CONSORTIUM OF ACCREDITED HEALTH CARE ORGANIZATION

CAHO

Committed to Safer Patient Care

# CAHO NEWSLETTER

## October 2018


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# FROM THE PRESIDENT' S DESK

***Dr Vijay Agarwal***
*President, CAHO*

Technology continues to play a crucial role in our lives, and it comes as no surprise that it will push the way healthcare is delivered, especially to minimize mistakes, contain costs, improve access and to educate people and health care providers. Technology is also evolving at such a fast pace that at times the end users are confused and are reluctant to adopt.

I am glad that CAHO has been able to establish a platform where the technologists, IT professionals and health care providers are able to meet on the same platform to share their perspectives. Some of the hospitals in the very early stages of adoption are able to share through this platform their experience of using the new technology. This helps other hospitals to decide to adopt that particular technology innovation or not. It helps the technology teams identify the key areas they should focus for improvement.

This platform is also steadily becoming a great attraction for start-ups to participate and be recognized for any innovative and disruptive idea that they share. Just like the previous two editions, I am sure that this year will also be a very fruitful and successful event. I congratulate the Bengaluru team led by Dr Nagendra Swami (Organizing Chairman) and Dr Narendra Nath (Organizing Secretary) for their stupendous effort for the second consecutive year!!

FROM THE PRESIDENT' S DESK

# CAHOTECH-2018


We are very happy to invite the Health care professionals, Clinicians and Administrators for the CAHO Tech -2018, to be held on 29th September 2018 at Bangalore.

This is 3rd International Healthcare technology conference of CAHO (CAHOTECH -2018). CAHOTECH -2016 (1stHealthcare technology conference) was organized at Hyderabad. CAHOTECH -2017at NIAS (National Institute of Advanced Studies), Bangalore.

As you all know CAHO is a Consortium of Accredited Healthcare Organizations which help to promote continuous improvement of quality and safety in healthcare services provided by HCOs (Healthcare Organizations) across India in collaboration with all stakeholders. CAHOTECH is an annual event of CAHO. This healthcare technology conference creates a platform for technology-based solutions to give maximum efficiency to its member Hospitals.Hence CAHOTECH 2018, the 3rd International Healthcare Technology Conference of Consortium of Accredited Healthcare Organizations on 29th September 2018 at Bangalore introducing newer and better technology solutions to hospitals. The theme of the conference is **"Adaptable Future Technologies for Indian Hospitals."**

***Dr Nagendra Swamy***
*(Organizing Chairman)*

&

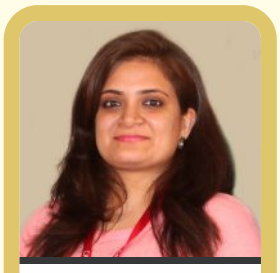
***Dr Narendra Nath***
*( Organizing Secretary)*

# EDITORIAL TEAM

***Dr. J Jayalakshmi***

***Dr. Anna George***

***Mr. J Adel***



***Dr. Sakshi Sharma***

# MEDICAL ETHICS - AN OVERVIEW

***Dr Pratibha Pereira***
*Professor, Geriatric Medicine*
*JSS Academy of Higher Education & Research, Mysuru*

**'Technology and complex hospital environment has redefined the doctor patient relationship and focus is on offering best available medical solutions'.**

Ethics is a system of moral principles. They affect how people make decisions and lead their lives. It is concerned with what is good for individuals and society and is also described as moral philosophy. The word ethics is derived from the Greek word Ethos which means habituation. The terms ethics and morality are often used interchangeably - indeed, they usually can mean the same thing, and in casual conversation there isn't a problem with switching between one and the other. However, there is a distinction between them in philosophy

Medical ethics is a branch of ethics that deals with moral issues in Medical practice. Whereas medical ethics focuses primarily on issues arising out of the practice of medicine. Medical ethics is also closely related to law. Ethical principles such as respect for person , informed consent ,and confidentiality are basic to patient –physician relationship.

## HISTORICAL BACKGROUND

The system of medical ethics has a long tradition that can be traced back to ancient times.

- Third Dynasty (Egypt) 2700 BC
- Code of Hammurabi (Babylon) 1750 BC
- Oath of the Hindu Physician (Vaidya's Oath) 15thcy. BC
- Hippocratic oath (Hippocrates, ca 460-370 BC)
- The Oath of Asaph and Yohanan (ca 6thcy. BC)
- Advice to a Physician (Persia) 10thcy. BC
- Oath of Maimonides 12thcy. CE
- Ming Dynasty (China) 14thcy. CE
- Seventeen Rules of Enjun (Japanese Buddhist Physicians) 16thcy. CE)

In **Egyptian Medicine**, ethical rules dates back to 2700 BC. Rigid rules were laid down as to experimental treatment.There was no culpability in failure to cure as long as the standards text book were followed.Severe penalties were, however, threatened for those who ignore the instructions

In **Babylonian Medicine,** The code of Hammurabi (1750 BCE) was followed and it is the first known legal code.It contained an element of medical ethics.It wasa system of payment based on results and the ability to pay on the status of the patient.There were penalties for negligent failure, some of which were draconian (harsh & severe) to an extent.If the physician succeeds, he gets paid. If he fails, at worst he loses his hands

In **Indian Medicine,** the oath of the Hindu physician, also known as the vaidya's oath, was an oath taken by Hindu physicians. It is dated from the 15th century BC in the the Samhita [Compendium] of Athreya, Charaka and Sushrutha.The vaidya's oath entreats physicians not to harm their patients and be solely devoted to their care, even if this put their lives in danger.

In **Greek Medicine** (450-350BC), a code of intra professional conduct evolved, the dawn of what has become known as medical etiquette.

**The famous Hippocratic oath (4th BC) is widely followed today by all medical practitioners.**

## ETHICS vs LAW

1. Ethics are rules of conduct. - Laws are rules developed by governments in order to provide balance in society and protection to its citizens.
2. Ethics comes from people's awareness of what is right and wrong - Laws are enforced by governments to its people.
3. Ethics are moral codes which every person must conform to whereas Laws are codifications of ethics meant to regulate society.
4. Ethics does not carry any punishment to anyone who violates it whereas the law will punish anyone who happens to violate it.
5. Ethics comes from within a person's moral values whereas Laws are made with ethics as a guiding principle.

## Three Key Areas of Medical Ethics

- Doctor and Patient
- Doctor and your fellow Physician
- Doctor and Research

## The Principles of medical ethics

1. Beneficence
2. Non-Maleficence
3. Autonomy
4. Truth telling
5. Confidentiality
6. Preservation of Life
7. Justice

## Why has Ethics become so important?

Conflicts of interests betweenthe government and medical institutions, between medical institutions and medical personnel,between physicians and patients are getting more and more serious and complex. High end technologies not only brought us hopes of cure but have also created a heavy economic burden. The ethical dilemmas of high technology medicine-brain death, organ transplantation, and concerns about quality of life-have become increasingly prominent. A new and more specific code of ethics must be developed to meet the demands of social development and medical service.This new code integrates the traditional medical ethics with modern principles and values

A set of guidelines issues for medical professionals to help them conduct their action currently available are as follows:

- Good Medical Practice
- Australian Medical Council
- The Hippocratic Oath
- Code of Ethics
- AMA
- Canadian Medical Association
- Medical Council of India

## CONCLUSION

Not only doctors have become aware of the need for a better understanding of ethical debate. Ethics and healthcare law are becoming matters of general interest, and there are still relatively few doctors willing or able to present the medical profession's view to the media. All these changes have meant that career possibilities are opening up, but if you're dreaming of a job stalking the wards supporting patients in a battle against arrogant consultants then you've been watching too many television dramas. Most career openings in ethics are part time and form part of a career portfolio.

**Ethics is knowing the difference between what you have a right to do and what is right to do –**
Potter Stewart

# QUALITY IN CLINICAL ETHICS

QUALITY IN CLINICAL ETHICS

Clinical ethics is a practical discipline that provides a structured approach to assist physicians in identifying, analyzing and resolving ethical issues in clinical medicine A decade ago, we reviewed the field of clinical ethics; assessed its progress in research, education, and ethics committees and consultation; and made predictions about the future of the field. There has been , key developments in this area however challenges remain for clinical ethics, including the need to develop a global perspective on clinical ethics problems.

In health care settings, ethical questions arise when "the right thing to do" is un-clear, or when people disagree about what is best for a patient.

MEDICAL ETHICS IS A SYSTEM OF MORAL PRINCIPLES THAT APPLY VALUES AND JUDGEMENT TO THE PRACTICE OF MEDICINE

## SCOPE OF MEDICAL ETHICS

- Development of ethical codes and guidelines
- Promotion of ethical practice
- Prevention of breach in ethics
- Recognize & solve ethical dilemmas

Clinical ethics promote reflective practice and the making of “right” choices and decisions in the delivery of health care. It is not always clear what the “right” decision is in specific cases.

Different individuals (healthcare providers, patients, family members) will often disagree about what the “right” decision should be.

Clinical ethics promotes reflective practice and the making of “right” choices and decisions in the delivery of health care. It is not always clear what the “right” decision is in specific cases.

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We consider “should” questions, such as:

- “Should we get consent for a “No CPR” order?
- “When should you report a colleague’s error?”
- “Should we hide medication in a patient’s food?”
- “When should you follow the advance directive of a patient with anorexia?”
- Should those who can pay be able to jump the queue?
- Should we take favors from the patient?
- Should we unnecessarily ask for cross consultations?
- Should we continue on ventilator even if we know the outcome is poor?
- Do we do a hysterectomy on a mentally retarded girl?
- Do I do procedures for which I am not trained in?
- Other issues arising are
- With holding or with drawing a treatment
- Information and communication to patients. Problems related to information and communication may underlie a classical clinical ethics issue. Conflicts will keep arising between doctors and patient and their families. What constitutes patient information is no easy task to define. Some of the medical facts may be concealed
- One area where this conflict will arise is due to questionable credentials and unacceptable variations in practice patterns which may put the patient at risk.

## Quality in clinical ethics

- Quality improvement (QI) activities can improve health care but must be conducted ethically. The group defined QI as systematic, data-guided activities designed to bring about immediate improvements in health care delivery in particular settings and concluded that QI is an intrinsic part of normal health care operations. Both clinicians and patients have an ethical responsibility to participate in QI, provided that it complies with specified ethical requirements
- Quality improvement assumes that quality and safety are largely characteristics of systems, and its methods enable workers to gain insight about their system's relationships and functions
- Ethical issues arise in QI because attempts to improve quality may inadvertently cause harm, waste scarce resources, or affect some patients unfairly.

For example, efforts at earlier administration of antibiotics for pneumonia may lead to overuse, or efforts to encourage cancer screening may prompt useless, risky, and expensive tests in people who are too near death to benefit

Many QI activities rely on groups of clinicians, managers, and staff cooperating to improve procedures

### Defining QI

The group defined QI as systematic, data-guided activities designed to bring about immediate improvements in health care delivery in particular settings.

### Quality improvement Programme in Clinical Ethics

Quality improvement is an intrinsic part of good clinical care, in which data from clinicians' own settings guide them in improving their practices .A quality improvement should be a process that seeks to improve patient care and outcomes through systematic review of care against explicit standards and the implementation of change.

This can be done by

- Conducting Clinical Audit
- Scheduling, medication handling, and record keeping.
- Credentialing and privileging of the staff members
- Organizations that accredit the education and certify the competence of health care professionals require practitioners to be competent in improving their own practices

### Hospital clinical ethics committee

It is important for hospital to have a clinical ethics committee. This may have doctors, nurses, hospital priest, some from administration and one external physician.

The case discussions are planned as follows:

- clarification of the medical problem - for example, risks, prognosis
- identification of all “involved” parties
- identification and clarification of the ethical values, principles, and virtues at stake
- discussion of possible solutions and their consequences.

All the people involved in the care of the patient are present at the discussions. Particular care is taken to have someone who can represent the view of the patient/patient’s next of kin.

After the meeting the chair of the CEC together with the secretary prepare a case report. This is distributed for critical comments and necessary supplementary information to all participants of the meeting. The final report is then available for the patient’s medical record.

### Character of the Committee

The type of clinical ethics committee that a hospital

QUALITY IN CLINICAL ETHICS

chooses to establish can make various statements about the committee's role. A board committee gives the clear message that ethical concerns are not solely or primarily medical questions. A board committee may also give greater acknowledgment to the equal status of all members of the committee, each drawing upon his or her unique experiences and expertise. Such a committee is a model of the interdisciplinary collaboration that can occur throughout the hospital.

One could have a clinical ethicist A clinical ethics consultant can provide timely, efficient, and consistent responses to ethical problems in patient care. The consultant can get to know many professionals personally and can develop credibility for clinical ethics within the facility, may be a part of policy and Operating procedure development.

The documents that needs to be developed are

- Advance Directives
- Brain death
- Confidentiality
- Consent for HIV testing
- Forgoing artificially-supplied nutrition and hydration
- Forgoing life-sustaining treatment or DO NOT RESUCITATE policy
- Life sustaining treatment decisions
- Maternal-fetal conflicts
- Surrogate motherhood and consent
- Pain relief administration
- Refusal of blood transfusion by Jehovah's Witnesses
- Sterilization
- Treatment decisions for seriously ill newborns
- Abuse/ Neglect
- Organ procurement/ organ transplant
- End of life decision making for patients and providers

### Setting up of various subcommittees

Medical Records Committee: This committee reviews patient records to assure that complete medical records are maintained for all hospital patients. The committee may additionally approve patient record forms and policies and procedures relating to the maintenance of medical records.

Tissue or Surgical (or Operative and Invasive) Review Committee: This committee reviews the necessity for all surgical and invasive procedures performed at the hospital. Its scope of review covers all procedures performed, whether or not human tissue was removed. The committee is also responsible for developing data about the overall patterns of surgical care in the hospital.

Infection Surveillance and Control Committee: This committee is responsible for assuring that the internal hospital environment minimizes the exposure of both patients and hospital personnel to infectious complications. Therefore, it recommends policies and procedures relative to infection control and assures accurate reporting of infections occurring in the hospital.

Pharmacy and Therapeutics Committee: This committee recommends policies about the hospital's utilization and internal distribution of drugs. It recommends the hospital's formulary, which lists those drugs authorized for storage in the hospital's pharmacy and for utilization by the medical staff.

Utilization Review Management Committee: This committee screens medical records for the inappropriate or unnecessary utilization of medical services. Its existence is mandated as a prerequisite for participation in the Medicare and Medicaid programs and by state hospital licensure regulations.

Quality Management Committee: This committee has broad oversight responsibility for monitoring patient care. It collects and analyzes data relevant to patient care outcomes, receives referrals from hospital personnel and/or other committees and undertakes patient care evaluation studies as indicated.

Blood Utilization Committee: This committee collects and monitors data relevant to the utilization of blood and blood components within the hospital; evaluates the necessity of all transfusions given within the hospital; and ensures that policies and procedures relevant to storage, and utilization of blood and blood components are appropriate.

### Clinical Ethics consultations

The following ethical principles (guidelines that help us make the best possible decisions about patient care)should be considered:

- Respect for patient autonomy and self determination
- Beneficence (doing good)
- Non-maleficence (not doing harm)

**Credentialing** of Doctors.

A process used to evaluate the qualifications and practice history of a doctor. This process includes a review of a doctor's completed education, training, residency and licenses. It also includes any certifications issued by a board in the doctor's area of specialty.

Counselling and inform consent: There could be audio video recording of consenting in special circumstances.

Clinical audit is a process that has been defined as "a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change".

Clinical audit will help and improve patient outcome.

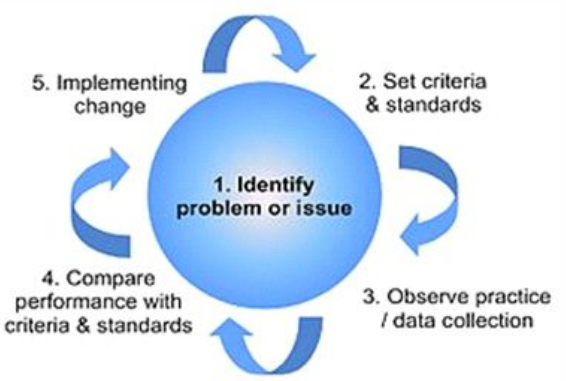
Clinical audit is a proven method of quality improvement.

It gives staff a systematic way of looking at their practice and making improvements.

Clinical audit: Identifies and promotes good practice

- Leads to improvements in patient care
- Provides information about the effectiveness of a service
- Highlights problems and helps with solutions
- Improves team working and communication

### THE CLINICAL AUDIT CYCLE




There is a lot of scope in Quality in clinical ethics. This will help in patient care and outcome.

**-Dr Pratibha Pereira**

**Ethics is nothing else than reverence for life** - Albert Schweitzer

# QUALITY ASSURANCE IN RESEARCH ETHICS - MORE THAN TWO TO TANGO

***Dr Sudha Ramalingam***
*Professor, Department of Community Medicine, Registrar, Research*
*PSG Institute of Medical Sciences and Research, Coimbatore*

## Introduction

"Primum non nocere" - Do no harm has been the axiom of medical practice and health research since time immemorial. Several major historical events such as the Tuskegee study or the Nazi human experiments led to landmark guidelines and policies. "Do no harm" has been the primary guiding principle of any research. The four basic ethical principles namely Autonomy, Beneficence, Non Maleficence and Justice should be ensured in any research. The National Ethical Guidelines for Biomedical and Health Research Involving Human Participantsfrom ICMR (2017) has specified ethical guidelines to be followed by all researchers (1). However ensuring quality in following ethical principles in research is a concerted effort. It's not merely the responsibility of the investigator or the ethics committees to adhere to the quality. All the stakeholders involved in the research play a crucial role in ensuring quality thereby upholding the principle do no harm. (Fig1)

Fig 1: Stakeholders in maintaining quality in Research ethics

### Investigator's Role

The researcher's role begins with conception of the project. Choosing a research question that fits into the FINER criteria (Feasible, Interesting, Novel, Ethical and Relevant) ensures that the research done adds value to the existing scientific knowledge and also avoids wastage of resources. It is important to keep in mind that "bad science is bad ethics". Hence, any research should be scientifically and methodologically sound to ensure that the results obtained can benefit a larger public in terms of policy and interventions. During the process per se the investigator should ensure protection of the vulnerable population and follow the appropriate informed consent process depending on the situation.

a) Assent : When children are recruited an assent (verbal assent until 12 years and written assent from 13-18 years) along with parental consent b) Gatekeepers consent : When research is carried out in a community, consent from the community leader or the Head of the Institution along with individual consent is required. c) Surrogate consent: When the participant is not in a position to comprehend and provide consent for e.g. Critically ill patient on ventilator, the investigator ensures that a Legally Acceptable Representative (LAR) consents on behalf of the participant and when the situation changes a fresh consent rom the participant is taken. In case of a randomized control trial the consent should be administered 'apriori' to randomization. Another important aspect of research is that the investigator should keep in mind the cost of additional investigations and travel the participant is expected to make for the sake of research and during such instances the investigator should ensure that the expenses are not borne by the participant which could pose an economic risk. The investigator also should ensure that there is no physical or psychological risk associated with the research. In case of sponsored trial the investigator should adhere to the regulations with regard to AV consent process, documentation and reporting of SAEs. At no time the participant should be concerned about his withdrawal of clinical care even in a situation when he does not consent or withdraws an already administered consent. Maintaining the confidentiality of the participant and declaring the conflict of interest if any are also important aspects of research. One other important point is "Therapeutic Misconception" where in the participant is unable to distinguish between research and treatment. The investigator has to make it amply clear during the consent process that it's a research and not treatment.

### Ethics committee's Role

The role of ethics committee is pivotal in ensuring the quality of research and adhering to the four principles of ethics. Any research proposal is categorized appropriately based on the risk involved. The ethics committee carries out a risk benefit analysis for every proposal and approves only if the benefit outweighs the risk. The quality of review is extremely important. This can be implemented by continuous training of all members in the recent regulatory and ethical guidelines. In addition, each member of the committee is trained to look into specific areas for e.g. legal expert looks into the legal aspects of the research while the lay person focuses on the informed consent document. Some committees have the primary reviewer system where one reviewer ensures comprehensive review and raises queries if there are any.

One of the important tasks of the ethics committees is not just to protect the participants but to ensure additional protection mechanisms are in place for those who are in vulnerable situations either because of their diminished autonomy to consent due to age, social situation, health situation or economic situation.

**"What is not documented in not done"** - as with the functioning of any other system, holds good for ethics committee as well. The ethics committee should be cognizant about this and all communications, minutes, review procedures and queries raised to the investigator and sponsor and replies given, versions of the documents submitted should be appropriately documented. A numbering system should be in place for all the files. The ethics secretariat should have all the following documents for ready access.

- A Standard Operating Procedure ( numbered with version)
- Member files (with their CV, training and qualifications)
- Protocol files
- Minutes of the meeting file
- Agenda file
- National and International guideline documents
- Annual training calendar

The review process and documentation are the two pillars for ensuring quality in research.

### Participants' Role

It's equally important for the research participant to cooperate in the maintenance of quality. He/ she should consent ONLY when he/she has clearly understood the research process. He/she should be educated on these aspects and the investigator should make sure that he/she is adequately informed and has understood the research related information. He / She should not take part in multiple sponsored trials simultaneously and should inform any discomfort or illness immediately to the researcher. He/ She should not consent if there is a situation which will prevent

them from continued participation throughout the study.

### How to ensure quality?

### Training

Training of all the investigators and IEC members in Good Clinical Practice, Research Ethics and Recent regulatory changes and in addition for Ethics committee members on review mechanisms including risk benefit analysis. Creating community awareness on the clinical research process including consent is very vital.

### Recognition and Accreditation

All ethics committees are mandated to be registered with the Drug Controller General of India especially if the committee is involved in reviewing regulatory trials. (2). In addition, there is an accreditation process for the Ethics Committee by the NABH. (3) This accreditation ensures quality in review and proper documentation of the process. In addition, the accreditation which entails adherence to national standards helps the IEC to protect the rights, safety and well-being of research participants. While these are focused on regulatory trials, recognition by Accreditation of Human Research Protection Program (AAHRPP) (4) and Strategic Initiative for Developing Capacity in Ethical Review (SIDCER) looks at the IEC functioning holistically including academic and regulatory studies. (5). The Association for the Accreditation of Human Research Protection Program is an independent, non-profit body and the accreditation is a voluntary process to ensure that human research protection programs meet rigorous standards of quality. The SIDCER is established under the World Health Organization–Tropical Disease Research (WHO-TDR) which is also a voluntary process which looks at the quality and effectiveness of ethical review.

### Commitment from Policy makers

At the Institution level all the policy makers should be committed to promote ethical research and maintain quality so that the statement "primum non nocere" is not limited to being just a statement.. Every Institution where research is carried out should have an Ethics Committee which is functioning according to the National and International guidelines and adhering to all the regulations.

Ensuring quality in maintaining ethical standards in research requires more than two to tango. Investigators, Ethics Committees , Participants and Policy makers should work in tandem to ensure that quality of research and adherence to ethical standards is maintained at all the time to reach the larger objective of "health for all".

### References


1. Indian Council of Medical Research. National Ethical Guidelines for Biomedical and Health Research involving Human Participants. New Delhi; 2017. Available from: https://icmr.nic.in/guidelines/ICMR_Ethical_Guidelines_2017.pdf

2. Registration of Ethics Committees. GSR72E; 08 February, 2013. Available from: http://www.cdsco.nic.in/writereaddata/G.S.R%2072(E)%20dated%2008.02.2013.pdf. [Lat accessed Aug 30, 2018]

3. Accreditation of Ethics Committees http://www.nabh.co/clinicaltrial.aspx [accessed on Sep 10, 2018]

4. Recognition of Ethics Committee http://www.aahrpp.org/ [accessed on Sep 10, 2018]

5. Strategic Initiative for Developing Capacity in Ethical Review

http://www.who.int/sidcer/en/ [accessed on Sep 10,2018].


QUALITY ASSURANCE IN RESEARCH
ETHICS - MORE THAN TWO TO TANGO

# ETHICS IN BLOOD TRANSFUSION


***Dr. Anna George***
*GM-Quality, Rajagiri Hospital, Aluva, Kerala*
*CAHO State (Kerala) Representative*


Blood Transfusion is a usual and necessary procedure done in hospitals. There are many legal and ethical issues related to this process. Blood is a precious resource and is donated by a human being. Procurement, storage and transfusion of blood needs to be done in a safe manner. From a legal perspective, the Blood Bank is licensed to function after a stringent assessment by the Drug Controller. All the legal requirements as per the Drugs & Cosmetics Act must be adhered to in order to obtain license for a Blood Bank. However, there are many ethical issues with regard to Blood donation and transfusion that need some introspection.

There are 3 areas that need emphasis with regard to ethical considerations for the blood donor: donor confidentiality, donor notification and donor consent. With regard to patients/recipients, ethical issues are related to consent to transfusion, right to refusal and right to be informed if harmed.

In the Indian scenario, it has been observed that though consent is obtained as per NACO guidelines (which should ideally include pre-test and post-test counselling in all cases), informing the donor if found sero-positive is not perceived as a mandate. This could be due to the fact that a confirmatory test must follow the screening which is usually not followed up with the donors. The blood is simply discarded if any doubt arises during the screening. Efforts need to be made in informing the concerned donor and follow up with a confirmatory test to rule out the possibility of an infection. This is to be done in the best interest of the donor and those in direct contact with the patient who may be harmed.

Ethical dilemmas also arise in case of patients belonging to a certain religious group "Jehovah's witness" who do not consent to blood transfusion. The patients' "Right to Refusal" must be respected.

In 1980, the International Society of Blood Transfusion (ISBT) endorsed its first formal code of ethics. It was later also endorsed and adopted by the World Health Organisation and the League of Red Crescent Societies. A revised code of ethics for blood donation and transfusion was endorsed in 2000, with inputs from various concerned organisations.

In India, in the 1990s, in response to a public interest litigation a Supreme Court order banned professional blood sellers and directed the government to formulate a National Blood Policy. The National Blood Transfusion Council, with the National Blood Policy as a tool, and the Drugs Controller, with the help of the Drugs and Cosmetics Act, now aim to ensure blood safety and ethical transfusion practices in India.

### References:


1. Ethical issues in transfusion medicine; Indian Journal of Medical Ethics Vol III No 3 July-September 2006

2. Legal and ethical issues in safe blood transfusion; Indian J Anaesthesia 2014 Sep-Oct; 58(5): 558–564


**Ethics and equity and the principles of justice do not change with the calendar** - D H Lawerence.

# CAHO EVENTS – A QUICK GLIMPSE

## CAHO AFFILIATED CENTRE FOR QUALITY PROMOTION (CQP) : INAUGURAL

*AJ Hospital & Research Centre, Mangalore (19th May)*

*Vijaya Hospital, Chennai (7th Sep)*



*Little Flower Hospital & Research Centre, Angamaly (15th Sep)*

## NEW TRAINING PROGRAMS : CONTENT VALIDATION WORKSHOPS

*Nursing Communication Workshop – Dr. Mehta's Hospital, Chennai (10th June, 8th July & 9th Sep)*

*Fire Safety & Emergency Preparedness Certification Program – Dr. Mehta's Hospital, Chennai (26th Aug)*

# TRAINING PROGRAMS (April'18 - Sep'18)


*Enhanced Clinical Communication Workshop - Metro Hospital & Cancer Research Centre, Jabalpur (21st April)*

*CPQIL - AJ Hospital & Research Centre, Mangalore (18th -19th May)*

*CPQIH Basic - MS Ramaiah Memorial Hospital, Bangalore (26th -28th May)*

*CPHIC Basic - Disha Eye Hospital, Barackpore (26th May)*

*CPQIH Basic - Delhi Heart & Lung Institute, Delhi (26th -28th May)*


*CPHIC Basic - NASA & HUB Super Specialty Hospital, Jalandhar (26th May)*

*Enhanced Clinical Communication Workshop - NASA & HUB Super Speciality Hospital, Jalandhar (27th May)*

*CPQIH Basic - Billroth Hospitals, Chennai (16th -18th June)*

*Enhanced Clinical Communication Workshop - Annai Velankanni Multispecialty Hospital, Tirunelveli (17th June)*

*CPHIC Basic - Shija Hospitals & Research Centre, Imphal (30th June)*

*CPQIH Basic - Zydus Hospital, Ahmedabad (30th June -1st July)*


*CPHIC Basic - AJ Hospital & Research Centre, Mangalore (14th July)*


*CPHIC Basic - Sanjivani Hospital, Sirsa (21st July)*

*CPHIC Basic – Kerala Institute of Medical Sciences, Trivandrum (28th July)*

*CPQIL – Rajagiri Hospital, Aluva (28th -29th July)*

*CPHIC Basic – Dr. Mehta's Hospitals, Chennai (4th Aug)*

*CPHIC Basic - Meenakshi Hospital, Thanjavur (25th Aug)*

*CPHIC Basic – MAX Super Specialty Hospital, Patparganj (2nd Sep)*

*CPHIC Basic – Bhagat Chandra Hospital, Delhi (3rd Sep)*

*CPHIC Basic – Officer's Institute Jhalana, Jaipur (3rd Sep)*

*CPHIC Basic – Vijaya Hospital, Chennai (7th Sep)*

*CPHIC Basic – Choithram Hospital & Research Centre, Indore (8th Sep)*


*CPHIC Basic – Kovai Medical Center & Hospital, Coimbatore (9th Sep)*

*Certification program on Emergency Department Quality Standards & Patient Safety – Columbia Asia Referral Hospital, Yeshwanthpur , Bengaluru (9th Sep)*

*CPQIH Basic – Little Flower Hospital, Angamaly (15th -17th Sep)*

*Enhanced Clinical Communication Workshop- Sanjivani Hospital, Sirsa (16th Sep)*



*National Disaster Life Support Basic Training – VPS Rockland, Manesar (23rd Sep)*

## UPCOMING TRAINING PROGRAMS

- *6th -9th Oct : Advance CPQIH at Royal Orchid Resort & Convention Centre, Bangalore*
- *6th Oct : Basic CPHIC at Medilink Hospital, Ahmedabad.*

# CAHOCON 2019 : Preparatory Meeting at The LaliT Mumbai