

Fatal Necrotizing Pneumonia Following Dexamethasone Immunosuppression Due to Misinterpreted Prescription by Patient – Time to Rethink Communication?

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Abstract

Good communication is the foundation of a good doctor patient relationship. Good communication positively impacts patient's satisfaction, adherence to advice and even clinical outcome. Absence of this can be catastrophic as in our patient, a recently diagnosed case of multiple myeloma (MM).

Letter to editor

Good communication is the foundation of a good doctor patient relationship [1]. It is an integral part of our medical practice and day to day learning. Studies have shown that good communication positively impacts patient's satisfaction, adherence to advice and even clinical outcome. Absence of this can be catastrophic as in our patient, a recently diagnosed case of multiple myeloma (MM).

The 73 year old male was diagnosed with multiple myeloma (MM) and prescribed oral bortezomib and dexamethasone 20 mg weekly. He presented to the emergency department after one month with shortness of breath, cough with expectoration, and altered sensorium. History revealed that he had misunderstood the prescription and had been taking oral dexamethasone 20 mg daily for the past 1 month. He was shifted to our critical care setup and initiated on antibiotics including intravenous piperacillin-tazobactam 4.5 thrice a day, teicoplanin 400 mg twice a day, meropenem 500 mg thrice a day and antifungal coverage was given using intravenous amphoterecin-B 500 mg. ECG was suggestive of atrial fibrillation and managed with intravenous diltiazem infusion. Chest X-ray revealed large cavitary lesion in right lower zone with widespread consolidation involving the entire right lung fields. Ventilator support in the form of intermittent non-invasive ventilation (NIV) alternating with face mask was well tolerated by the patient. His requirement for pressure support gradually increased and was electively tracheally intubated on day 7. On day 8 vasopressor supports had to be started in view of hemodynamic instability possibly due to sepsis which progressed to refractory hypotension and subsequent cardiac arrest on day 9 of ICU stay.

In our set up, a written prescription is provided along with verbal communication of the drugs intake. The side effects of taking the prescription wrongly were clearly not understood by the patient or his relatives. These aspects form indispensable components of communication prescription of drugs with potential serious adverse effects. Components of communication include Verbal, non-verbal and paraverbal [2]. Verbal component includes content and appropriate selection of words. Non-verbal and paraverbal components include body language like posture, gesture, facial expression and tone, pitch, volume of voice respectively. Most of the focus is usually on verbal component which delivers only a part of the message. The role of involvement of family members was highlighted by Dutta and colleagues in their study which concludes that communication with family members should be a part of training of doctors [3].

Errors in prescription due to handwritten prescriptions can so be responsible for adverse drug related events. Tully and colleagues highlighted how common prescription errors are and how electronic prescribing methods can be used to ameliorate this problem [4].

Patel et al found that out of total medication errors in a tertiary care hospital, 65% were errors in prescription alone which was also the most common. After assessing each prescription for rationality using Phadke's criteria, a dismal 17 % only could be categorised as rational, while the rest were either irrational (30%) or semirational (53%). The use of immunomodulatory drugs has led to improvement in five year survival rate of patients with multiple myeloma from 30% in 1990 to 45% in 2007, with a better quality of life too [5]. But gaps in communication or wrongly written or understood prescription can turn out to be detrimental and must be avoided.

We conclude by emphasizing the need to incorporate effective training programmes in medical institutes to avoid errors in prescription, improve communication skills and improve overall patient care.

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