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# Rxramble

October 2005

## R Research

### Visible Signs of Life

*Media intelligence is a critical cornerstone to understanding and managing corporate reputation. Reputation drivers are found everywhere; and as media becomes more complex and fractionalised, the ability to understand media exposure and benchmarking become increasingly important. We will be analysing media exposure across the country, in each issue of Rx Ramble, to understand the predominant trends in media with regards to health related policies and issues.*

#### Media Analysis: Is editorial space for health issues in Indian Media on rise?

The last few years have seen large investments in several healthcare facilities and health infrastructure. Since the First five-year Plan, efforts were made to build up primary, secondary and tertiary care centres and to link through an appropriate referral system. National programmes for combating major public health problems were created and implemented. India's achievements in the health front are significant, particularly in attainment of development indicators i.e. reduction in birth rate, death rate, infant mortality rate and increase in life expectancy.

Our aim in this research was to analyse whether this increased attention on health issues translated into elevated media interest in the same. We have researched the health coverage for last four years across a selection of media. This included 8 major national English dailies (The Times of India, The Hindu, The Indian Express, Economic Times, The Telegraph, Deccan Herald, Midday and Deccan Chronicle), 8 language dailies (Hindustan, Navbharat Times, Amar Ujala, Eenadu, Anandabazar Patrika, Thanthi, Dainik Jagaran, Loksatta) and 3 broadcast network (NDTV, Aaj tak, CNBC).

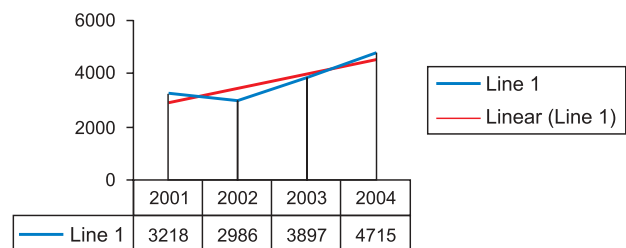
Following are some of the key findings:

#### 1. The amount of coverage devoted to the big health care issues increased over time.

There has been a quantitative increase in the number of stories devoted to health issues (Chart 1). While there is always some ebb

and flow in the prominence of different issues, the increase suggests that health issues have become a permanent fixture on the national agenda. As health care has become big money and big league politics, news media coverage has followed suit.

Chart 1 : Health-related media coverage by year

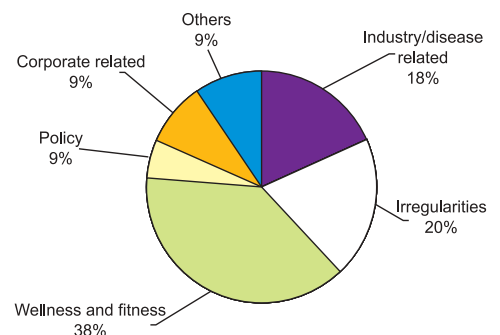


#### 2. The nature of the health stories have moved from being issue based to lifestyle based

The health stories have evolved from being issue driven towards soft features on lifestyle diseases (Chart 2).

Many newspapers have introduced health columns recently, which focus on 'wellness and healthy living'. The focus is on featuring the 'pleasant' news.

Chart 2 : Nature of health coverage 2003-2004



The issue-based coverage is primarily driven by irregularities in various healthcare systems and also on various diseases. For example HIV/AIDS have got a substantial amount of coverage in recent years. Other major healthcare stories are related to Government Policies (6 per cent) and industry or disease (18 per cent).

### 3. Corporate Stories are business driven

Media coverage on corporate houses or healthcare providers are largely business-oriented stories, which focus on expansion, tie-ups, new investments etc. Corporate Social Responsibility (CSR) programmes are also a key focus area .

### 4. Broadcast focuses mainly on 'wellness' stories

There are some differences in the way print and broadcast media cover health issues. Broadcast news is less likely to cover patient care than national newspapers, and a little more likely to cover lifestyle health stories and the irregularities. Wellness and fitness issues are covered by all mediums but more on the broadcast medium.

### 5. Corporate story possibilities are relatively higher in print mainline

As the research shows in Chart 3, the possibilities of corporate stories are relatively higher in the English print media than any other form of media.

Chart 3 : Coverage of each topic by Media



### 6. Health coverage follow the trend

The data suggests that overall, coverage of health care issues follow rather than lead national discussion and debate.

### What's there for you?

a. The fact that the number of stories on

health has increased suggests that health issues have gained a firm foothold on the media agenda. Due to the multidimensional nature of healthcare news and the lack of specialists, news organisations need to focus on the quality of the coverage.

- b. The focus is rising on the CSR programmes, which will play an important part in the company's communication strategy in near future. The community based organisations and community gatekeepers will have an increasing voice in campaigns touching the society at large
- c. A greater focus on the 'wellness' stories by the media will open opportunities for various small players in the domains like health, fitness, alternative therapy etc. to gain media attention. However, the advantage will be for the first movers.
- d. The communication strategy for large corporations in the healthcare space needs to focus on their campaign goals, strategies and key messages, keeping in mind the existing media opportunities.
- e. Corporates need to look at crisis communication plans more seriously given the large number of reportage on irregularities. The health care sector is deeply mired in crises related to safety, quality, cost and access that pose serious threats to health and welfare. It is vital for the companies to develop a clear-cut communication policy for any crisis scenario.

f. Media campaigns can be effectively used to build up public opinion and healthcare companies should look at the opportunities to develop forums to build national discussion on subjects, which are of national interest. For eg. Spearheading a campaign against spurious drugs.

## R Speaks

### Congenital heart disease is curable

*Nearly 150,000 to 180,000 children are born with Congenital Heart Disease (CHD) every year in India. Of these, nearly 60,000 to 90,000 suffer from critical CHD requiring early intervention. However, only 10% of the children are operated on in a year! This is because parents are mostly not aware of facilities available with in the country and many physicians are not aware of the recent developments in the specialty.*

### What is Congenital Heart Disease (CHD)?

Although pediatric cardiac care in India is still in its infancy there have been several encouraging developments. Congenital heart diseases (CHD) refers to structural or functional heart diseases, which are primarily seen in neonates, infants and children. (In our country it is not uncommon to see adults with uncorrected CHD). The burden of congenital heart disease in India is likely to be enormous, due to a very high birth rate. The incidence of CHD is about 8 per 1000 live births. Most of these children can benefit from surgery even if the defect is severe. Given correct diagnosis by a pediatric cardiologist, 95% of those diagnosed with heart defects can survive with a good lifestyle and life expectancy.

There are an assortment of defects that range widely in their severity and effect on normal daily activity. Defects vary in severity from simple problems such as hole in the heart to more severe abnormalities such as the complete absence of one or more chambers or valves. 2-3 per thousand infants will show signs and symptoms of heart disease in their first year of life. Out of these 100 can be diagnosed at the pre natal stage. Medical and surgical advances now allow many of these children to survive into adulthood. The specific cause of CHD is unknown but research has proven that the

### We have a new website!



We are pleased to announce the launch of our new website. In an ever changing world of healthcare communication this website will serve as an anchor, a reference point for future trends, happenings, and much more. The interactive website will serve as a forum for the healthcare community with the facility of uploading articles, receiving updates, and answering queries.

Come visit us @ [www.imprimispr.com](http://www.imprimispr.com)

causes are incidental and have a 3% reoccurrence rate.

## Types of congenital heart disease

There are many types of congenital heart defects. The main types are categorised into either acyanotic or cyanotic categories. Cyanotic Heart Disease occurs when there is mixing of pure oxygen-rich blood with venous blood. Infants suffering from cyanotic conditions usually have blue nail beds and lips due to the excess deoxygenated blood in their systems. One symptom is cyanosis, usually seen as a bluish discoloration of the lips, fingers, and toes. Some children have dyspnea (breathing problems) and adopt a squatting position after physical activity to relieve breathlessness. Others have hypoxic spells, where their bodies are suddenly starved of oxygen. These are characterised

### Echocardiograms available in India

**Fetal Echocardiogram:** an ultrasound of a baby's heart done while the baby is in the mother's womb. A fetal echocardiogram may be done any time after the 18th week of the pregnancy. Prior to this time, the baby's heart chambers are too small to take clear pictures.

**Transesophageal Echocardiogram (TEE):** a special ultrasound test that uses sound waves to take pictures of the heart. This type of echo can take clearer pictures of the heart than regular ultrasound especially in older children and adults. It is also used during heart operations to help guide the surgeon.

**Intracardiac Echocardiogram (ICE)** ICE is performed for specific procedures to facilitate non-surgical (i.e. interventional) closure of a hole in the heart. This is a specialised procedure performed invasively for better visualisation of the defect and its 3-D structure and relationships.

by anxiety, hyperventilation, and a sudden increase in cyanosis.

The common forms of acyanotic CHD are those where there is a defect in one of the walls separating the chambers of the heart, or obstruction to one valve or artery. Ventricular septal defect (VSD) is a hole in the partition, or septum, between the two lower pumping chambers (ventricles) of the heart. This is the most common acyanotic congenital heart defect and is common among children in India.

Children with a VSD often will have a loud heart murmur after the first month of life. Early in the newborn period, the pressure in the lungs and the right ventricle are higher than usual. This high pressure in the right ventricle prevents a lot of blood from crossing the VSD in the first days and weeks after the baby is born. The heart murmur at this time may be very soft, or absent, and the baby may not have any symptoms. When the lung and right ventricle pressure begin to fall to normal to low levels, more blood will cross the VSD and the heart murmur will get louder. Additionally, the baby may have the following signs:

- Difficulty in feeding and sucking
- Sweating
- Inadequate weight gain
- Increased heart beat
- A 'thrill' felt when a hand is placed on the baby's chest,
- Difficulty in breathing
- Recurrent chest infections

### What are the tests for diagnosing a heart defect?

An echocardiogram, X-ray and the oxygen saturation test, which are now widely available all over the country, can readily confirm the presence of a heart defect. These

are non-invasive tests and 99% of the patients do not need an angiogram. An echocardiogram, or ultrasound of the heart, is a test that uses sound waves to create images of the heart. From this test, much can be learnt about the heart's structure and the blood flow within the heart. There are no known risks from exposure to ultrasound waves and it takes 20 to 45 minutes. The oxygen saturation test, which measures oxygen in a child's blood, is entirely painless.

### How are they treated?

Recent progress in diagnosis and surgery makes it possible to repair most defects in the heart, even those once thought to be incurable. As a rule, serious heart defects are diagnosed in infancy. However, some defects may remain undetected till the later stage.

Surgery is recommended if congestive heart failure persists or the baby does not gain weight well even on maximal medical treatment; persistent high pressure in the lungs due to the VSD is likely to cause permanent damage or there is no evidence that the hole is closing by itself. The surgery can be traditional i.e. open-heart surgery or catheter angioplasty. The former always needs to be used for a combination of lesions i.e. a hole with a block to blood flow (e.g. Tetralogy of Fallot's). Over 500 infants, children and adolescents undergo surgical correction of various heart defects every year. In addition over a hundred children undergo non-surgical treatment of various heart defects using the newer modalities of device closure, balloon dilatation and stents.

### Reason for hope

Heart disease in children need no longer have the morbid tag that it held several years ago. Parents need no longer fear surgery as it offers much greater chances of survival. Some of the pediatricians especially in rural and semi urban areas still believe that a child with ventricular septal defect can only be operated after he or she attains a weight of 10 kg. However, the latest advancement in Indian medicine has allowed the pediatric cardiologist to cure newborns weighing 1.7 kgs! Today even a one-day baby can be treated for CHD.

The safety of corrective surgery even in these small babies exceeds 95 per cent. It is vital to remember that treating heart disease in children needs a dedicated team of specialists including a paediatric cardiologist, pediatric cardiac surgeon, pediatric cardiac anesthetist and paediatric cardiac intensive.

## Interface



Deepalaya is a community-based organisation committed to the welfare of street children through various programmes such as non-formal and formal education, vocational training, health check ups and recreation. Deepalaya's current programme reaches out

to 13,000 children in New Delhi. Deepalaya believes in the right of every child to have a childhood, complete in all aspects - where he/she has the right to survival, protection, development, respect, opportunities and participation in his/her growth and development.

You can contact Deepalaya at:

46, D Block, Institutional Area, Janak Puri, New Delhi - 110058

Phone: 91 11 2554 8263/90347/ 2559 0348, Fax: 91 11 2554 0546

e-mail: tkmathew@deepalaya.org, website: <http://www.deepalaya.org>

**We request you to reach out to them ...**

## Medical Melodrama!

**Aman Gupta**

*The numbers of cases on malpractices in healthcare have been growing steadily each year. Malpractice may arise from a professional's misconduct or failure to use adequate levels of care, skill or diligence in the performance of his duties that causes harm to another. This gives rise to a media crisis for both the physicians and the medical institution. Can keeping communication channels open help the healthcare providers tide over the crisis?*

Medical malpractice is an act of commission or an act of omission. It occurs when there is "deficiency in duty towards patients resulting in physical and mental damage or financial loss to patient or relatives".

Recently, the Supreme Court directed law enforcement agencies not to proceed against doctor's accused of rash or negligent act or omission without obtaining an independent and competent medical opinion to support the charges. However this does not help the medical institutions in defending themselves against reputational burden that they would have to carry from any negative press coverage. All it takes is one medical accident, and the company has a disaster

on its hands. The media will contend that the hospital should have taken steps to ensure safety. And, isn't it easier to place blame on a faceless organisation rather than a person?

This is where effective communication can play a crucial role in defending reputation. An organisation has to look at sustained communication on a broader perspective to deal with the impending crisis. Firstly they need to create an effective communication policy about its safety and care initiatives. This should be incorporated as part of the company/hospital policy right from the start. Extensive training sessions should be carried out with safety experts, trainers, lawyers, supervisors and executives to imbibe "safety" into the work culture of the organisation. From a communication perspective, involvement of the senior management is vital in developing these safety policies and procedures and messages thereafter.

In addition, it is important to minimise the impact of negative media coverage through timely communication of the organisation's stand. The organisation should encourage an open line of communication and transparency and shouldn't be perceived as stonewalling information. Many a times, hospitals fearful of reporters, shy away from candor, often enraging patients and relatives by offering only basic explanations of errors.

Research shows that this creates a vicious circle: Anger often motivates patients or survivors to file medical malpractice suits, thus attracting negative publicity.

This makes it critical to enhance communications between physicians and patients to establish credibility. Active communication with patients will bring patient expectations in line with reality, reduce patient anxiety and result in a reduction in both the frequency and the severity of professional liability claims. Good physician-patient communication also enhances patient autonomy, promotes a better exchange of information, helps to build trust and to avoid medical errors and litigation, involves a patient in his or her own care, and enhances patient health outcomes. It is time to make good communication part of your culture. One needs to recognise that malpractice issues are essentially issues, which are concerned with the quality of medical care delivered. A planned PR approach, which includes measures such as improved communication with patients, better record keeping or consulting with colleagues, will also improve the quality of care provided for patients. It is far better to address safety issues before they arise than to scramble for a position while lawyers and reporters are waiting in the lobby.

*(Aman Gupta is the CEO of Imprimis Life)*

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## About Imprimis Life

Imprimis Life is India's first dedicated Healthcare and Life Sciences communication consultancy focused on products, science & technology and services critical to enhancing life. We are present across more than 14 cities in India. We have unparalleled domain experience in Hospitals and Healthcare, Pharmaceuticals, HIV/AIDS (issues, products, organisations), Diagnostics, Foods and commodities, Biotechnology, Healthcare retailing and others. Our unique proposition lies in our ability to understand and balance the needs of key stakeholder groups. Our clients represent leading companies in the pharmaceutical, consumer health, and life science sectors; as well as patient, professional groups; healthcare providers; and government agencies.

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