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Today's Health for the Empowered Woman

QUALITY CARE

Recently there was much consternation over the news that 13 women died and many others were sickened by a mass sterilization program in one of the poorest regions of India. Many facts have come to light as government and health care professionals worldwide ponder how such a disaster could have occurred. Some findings are not contestable. Government officials were paid to recruit women to undergo sterilization procedures, paying them \$22 each to have the procedure done (roughly a month's pay for their husbands). There was no informed consent about risks and benefits and no other forms of birth control were discussed. No medical exams were conducted before surgery which was performed in a run down and filthy clinic. The surgeon performed 83 sterilization procedures in ONE day and admitted that on prior occasions he had performed over 200. It is not possible to adequately sterilize that volume of instruments in such a short period of time. The women were sent home shortly after the procedure on antibiotics and pain pills. While not entirely clear it has been postulated that the rapid postoperative illnesses and deaths were attributable to rat poison found in the medications. Certainly bleeding and infection must have occurred also. Was this quality care? Of course not. Let me contrast the above scenario(s) with what happens in our American system. A patient who requests sterilization is informed of all other methods, counseled that the procedure is permanent, signs a consent that the decision to end child bearing was of her own free will and not coerced and that the informed consent outlines all possible complications including bleeding, infection, damage to other organs, anesthetic complications and death. Preoperative blood work is done as well as chest x-ray and ekg. A thorough physical exam is performed both by the surgeon and the anesthesiologist. The patient is asked to fast after midnight to avoid aspirating and choking during surgery. At the hospital the floor nurses, outpatient nurses and operating nurses repeatedly check for medical conditions that would preclude the surgery. Name tag is checked at least five times. The surgical site is cleaned with antiseptic and the patient identifies herself, the surgeon and the operation she is to undergo. The operating room has been sterilized and scrubbed by a special team and instruments have either been soaked in a bacteriocidal solution or sterilized with steam under high pressure. Given this extensive process most surgeons can only perform at most four sterilization procedures in a day, slightly more in a clinic. Post-operatively the patient is observed for an hour or more and when appropriate sent home with instructions and appropriate pain medications that have been certified by the Food and Drug Administration and United States Pharmacopeia. All personnel involved are licensed professionals and the physicians are credentialed for the procedure and board certified. In addition any complications are monitored by the individual hospital and the State Health Department. This is a very costly process in terms of training, equipment, medications, etc. Some bean counters complain about the cost. I would ask if it were your wife, daughter, sister or mother would you roll the dice and have the procedure done

in a foreign country, especially one in which there is no accountability. Quality care is no accident. It takes a huge team of dedicated individuals to provide the care in a safe clean environment. Thank goodness for our medical system!