

Facts about Cardiac Evaluation and Angiogram

Following are the actual facts which are supported by documentary evidence:

1. As the patient and family were considering living donor kidney transplantation, Dr. Sreedhara advised for extensive Cardiology evaluation in Dec 2009, although the patient did not have any cardiac symptoms. This was done as part of evaluation protocol for living donor transplantation surgeries at Fortis Hospital. No such evaluation is conducted when patients are awaiting cadaver transplantation since one never knows when cadaver organ becomes available. Most patients wait for 3 to 4 years and several patients die before they ever are allocated a cadaver kidney. In such situations extensive cardiac evaluation in the absence of any symptoms or signs is not warranted.
2. Consequent to Dr. Sreedhara recommendation, the patient had an ECHO Cardiogram on 29-Dec-2009. The ECHO did not reveal any wall motion abnormalities suggestive of ischemia.
3. Then the patient was evaluated by Senior Cardiologist – Dr. Subhash Chandra – on 11-1-2010. Again as part of living donor transplant surgery work up protocol, he recommended the patient to undergo coronary angiogram (CAG). But the patient refused to do so despite being reminded to do so on multiple occasions by Dr. Sreedhara as documented in the OPD dialysis charts. Finally, in March 2010, the patient decided to proceed with CAG.
4. On 1-3-2010, the patient's husband submitted a pre-authorization approval request to his Health Insurance company - United Healthcare India - for approval of Cashless Access for the proposed Coronary angiogram to be performed by Dr. Subhash Chandra on 5-3-2010.
5. The Insurance Company rejected Cashless Access for the proposed procedure in their letter dated 3-3-2010.
6. Then the patient and her family requested the Nephrologist Dr. Sreedhara to give a letter to the Insurance Company to appeal against the rejection. Dr. Sreedhara gave letter dated 10-March-2010 requesting the Insurance Company to "*kindly approve the procedure so that patient can get prepared for transplantation.*" This letter was given keeping in mind the possibility of an elective living related donor transplantation.
7. When the patient was admitted for the emergency cadaver transplant surgery on the night of 1-5-2010, the patient was evaluated by the Nephrologist, Transplant Surgeon and the Anaesthesia Consultants. Clinically and ECG wise there were no contra-indications for the emergency surgery. The patient also had an ECHO done a few months back which had not revealed any wall motion abnormality. Consequently, there was no indication for getting a coronary angiogram. In fact, if there were any clinical or ECG abnormalities then the patient would have been found unfit for the emergency cadaver transplant surgery and the cadaver kidney would have been allocated to the next patient on the waiting list who was already admitted to another hospital. (Usually ZCK calls about 5 patients for every kidney available so that in case one or more patients are found unfit because of abnormal

clinical, laboratory, or other investigations, then the next patient on the waiting list would get the kidney.)

8. In this instance case, following combined kidney + pancreas transplant surgery, the patient developed a massive bleeding disorder called DIC. Post-operatively she was seen by various specialists including a Cardiologist as well who conducted a screening ECHO. She did not have any cardiac complications such as Myocardial Infarction. The patient succumbed to infection and septic shock.

Despite the above facts, the complainant has been lying and misrepresenting facts with regard to cardiac evaluation as detailed below:

- i. In affidavit to KMC dated 5-10-2010, para 5, the complainant attributes a fabricated statement to the Nephrologist – “advised that the cardiac angiogram be conducted after cadaver donor becomes available”. He has also made a similar claim in his affidavit to Karnataka State Consumer Disputes Redressal Commission dated 22-9-2011.

This is an outright lie. It is medically untenable. No doctor involved with cadaver transplantation can give such an advice since the cadaver organ is highly perishable and cannot be stored. Transplant surgery will have to be done immediately as soon as the cadaver organ becomes available. If a patient is symptomatic and has clinical indication for a coronary angiogram, then he/she cannot even register for cadaver organ until he/she is cleared by a Cardiologist after the angiogram is done. In this particular case, the patient did not have any cardiac symptoms at all and did not have any medical indication for coronary angiogram.

- ii. In affidavit to KMC dated 5-10-2010, para 9, the complainant falsely states that the doctors informed him that the surgery would be done only after a Cardiologist examines the patient. This is an outright lie. If the cardiologist evaluation was found necessary, then the Cardiologist would have been asked to evaluate the patient on the night of 1-5-2010 itself. And if the patient had any cardiac issues, then she would have been ineligible for the cadaver transplant surgery altogether. The cadaver organ would have been allocated to the next patient on the waiting list.
- iii. The husband has mischievously claimed a letter given by the Nephrologist (dated 10-March-2010) for the purpose of approval by the Insurance Company as a “request for Cardiac evaluation”. This demonstrates the perverted and malicious intentions of the complainant.
- iv. The complainant is not informing any inquiry officers that the patient was alerted on multiple occasions by the Nephrologist to proceed with cardiac evaluation in December 2009. In fact, an ECHO test was done as part of the cardiac evaluation on 29-12-2009 and a senior Consultant Cardiologist evaluated the patient on 11-1-2010. He advised her to proceed with cardiac angiogram as part of living donor transplant surgery evaluation protocol. The hospital billing records and reports prove this. Subsequently, the Nephrologist asked the patient to proceed with cardiac angiogram on multiple occasions which has been documented in dialysis records (dated 1-

2-2010

and

16-2-2010).

- v. The husband has concealed the fact that he himself requested his Insurance Company – United Health Care – on 1-3-2010 for pre-authorization for the patient to undergo coronary angiogram by Dr. Subhash Chandra (proposed to be done on 5-3-2010). However, the Insurance Company rejected his pre-authorization request on 3-3-2010. Thereafter, the he and patient approached the Nephrologist for a letter to be submitted to the Insurance Company to appeal the rejection. Dr. Sreedhara gave letter dated 10-March-2010 requesting the Insurance Company to *“kindly approve the procedure so that patient can get prepared for transplantation.”* The complainant has been mis-representing this letter and is falsely claiming that this was “request for Cardiac evaluation”. What is the need to give such a Consultation request in March 2010 when the cardiac evaluation process was already initiated in December 2009 itself? **The letter dated 10-3-2010 was written to help the patient. Now the husband is attempting to hurt the doctor who tried to help complainant’s wife.**

- vi. In fact, in his answers to the Interrogatories by the Doctors, the complainant has admitted that Cardiac evaluation was advised in Dec 2009. This exposes the lies that he has been making elsewhere by claiming that cardiac evaluation/angiogram was to be done only after allocation of cadaver organ.