surgical intervention needed at times, which should be attended to at the discretion of the paediatrician.

Prior to going to the hospital, wash the area of the burn with running cold water. Allow any dead skin to fall away naturally – don't forcefully pull at any pieces. Give the child the prescribed paediatric paracetamol dosage to lull the pain in the interim. ◆

Headache

When to Seek Help and What to Do 101

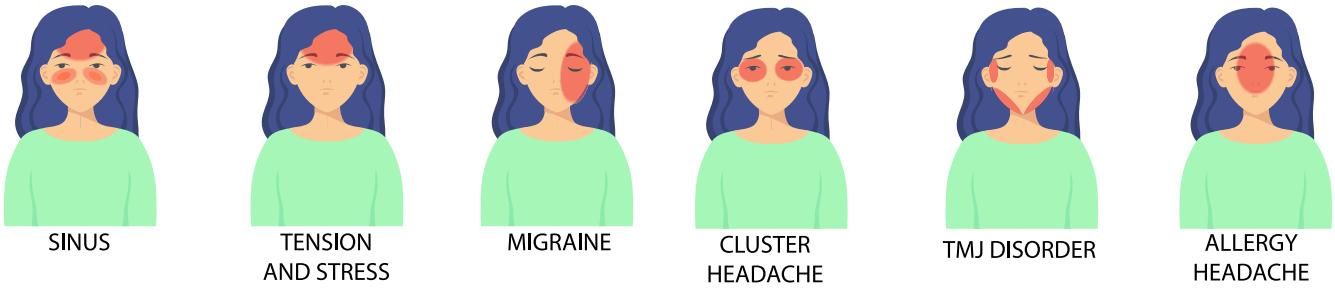
Dr. Aiswarya M. Nair
Consultant - General Medicine
BloomLife Hospital Pvt. Ltd.

Headaches are among the most common complaints that we hear about in the OPD today. So, what are the main symptoms we look out for when it comes to diagnosis? And when does a headache become cause for immediate attention?

A headache can really ruin your day, right? It can affect your daily activities and lead to lack of concentration and focus. In addition, it puts you in a low mood, you don't eat well and, therefore, you may not perform well at school or the workplace.

Headaches can arise due to a multitude of reasons, including increased stress and anxiety, excessive intake of certain triggering foods, dehydration, poor sleep patterns and possible underlying medical conditions.

The one-off cases of headaches apart, while there are several types of headaches, the most common type of headaches people experience are migraines. Typically, a migraine is a headache that can cause severe throbbing



A diagnosis of the type of headache experienced, and appropriate treatment mode, is best done by a doctor.

pain or a pulsing sensation, usually on one side of the head. Migraine attacks may be accompanied by nausea, vomiting, and extreme sensitivity to light and sound.

Depending upon the number and frequency of episodes, we will decide upon the treatment. If the person seems to be experiencing migraine attacks once a month, with minimal symptoms, we would prescribe some painkillers. We also look into identifying the triggers that are causing the headache, and seek out possible ways in which they can avoid the triggers. In both causes, a deeper look into lifestyle factors is warranted, with a focus on inculcating habits that may help to minimise migraine episodes.

Now, even if you are diagnosed with having a migraine, it is important to get to your doctor immediately if you face some warning signs. These include:

- Reducing time gap between attacks (i.e.) the person is getting migraines more frequently
- The migraine attack itself seems to be present for an extended duration of time, lasting beyond 72 hours
- There is a change in the pattern of headaches from what was previously experienced
- The person is experiencing dramatic visual disturbances, such as halos or double vision
- The headache seems to worsen when they are standing

Based on the symptoms presented, the person may be asked to do a brain imaging scan or MRI, and the doctor will decide on a course of treatment, based on the findings.

Migraines apart, there are some instances when a headache signals a need to rush to the ER or doctor's office immediately. These include an unusually severe headache, accompanied by symptoms such as blurred vision or vomitting, onset of a headache along with fever and / or limb weakness, or after trauma such as a fall or any other injury. Women who are pregnant should be particularly cautious, and ensure that they check in with their doctor if they are experiencing severe headaches. Most importantly, please note that migraines rarely manifest as a new condition after the age of 40. In other words, if you are over 40 years of age, and seem to be having migraine-like symptoms out of the blue, check with your doctor first before reaching for the painkillers.

Painkillers or medicines can provide only temporary relief. The best way to address recurrent headaches is to look deeply into the causes and address them. Share details with your doctor about your lifestyle, habits, and work-life balance. This will help them understand better how lifestyle modifications can work hand-in-hand with medication to help you get to feeling better faster, and staying that way in the long run. ◆

Decoding Denials

When we take up health insurance policies, the hope is for claims to be fulfilled in good time, so that our personal finances do not take a hit. Hence, partial or full claim rejections can come as a shock. We look into some of the main reasons as to why health insurance claims may be rejected.

Dr. Rija Prathab
Manager – Billing & Insurance, BloomLife Hospital Pvt. Ltd.

Health insurance is a critical tool that we use for managing the costs of medical care – given that its primary purpose is to offer a financial cushion when unexpected health issues (and associated costs) arise. Hence, it is understandable that patients are frustrated when insurance companies do not (partially or fully) reimburse their claims – which leaves them to deal with unbudgeted out-of-pocket expenses.

In this article, we look into some of the key reasons behind such reimbursement rejections, with a view to helping consumers better navigate their health insurance plans and make more informed decisions about their healthcare.

Policy limited and caps: Health insurance policies often have coverage limits – in other words, the insurance company will have stated in the policy that they will pay only up to a certain amount for particular treatments. Once that limit is reached, the patient is responsible for the remaining costs. Some policies have restrictions on the number of times certain treatments can be received within a specific period.

Deductibles: Generally, insurance policies require the insured patient to pay a certain amount – called deductibles or non-medicals. This amount will be reflected in the bill, and has to be paid for by the patient.

Co-payment and Co-Insurance: Even after meeting the deductibles, the patient might still need to pay a portion of the medical bills. Co-payments are fixed amounts paid for services and co-insurance is a percentage of the costs that the patient shares with the insurer.

Excluded Treatments: Some treatments or services might be excluded from the policy. Common exclusions include cosmetic surgeries, alternative therapies, diagnostic treatments, congenital related treatments or infertility treatments. If the service availed falls under these exclusions, the patient will have to cover the full cost for the service undertaken.

Pre-existing Conditions: Some policies may not cover conditions that the patient had before the policy was purchased – hence, coverage for such conditions will not be applied.

Non-compliance with Insurance Procedures: For example, some insurers require prior approval or pre-authorisation for specific treatments (such as elective surgeries). Pre-intimation at least 72 hours beforehand is a mandatory condition for certain insurance companies. If the patient does not follow these procedures, the insurance company may deny coverage (partially or fully).

Out of Network Providers: Insurance plans often operate within a network of hospitals and healthcare providers. If the insured person receives care outside of this network, the insurance company may cover only a portion of the cost (or none at all), depending on the policy. This condition is particularly applicable in cases of central and state health insurance schemes.

Before signing up for a health insurance policy, it is important for the applicant to thoroughly read and understand the terms and conditions of the policy. This will help them manage their expectations and avoid unexpected costs when it comes to paying medical bills. ◆

If you have any specific queries related to medical insurance aspects, write to us at info@bloomhealthcare.in

The Etiquette of Gratitude

Should You Tip Hospital Staff?

A gesture to show appreciation, or a means of subconsciously pushing service to become a conditional practice? Where should you fall in the decision to tip or not to tip?

Anita Krishnaswamy
CEO, BloomLife Hospital Pvt. Ltd.

When nurses and service workers in the hospital are very kind and helpful during our treatment stay, can we tip them to show our appreciation?

This question holds within it, the beautiful sentiment of gratitude. When a person receives good service, and they want to go beyond the payment for a bill and express their gratitude in tangible form, it shows a deep kindness.

Hospitals have differing policies – some institutions allow tipping, while others have a clear 'no tipping' policy, and they discourage all forms of tipping (cash and kind) to service providers.

At our own hospital, we have a 'no tipping' policy. We have had many patients share sentiments of gratitude with us, and they have expressed that saying 'Thank you' does not suffice in terms of capturing their gratitude in full. They were so well served that they want to reciprocate in kind, either by giving some cash, sponsoring a meal or sending across a gift (including edible items like cakes or chocolates). Each time, we have had to respectfully decline the gesture, and reiterate that we do not encourage tipping.

The primary reason is that a tipping culture may, over a period of time, foster a sub-conscious sense of conditional service. In other words, if service workers start to observe that some patients tend to give a tip, while others don't, it would create a sense of anticipation – resulting in happiness when tipped, and disappointment when a tip is not forthcoming. Furthermore, among those who tip, there are some who might be rather generous. Human as we are, this would give rise to a sense of discriminatory treatment, wherein those who tip more are favoured more. This behaviour would be further reinforced by the fact that, for most service workers, tips in any form (cash or kind) would be a welcome bonus. Such a shift in perception and treatment would prove to be unfair to patients who do not wish to tip (for any and all reasons they may have).

So, if not by tipping, how can you show your appreciation? For one, if you can speak without medical restraint, spend time talking to your service workers and engage with them in free-flowing conversation. Seek them out when you come for follow-up consultations and say a quick 'Hello'. Such efforts will be well appreciated.

Gratitude apart, there are some people who have shared that they feel an urge to tip, since they feel service workers could benefit from added socio-economic assistance. First, let me assure you that a hospital's service workers are adequately compensated for the work they do. In addition, they are given benefits such as their own and their family's health insurance, they are covered under PF and ESI from the government, and they are given incentives when they care for terminally ill patients. Even if they are in need of support over and above this, a tip or gift is going to be a temporary reprieve. It will not help in the long run – and will only exacerbate the problem of conditional service I spoke about earlier.

Ultimately, I would say we should be mindful of two things: One, the hospital's policy, and two, whether our idea of how to express gratitude will benefit the recipient in the best way possible. ◆

Problem of EXCESS

In this ongoing series, we will touch on aspects that could be legally regarded as 'medical negligence'. Each of the articles will address a different aspect, with case-based examples provided for better understanding.

Samuel Abraham
Legal Advisor
BloomLife Hospital Pvt. Ltd.

Is there a provision for legal recourse in cases of excessive prescription of medicine?

There are multiple reasons / causes for the judiciary to award compensation in a consumer case against doctors / hospitals. These cases generally fall under what we would refer to as 'medical negligence' and there is definitely legal provision for addressing issues that arise from excessive medicine being prescribed, thereby causing harm to a patient.

Let me quote a very important case, in which a maximum of Rs 13 crores was awarded against a hospital (in India) by the Hon'ble Supreme Court of India. In Indian judicial history, this was a case where the highest amount was ordered – for the sole reason of a prescription by a doctor, wherein the steroid Depo Medrol was given in excess of the guideline quantity fixed by the manufacturer.

The medical professional had prescribed 80 mg of Depo Medrol, which was twice the prescribed limit. The given limit was one gram per kilo of the patient's weight. In this case, the patient's weight was 45 kilos, and hence, only 45 mg should have been prescribed – that too, not continuously. In the case quoted above, the steroid was administered continuously for a few weeks, which led to a complete loss of immunity in the body, resulting in acute Toxic Epidermal Necrolysis – a situation wherein the patient was completely deprived of skin. (Reference: Kunal Saha Vs Dr Sukumar Mukerjee & Ors - Supreme court-22 12 2014 SSC 384)

This was a rare case. Typically, to avoid this type of situation, doctors follow evidence-based prescription while quantifying the medicine and duration for the patients. They refer to the manufacturer's guidelines, check thoroughly and then proceed to prescribe medicine. ◆

If you have a question about general legal issues relating to the medical field that you would like more information about, write to us at info@bloomhealthcare.in - and we will answer it in this column.

BloomLife
HEALTHCARE CENTRE

Best for Baby, Best for You!

Baby Aqua Spa

Curated developmental and fun activities for newborn babies

Art of Birthing Studio

Full range of integrated prenatal & postpartum services for mothers

Activities include

Prenatal Yoga | Ayurvedic Massages
Foot Reflexology | Hypnobirthing Sessions
Birthing Preparation Partner Sessions
Lactation Services | Pelvic Rehab
Baby Aqua Spa | Baby Massages
Mom & Me activities to nurture Physical, Cognitive, Social and Emotional Growth of a baby
... And much more!

CALL +91-72999 11120 / 044 4000 4009

BloomLife Healthcare Centre,
85 A, 4th avenue, near Honda showroom, Ashok Nagar, Chennai – 600083.

BloomLife HOSPITAL
Velachery, Chennai

Your Health. Our Mission.

World-class, complete medical care at affordable prices.

NABH (Entry Level) accredited multi-speciality hospital works to give you optimum health and well-being through state-of-the-art treatment and care.

- **Obstetrics & Gynaecology**
- **Holistic Birthing**
- **Reproductive Medicine**
- **Foetal Medicine**
- **Paediatrics & Neonatology**
- **Orthopaedics**
- **Emergency & Trauma Care**
- **Cardiology**
- **Urology**
- **Nephrology**
- **General Medicine & Surgery**
- **Diabetology**
- **ENT**
- **Gastroenterology**
- **Anaesthesiology**
- **Laparoscopic Surgery**
- **Neurology & Surgery**
- **Oncology (Medical & Surgical)**
- **Pulmonology**
- **AYUSH Wellness**
- **Dentistry**
- **Dermatology**
- **Endocrinology**
- **Radiology**
- **Physiotherapy**

Call
044-4000 0009
+91-94989 94989

No 32, Taramani Link Rd, VGP Seetapathi Street,
Baby Nagar, Velachery, Chennai – 600042, Tamil Nadu
Email: info@bloomhealthcare.in

www.bloomlifehospital.com

/Bloomlifehospital
/Bloomlifehospital
/bloomlife_hos
/@BloomCreativeTeam