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EDITORIAL

MEDICAL AUDIT

With the Consumer protection act firmly established, and a lot of disgruntled patients and greedy lawyers chasing such patients, it is high time that the medical profession, including Obstetricians and Gynaecologists have to do introspection, to see that their patients are in better health after receiving medical or surgical treatment.

What is essentially needed is to start the Medical Audit for our country which can give the insight of the health care system, and to find out any deficiencies, shortcomings and faults in its working, and how they can be overcome.

Clinical audit has become an accepted practice in many developed countries. With finances and other resources available at their disposal, it is possible for them to define different types of audits and evolve different methods of audit.

To start with confidential inquiry committees for Maternal and Perinatal mortality should be instituted at National, State, District, City, Town, and Village levels including all hospitals, and Nursing Homes. This

could be done in an appropriate manner suiting our entire country. Later on the performances in various aspects of Obstetrics, Gynaecology, other related subspecialities, and superspecialities should also be taken up bye and bye, and should be objectively evaluated from time to time, e.g. Normal Labour, PIH, Operative deliveries, Infertility, Assisted Reproductive Technologies etc.

For these to be implemented it is very necessary to define the normal standards of care, keeping in mind the vast disparity in available resources, facilities etc., available in the cities, and the villages. These standards besides being uniform should also be practical e.g. there is no sense in making electronic fetal monitoring during labour mandatory when a fetal monitor is just not available in villages.

For the sake of safety of patient and the doctor, the following points should be carefully taken care of -

1. Proper and thorough record keeping of the clinical history, detailed investigation and pathology reports, treatment given from time to time, operative notes, postoperative notes, follow up record etc., This will also help in research activities.
2. Availability of trained medical assistants, Nursing Personnel, and para medical staff.
3. Adequate medicines, and medical equippment.
4. Provisional, and final diagnosis, monitoring of the case, and timely interventions.
5. If necessary second opinion preferably of Senior Colleague.
6. Timely reference to higher level care institution.
7. Availability of suitable transport facilities and proper Blood Transfusion services.

This will make the doctor properly conscious of his own responsibility, and safety for himself and his patient.

In the bigger hospitals, and Teaching Institutions, besides keeping case records, holding periodic clinical discussions of difficult or unusual cases, maternal and perinatal mortality committee meetings, clinico pathological conferences should be held regularly. This will improve the clinical skills and judgement, and help in corrective actions being

taken when deficiences are observed. Such records of the audits should be maintained and be made available for future references, if required.

The doctors have to adhere to standard medical practices laid down by their professional peers in their speciality, so that they can live upto the expectations of the community. They can update their knowledge by attending clinical meetings, symposia organised by their respective Obstetric and Gynaecological society, and by attending local, regional, and National Conferences, which in turn will help in improving the quality of medical care.

The professional standards should be laid down by professional bodies like the Federation of Obstetric and Gynaecological societies of India (FOGSI) in consultation if needed with Medical Council of India, and Indian Council of Medical Research. These will be readily accepted by Central Govt., State Govt., Municipal Corporations, Local Self Governments (Panchayats), all Medical Colleges, Teaching and Non Teaching Hospitals, all other hospitals and Nursing Homes, and practicing Obstetricians and Gynaecologists. Such standards must be published and made available to all members.

Such medical audit should be made mandatory at Local, Regional, and National level after gaining adequate experience in different aspects of Medical Audit as mentioned herein. If such programme has to be successful, confidentiality has to be maintained, and should not be used for medicolegal purposes, and not to victimise anybody, and the sole aim of Medical Audit has to be continuously educative, so that the errors could be avoided in future. Periodic peer reviews could be held to improve the working of the Medical Audit.

In case if severe deviations are observed, then there must be accountability, and some action must be recommended to the erring institution or the doctor, as a corrective and educative measure. Such action and its implementation could be jointly devised by the Professional Associations of the speciality, respective Medical Councils of the States, and the Medical Council of India.

In the interest of all practicing