





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08

When will it Start?

Delayed menarche brings with it a whole host of worries, questions and fears for parents and the child. We tell you how to approach it for the well-being of all.





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Editor's Note

Dear Readers,

By the time you get this magazine copy in your hands, we would have just concluded Navaratri, a time when we celebrate women and feminine qualities. This is a festival I personally appreciate, because it is a subtle way of putting the focus on beauty and goodness, inside and out!

We will also be half-way through the 'Pink Ribbon Month', given that October is a time when we focus on raising awareness of, and support for female breast cancer. Many of you may have seen or participated in the walkathons / marathons and awareness events that are conducted all over the country (and world) during this month.

Studies have shown us that breast cancer is the leading cause of cancer incidence and mortality of women in India. It is also one of the highest accounted for cancers in new cancer cases.

These numbers have been shared over and over again. In fact, I have given several talks on the incidence of breast cancer and the need for regular checks so that we can provide early intervention. In all my talks, I have had large women audiences who have soaked in every word with rapt attention.

And yet, the numbers of women who get regular mammograms are fewer than the required numbers to make a real difference.

I am not going into the reasons – each reason is valid in its own right, and I respect them all. However, I do urge all of you to make your health one of your topmost priorities.

'Awareness' is not about knowing more about a health condition, speaking about it or passing out information pamphlets. It is about applying the knowledge to our own lives and seeing how best we can benefit from it.



When it comes to cancer, early detection is the best way to ensure that we save lives and help the woman to resume her regular life post treatment in the best way possible. To achieve this, we need you to come forward and get your tests done regularly. If you are nervous or scared about the test, tell us your fears. We will help you through it.

All of us want good health. Let us work towards gaining and sustaining it. ♦

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

5

Paediatrics & Neonatology
Gentle Guidance: Encouraging Your Child to Cease Thumb-sucking

6

Better Living
Is Your Food Making You Tired?

8

Obstetrics & Gynaecology
**When Will It Start?
Navigating Delayed Menarche**

9

General Medicine
**Not Just Brown:
Stool Habits and Health Indications**

10

Reproductive Medicine & Fertility
**Fertility After Cancer Diagnosis:
What's on the Table?**

12

Health Insurance
A Helping Hand

13

Your Voice
Size Matters?

14

Legal Speak
When Consent Goes Wrong

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. Nalini T. | Dr. Rija Prathab
Mr. Samuel Abraham | Ms. Shweta R.

Content Support & Design:

SARAS Works, Chennai

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Gentle Guidance

Encouraging Your Child to Cease Thumb-sucking



Dr. D. Balakumaran

Head of Paediatrics &
Neonatology
BloomLife Hospital Pvt. Ltd.

Thumb-sucking is a habit that many parents worry about. We look into why it starts, when it might need to be addressed, and how to help your child discard the habit.

Almost every baby will engage in thumb-sucking. At around four to six weeks, the baby will start putting its finger into its mouth – this is a body part exploration and is a normal developmental milestone.

At the age of three to four months, thumb-sucking is a means the baby uses to soothe itself. At this age, if you notice that your baby is sucking his/her thumb and is starting to skip breastfeeding, you should observe them a little more closely. If the child's weight gain is as per guidelines, it is probably not of great concern. However, if your child seems to be avoiding breastfeeding and prefers sucking their thumb, it would be preferable to help them avoid the habit by using distractions or putting gloves on their hands.

When it comes to older children, the American Academy of Pediatrics says that we don't need to worry about thumb-sucking until the child turns five (when the child's permanent teeth usually start to grow), but most pediatricians would say that it is time to start paying attention if your child has not grown out of the thumb-sucking habit when they are three years old. At this age, the habit could be due to old behavioural patterns, or it could be due to some form of anxiety.

How do I get my child to stop sucking their thumb?

Many parents who come to me with this query have usually tried a few methods – and failed. The most commonly used methods include constantly pulling the child's thumb out of their mouth, or applying neem oil or over-the-counter bitter paste on the thumb.

You see, children, especially as they get older, will not implicitly listen to what you say. The more you insist on not doing something, the more they will engage in it. So, engaging in positive reinforcement would be a better strategy.

If your baby is less than a year old, don't pull out their thumb when he/she is sleepy or starting to fall asleep. When your baby is awake, offer a toy or teether, or play with them to divert their attention. Give them some more comfort by swaddling or hugging them.

For older children, try and understand if there are any stressors affecting them, and address the issue. Tell them gently that it is not a good habit. Whenever they listen and stay away from thumb-sucking, clap for them or give them a gold star – appreciate them sufficiently, so that they understand it is a 'good' thing to do.

Most importantly, please remember that habits don't change in a day. So, give them the time they need to grow out of it. And if you feel you need help along the way, your paediatrician is always here to provide guidance and support. ♦



Is Your Food Making You Tired?

Shweta R.
Clinical Dietitian
BloomLife Hospital Pvt. Ltd.

Your energy levels are deeply connected to your nutritional intake. By understanding how food impacts your body and making a few changes, you can fight fatigue and regain your vitality.

Ever find yourself wondering why you're constantly tired, even after a good night's sleep? Even as you wake up, you are wishing you could crawl back into bed. By mid-afternoon, you struggle to keep your eyes open.

The reason is, you are fatigued.

Fatigue is more than just feeling sleepy; it is a constant drain on your mental and physical energy. When you're fatigued, even simple tasks feel overwhelming, and your ability to focus or make decisions takes a nosedive. Productivity suffers as you find yourself

making mistakes, feel your creativity declining, and keep needing extra time to complete routine tasks.

While stress and lack of sleep are often blamed for fatigue, an overlooked culprit may be the food you eat – and don't eat. We have listed here 10 'nutritional errors' that are common causes of fatigue. Correct these, and you should be able to gain back your energy.

Lack of Protein

Without sufficient protein, your body can't produce key neurotransmitters like dopamine and serotonin, which regulate mood and energy. Try incorporating more lean meats, legumes, nuts and seeds into your meals.

Carbohydrate Imbalance

Carbohydrates are your body's main energy source, but not all carbs are created equal. Simple carbs from sugary snacks and refined grains give you quick energy, followed by a crash. Complex carbs from whole grains, vegetables, and legumes release energy slowly, keeping you going for longer. Minimise your intake of white rice and starchy vegetables during the day, as they promote sleep by boosting tryptophan, which helps you relax.



Lack of Sufficient Vitamins and Minerals

Micronutrients like vitamins and minerals play a major role in keeping you energised and improving sleep quality. Here are some micronutrients you should prioritise.

- ◆ *B Vitamins* (such as B6, B12, and folate) are key for energy production and sleep regulation. Foods rich in B Vitamins include bananas, nuts, seeds, leafy greens, beans and lentils. If you follow a plant-based diet, consider a B12 supplement.
- ◆ *Iron* deficiency doesn't just impact physical energy, it can also affect concentration and sleep. Include beans, spinach, lentils, and pumpkin seeds in your meals for improving iron intake.
- ◆ *Magnesium* is essential for quality sleep, especially in older adults. Leafy greens, whole grains and nuts are excellent magnesium sources.
- ◆ *Selenium* may not be a household name, but it plays a role in sleep regulation. Brazil nuts, grains and other seeds are good sources, but consume selenium in moderation, as consuming too much can lead to health issues.
- ◆ *Zinc* is involved in multiple bodily functions, including sleep. Beans, seeds and tofu are good sources.
- ◆ *Vitamin D*, or rather lack of it, is linked to chronic fatigue. Since vitamin D is primarily absorbed through sunlight, people with less sun exposure to deficiency. Boost your intake by spending time outdoors or consuming fatty fish, fortified dairy products or supplements.

Insufficient Hydration

Even mild dehydration can leave you feeling tired and foggy, as water is essential for transporting nutrients and oxygen throughout your body. Aim for at least eight glasses of water daily, and more if you're active or living in a hot place.

Blood Sugar Swings

Sharp fluctuations in blood sugar can drain your energy. Eating sugary foods or refined carbs spikes your blood sugar, followed by a steep drop, leaving you sluggish. Balance your blood sugar by focusing on meals with a mix of protein, healthy fats and complex carbs.

Poor Gut Health

Nutrient absorption issues, inflammation and fatigue are issues that arise from poor gut health. Eating fibre-rich foods (fruits, vegetables, whole grains, legumes) and probiotics (yogurt, pickle, fermented vegetables) can support a healthy gut, improving digestion and energy.

Overeating

Eating too much at a single meal, or indulging in a heavy meal with high levels of fats can strain your digestive system. This diverts energy away from other bodily functions, leaving you sluggish. Eating smaller, more frequent meals can help maintain energy without overloading your system.

Excess Caffeine

A quick pick-me-up? Sure. But going overboard with your caffeine intake can backfire. Caffeine is known as a stimulant because it increases the activity of the body's nervous system. Common sources include coffee, tea, and energy drinks. In general, for adults, it takes the body three to seven hours to break down half of the caffeine in its system. Due to this, caffeine has lasting effects that make it harder to sleep, even if consumed six hours before bed. Aim to limit caffeine intake during the day to support energy and sleep patterns. Substitute your coffee with herbal teas (like chamomile) for better energy balance.

Higher Intake of Saturated Fatty Acids

Studies suggest that a higher intake of saturated fat is linked with difficulty falling asleep, whereas Omega-3 may improve sleep quality. One explanation for this is that omega-3 fats help to reduce inflammation. In general, we can consider opting for whole food fat sources and prioritising Omega-3 fats. Add chia or flax seeds to smoothies or baked goods, enjoy a handful of walnuts on their own or in a trail mix, and add ground flax seeds to homemade veggie patties to improve Omega-3 levels.

Too Much Salt

Salty snacks don't tend to provide us with sustained fuel when we're awake, and having salty snacks before bed has also been shown to disrupt sleep. More salt intake in general has also been associated with difficulty staying asleep, and can also lead to an increased risk of heart problems. ◆





Dr. Nalini T.

Senior Consultant –
Obstetrics & Gynaecology,
BloomLife Hospital Pvt. Ltd.

When Will It Start?

Navigating Delayed Menarche

When a girl does not attain menarche even after she turns 14, it can be a cause for worry for the family. So, what is the best course of action one should take?

The first menstrual cycle a girl experiences is referred to as 'menarche'. It is a milestone in her life, and is regarded as her step to womanhood. Typically, girls attain menarche before they turn 14 years old.

So, what should parents do if a girl does not attain menarche even after she turns 14? The first, most important step is to consult a gynaecologist. The doctor will examine the child to see if she is displaying secondary sexual characteristics such as axillary (underarm) or pubic (vagina) hair growth, breast development and so on. These characteristics usually tend to manifest before the child attains menarche. If these characteristics are present, we would advise the parents to wait for a year or two and observe if the child attains menarche.

If, by the time the girl turns 16, she has still not attained menarche, the doctor will look into whether or not she has experienced the onset of secondary sexual characteristics. Based on the findings, the doctor will advise on a set of

tests that may be carried out in order to determine the root cause of the problem, and then guide the family on next steps on how to address and resolve the problem.

Through all of this, it is essential for parents (and the girl in question) to refrain from trying out any 'remedies' without the doctor's explicit advice. In particular, use of hormonal supplements without proper prescription is to be avoided at all costs.

Handling the Emotional Fallout

When a girl faces delayed menarche, it can be an emotionally challenging time for the whole family. In particular, since the child is privy to other girls of her age (such as her relatives, friends and schoolmates) attaining menarche, she may feel left out or worry that something is 'wrong' with her due to the delay. For the parents, it can be difficult particularly when they face questions from concerned family members or friends. How can you handle this difficult period?

- Please speak with your doctor freely – not just about the medical aspect, but also about your doubts and concerns. They will help to alleviate your stress and guide you as needed.
- Parents, do encourage your child to share with you their thoughts, questions, fears and anxieties – create a safe space for the child to open up can help her cope better with the issue.
- Refrain from reading excessively about similar cases, possible solutions and (this is really not needed) the worst-case scenarios. Each individual is unique and your consulting doctor would see the issue on hand in the light of several factors before coming to a conclusion. Be open, have a positive mindset, and work with them to find a solution that best suits your issue. ♦

Not Just Brown

Stool Habits and Health Indications



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

Your stools could be saying a lot about your health – we look into some general indicators, and the signs that indicate an immediate visit to the doctor.

There are some aspects of daily life that we hardly pay any attention to – like our visits to the bathroom. It is such a routine aspect of our life that it goes much like clockwork, and we don't usually bother about it. However, the frequency of passing stools as well as the form and colour of stools hold important indications of underlying health issues. And it is important to understand that we are referring to overall health, and not just gut health (although it is one of the first things we would check on).

Most of us are aware of conditions like diarrhoea or constipation, and seek medical help at the first signs of experiencing them. However, there are some other conditions that may not be as 'dramatic' so to speak, but which require our attention – and a visit to the doctor.

Change in Frequency of Passing Motion

If you notice that, over a period of a few months, you are visiting the toilet more or less frequently, it might be worth taking a moment to observe if the change is accompanied by abdominal pain or tiredness. If that is so, make it a point to mention it to your doctor. Some warning signs to look out for are if the visits are becoming increasing frequent or if there are very long gaps of even a day between passing motion, if you are feeling the urge to visit the toilet just a few minutes after finishing a meal, and if you are experiencing unexplained weight loss or loss of appetite.

Change in Colour of Stools

Typically, our stools are brown in colour. When the food travels through the stomach, the bile produced by the liver helps to digest it. The enzymes in the gastrointestinal tract change the colour to brown. When you are unwell, the presence of mucus or bacteria

can cause the stools to change colour and even take on a foul smell. Change in colour of stools can also occur due to consumption of large quantities of natural or artificially coloured food, or due to consumption of medicines. If the change in colour persists despite moving to a regular diet, please consult your doctor. A warning sign you should pay immediate attention to is if your stool starts to look black, as it may be due to minor bleeding in the upper part of your alimentary canal, which could be a result of gastritis, peptic ulcer and/or a H. pylori infection. If the person consumes too many painkillers too frequently, or consumes alcohol in excess, they are prone to liver diseases, which could lead to abdominal bleeding. Most importantly, black stools could also be an indication of cancer, particularly in the elderly. ♦



Fertility After Cancer Diagnosis



What's on the Table?



Dr. Aravind Ravichandran

Consultant - Reproductive Medicine & Fertility
BloomLife Hospital Pvt. Ltd.

Diagnosis of cancer is a distressing enough medical issue to deal with – more so if faced by a person who is young and yet to start a family. However, hope is close at hand, as there are options for fertility preservation, to help uplift the chances of having a child post treatment and recovery.

A major concern, of late, in the field of medicine is the increasing incidence of different types of cancer in young adults (less than 50 years of age). According to the Global Cancer Statistics 2020, the diagnosis of early-onset cancers is only poised to increase further and cause significant morbidity, including infertility.

However, survival following cancer treatment has improved remarkably over the decade. A majority of the young men and women diagnosed with cancer, can now expect to live for decades with an acceptable quality of life. This makes decisions regarding fertility preservation extremely relevant and necessary, as cancer treatment is bound to affect the fertility profile adversely and jeopardise the chances of having a biological child.

Decision on Fertility Preservation

Adults diagnosed with cancer are already forced to process complex information regarding the impact of cancer on their life expectancy and the treatment options available. Added to this, the discussion about fertility preservation only makes it increasingly distressing for the individual, as his/her plans of starting a family is less likely to have figured on their priority list. Risk of possible delays on initiating cancer treatment and the limited understanding of fertility preservation options also further complicates counselling.

Not all cancers affect fertility equally. The impact may be mild or profound; transient or permanent based on the age at diagnosis, type of cancer, its stage, the treatment it mandates and the overall prognosis involved. Treatment for cancer may involve either a singular modality like surgery, chemotherapy or radiotherapy or a combination of these. Effects on fertility therefore can be unique to or general to a cluster of treatment options, based on what is chosen for the cancer.

Surgery: Removal of reproductive organs like ovaries or testicles, may adversely affect the chances of conception due to loss of eggs / sperms. Removal of the uterus precludes the chances of carrying a pregnancy.

Chemotherapy: Effect on fertility is based on the type of drug used, the dose and duration of treatment. The impact on the ovaries and testicles are more compared to the uterus. Drugs like alkylating agents, used commonly for most cancers, are known to severely and permanently destroy the gametes. Advanced age (over 35 years of age) at therapy also worsens the scenario due to the additional influence of an age-related fertility decline.

Radiation: The effect depends on the location and size of the area exposed and the dose. Pelvic radiotherapy can be highly detrimental to the eggs in the ovaries/sperms in the testicles. The uterus, on the other hand displays some resilience to damage.

Alternative therapy: Anti-hormonal treatment or antibodies have a variable impact on the gonadal function and the effects may be reversible with completion of therapy.

Fertility Preservation Before Cancer Treatment

For women wishing to preserve fertility prior to commencing cancer treatment, several options are available. They range from clinically established techniques like embryo / egg cryopreservation to experimental techniques such as ovarian tissue cryopreservation.

Embryo cryopreservation is a commonly used technique that involves hyper stimulation of the ovaries to produce multiple eggs that can be retrieved and fertilised by the sperm and stored as embryos to achieve a pregnancy in the future. But the procedure can span two to three weeks, thereby delaying the initiation of cancer treatment at the earliest. In patients with hormone-sensitive cancers, hyper stimulation may elevate hormone levels that might potentially complicate the clinical picture. Requirement of a male partner to ensure embryo creation may be an important limitation for single women, unmarried women or very young individuals seeking cancer treatment.

For women who are unmarried or do not have partners, **egg (oocyte) cryopreservation** is a viable option. The frozen oocytes can always

be warmed and fertilised with the sperm at a later date when they become available.

Cryopreservation of ovarian tissue involves harvesting of tissue surgically and freezing it for transplantation into the individual at a later date to help regain ovarian function. Because it does not involve stimulation of the ovaries, it might find an application in adolescents and in hormone-sensitive cancer types.

The role of **ovarian suppression** (medical menopause) using GnRH agonists to protect the integrity of gametes during cancer chemotherapy has also evolved with studies pointing to lesser incidence of ovarian failure in those who have received such therapy.

The role of health care providers in communicating treatment options regarding fertility preservation cannot be underestimated. Oncologists are usually the primary point of contact for patients diagnosed with cancer and hence their role in discussing fertility preservation and referring them swiftly to fertility unit is paramount.

We have, thankfully, come a long way from lack of knowledge about fertility preservation options among healthcare providers to robust interdisciplinary communication and coordination to address oncofertility effectively. Fertility specialists work closely with the oncology unit to ensure treatment consensus, apprise the patient in detail regarding the effectiveness of such options and at the same time minimising delay in treating cancer.

Fertility preservation is, without doubt, a game changer for most individuals facing cancer diagnosis during their prime. It provides a sense of hope and reassurance to pursue fertility and realise the dream of parenthood in the future. ♦





A Helping Hand

Denial of an insurance claim can come as a blow to the applicant. In such cases, any form of support would be seen as a valuable resource. We look at the extent to which hospitals can extend added support in such scenarios.

Dr. Riya Prathab

Manager – Billing & Insurance, BloomLife Hospital Pvt. Ltd.

Navigating medical insurance claims can be a daunting task for many. In particular, facing and then appealing a denied claim can result in added strain for the applicant. At such times, hospitals may extend a helping hand. This article looks at the forms of assistance that the hospital may be able to provide.

Clarification and Documentation: The hospital's insurance desk may provide you with the necessary documentation such as medical records, discharge summary or doctor's certificates to support your appeal.

Re-submission of Documents: In some cases, the denial might have resulted due to missing or insufficient documents. The hospital can help by re-submitting the required documents to the insurance provider for the appeal process.

Doctor Support: If the denial is based on medical reasons, the treating doctor might provide additional medical justification to the insurance company, which may strengthen the appeal.

The Limits to Support

It is important to understand that the level of support provided may vary depending on the reason of the denial and the policy's terms and conditions, and is very limited when a medical insurance claim is denied for reasons that are tied to the limits and terms and conditions of the policy.

Waiting Period: If you have a waiting period for certain surgeries / pre-existing diseases, any claims related to those conditions would be denied. In such cases, the hospital cannot change the waiting period rule (since it is a standard policy condition). While they may be able to provide medical justification to support your appeal, the chances of a successful appeal in such cases are usually very low. Furthermore, if the patient believes there has been a mistake in the calculation of the waiting period, they may appeal by providing proof of policy commencement date or medical history.

Sum Insured Exceeded / Disease sub-limit: If the total claim amount exceeds the sum insured limit or if the patient has a disease sub-limit (based on the policy's terms and conditions) the hospital cannot do much to help. The most they can do is to assist the patient in calculating their out-of-pocket expenses and perhaps assist with financing.

Outside of T&C: Some treatments, procedures and conditions might be excluded from coverage under the policy. In such cases, the most a hospital can do is assist the patient in understanding the reason for denial and provide additional documentation if possible. ♦

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



Size Matters?

Do bigger buildings and more posh facilities mean better care for patients? Is it a point of consideration we should bear in mind when choosing a healthcare facility?

Anita Krishnaswamy

CEO, BloomLife Hospital Pvt. Ltd.

Does the size of a hospital have a direct bearing on the extent or quality of services provided?

This is an interesting question, one that got me thinking.

In recent times, I have been noticing how hospitals or healthcare institutions have been putting forth their USP as ‘customised treatment’ – how each patient is given exclusive attention, and a treatment protocol is designed specifically for them.

This is not just marketing spiel. It is completely true at the ground level. Every individual is unique in terms of their physiological make-up, as the many factors that influence our health vary significantly across people. Whenever a patient walks in with a health condition, a doctor or team of doctors have to analyse the person’s issues from multiple angles and then decide how best to treat them.

Ultimately, the aim of all healthcare professionals is to help the patient get back to good health at the earliest. And their efforts are focused on achieving this goal. At a macro level, this is the basis of the functioning of healthcare institutions as well. When you walk into a hospital, their approach to treatment will be the same – regardless of their size, be it a clinic, day-care centre, nursing home, single speciality hospital or multi-speciality hospital.

However, there are some differentiating aspects, based on the size of and facilities provided by a hospital. An obvious one would be

the comfort factor. We see a lot of hospitals providing well-designed facilities and near luxurious rooms for patients, with well-equipped canteens, add-on services and facilities for the caregiver as well.

A more important aspect would be the diagnostics and treatment options housed within larger institutions. At a multi-speciality hospital, they would have departments for almost every part of the body (with the exception of eyes, dental and some aesthetics medicine in many cases). They would also have the required labs for tests, scans, full-fledged radiology services (including high-end CT and MRI) and surgical facilities, all under one roof (which may not be available in smaller hospitals). This cuts down on the need to travel elsewhere for tests or procedures, thereby reducing the time taken for the patients to move from diagnosis to treatment. Given these aspects, there will be a difference in cost with bigger hospitals and establishments.

So, should you choose a bigger hospital? Before answering this question, I would say you should look at some factors that have a more direct bearing – including your treating doctor’s recommendation, cost of treatment and stay, and distance from home (in terms of travel for the caregiver). These are critical questions that should be looked into before making a decision.

The ultimate goal is the patient’s good health and well-being – and whichever option you choose, the treating consultant in any facility is definitely going to give their best to treat you and put you on the road to recovery in the best way possible. ♦

When Consent GOES WRONG

The Implications of Incompetent Agreement

We are starting a series that touches on aspects that could be legally regarded as 'medical negligence'. Each of the articles in this series will touch on a different aspect, with case-based examples provided for better understanding.

Samuel Abraham

Legal Advisor
BloomLife Hospital Pvt. Ltd.



If consent is obtained from a person who is sufficiently qualified to determine the course of medical action, can it be classified as 'medical negligence'?

We have seen before that the act of treatment extended to a patient by a hospital comes under the principles of contract, wherein both the parties have to fulfill certain conditions to a contract (refer to *Health Shots*, June 2024). In that aspect, obtaining permission to intervene, interfere and intercede with the intent of modifying the body condition is a very important condition to a contract. Therefore, such permissions should be obtained from the proper and correct person (i.e.) a person who is legally competent to enter into contract.

At a hospital in Delhi, a 42-year-old woman came with a complaint of painful, irregular and prolonged periods. She was examined by a qualified, competent doctor at the hospital. After examination, the doctor asked the patient to come for a laparoscopy – if needed, laparotomy would be done on that date. Accordingly, the patient was admitted and consent was obtained from the patient for laparoscopy and laparotomy. During the course of the procedure, the doctor observed that huge chocolate cysts encircled the fallopian tubes and other parts, thereby rendering the woman medically incapable of bearing a child in future. In order to give permanent relief to

the patient – on the assumption that, as the patient was unmarried until the current age of 42, and presuming no chance of a married life hereafter – the doctor decided to remove all reproductive parts from the patient's body. This procedure is medically called 'bilateral salpingo oophorectomy'. Consent for this procedure was obtained from the patient's mother, who was waiting outside the OT.

After three days, while the patient was in the ward, a junior doctor who examined the patient, informed the latter that there would be no more problem henceforth because all her reproductive parts had been successfully removed. The patient became furious because she was in love with a Captain in the Indian Army and they were engaged to get married.

This matter went up to the Supreme Court, which declared that the consent obtained from the patient's mother was not valid. The Supreme Court declared that the patient should have been resuscitated back to normalcy first. A few days after she was back to full health, she should have been informed of the condition, and the consent should have been obtained from the patient herself.

In other words, obtaining consent from an incompetent person is seen as medical negligence. This has been declared in *Samira Kohli Vs Dr Prabha Manchanda & Anr* (16 01 2008 – Supreme Court). ♦

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.



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