# ICCU Death Traps [1]

Bombay's mushrooming ICCUs (intensive cardiac care units) are "death traps" for unsuspecting, critically ill patients... ICCUs are misnomers at best. They form an unchecked, unregulated, unlicensed, unauthorised and inadequately staffed medical industry that is a farce...

Typically it (ICCU) is a free-standing setup by a businessman employing a general practitioner or a so-called super-specialist in cardiology who is not available on the premises most of the time.

A sudden cardiovascular crisis, where seconds count for survival, is never efficiently managed.

As was observed first hand, no one was seen to continuously monitor the central station. At night the situation became deadly. RMOs (resident medical officers) and the other staff slept comfortably while critically sick patients and the central ICCU monitor station were left unattended.

We were told that on many occasions the RMOs and nurses "coached' one of the relatives to identify unusual action of the heart and were told to wake them up if this was detected! Intravenous fluids and medications are often administered by untrained staff with frequent, serious errors. There is no accountability from the consultants in charge.

The public is dazzled by gadgets and machines like artificial respirators, cardiac monitors and stress test treadmills. The fact is that those specially trained to operate them and experienced in making quick diagnoses are not available round the clock. Deteriorating cardiac status can never be diagnosed in time or treated. Life-saving medical equipment is often out of order and is prominently displayed merely to impress the public.

Doctors are reported to cover up each other's lapses in medical judgement and treatment. Often the information provided to relatives is at best fragmentary if not outright fraudulent and far removed from the patient's actual medical status.

The individual ICCU rooms are extremely narrow spaces partitioned by curtains, barely enough to accommodate a small bed. In the not uncommon critical situations needing resuscitation, the adjoining seriously sick patients are put through a frightening ordeal sharply increasing the probability of precipitating a cardiovascular crisis.

To us it seems that the purpose of such outlets is to systematically drain public pockets...

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1. Published in the *Times of India* as letter to the Editor, 3 August 1993.

*(Editor's note:* Dr. Parmar's experience is not unique. It is a shame that in a metropolis such as Bombay, we are unable to offer the care needed by seriously ill patients in our private intensive care homes.

We welcome observations, constructive criticism and suggestions for improvement, especially from those in private practice.)

**Aids to ethical prescribing:**

All of us are prone to occasional error in prescribing drugs. At times we overlook incompatibility between two or more preparations. At others we prescribe more expensive formulations when we could help the patient save on costs.

You may find the following texts helpful in avoiding irrational therapy:

1. *Drug, disease and doctor* . Published by Drug Action Forum, P 254, Block B, Lake Town Calcutta 700064.
2. *Essential Drugs Monitor.* Available free on request from W.H.O., New Delhi.
3. *International Consultation on Rational Drugs.* Eds.: Mira Shiva, Wishwas Rane. Voluntary Health Association of India, Tong Swasthya Bhavan, Near Qutab Hotel, New Delhi 110016.