



**ORIGINAL RESEARCH PAPER**

**Ophthalmology**

**REPORTING OF INCIDENCES OF ENDOPTHALMITIS IN INDIAN NEWS MEDIA: AN OBSERVATIONAL STUDY**

**KEY WORDS:**

Endophthalmitis, Cataract surgery, News media, surgical complications

**Dr. Mohammed Najeeb Nazim**

Postgraduate Resident, Dept of Ophthalmology, Yenepoya Medical College, Mangalore.

**Dr. Rashmi Shambhu\***

Associate Professor, Dept of Ophthalmology, Yenepoya Medical College, Mangalore. \*Corresponding Author

**ABSTRACT**

**Background:** Postoperative complications like endophthalmitis can occur rarely following cataract surgery. When a cluster is affected, the news can cause panic and stress in public. This study intends to analyze the reports of endophthalmitis in Indian news media. **Methods:** 'News' category was accessed on Google and search was run for the key phrase 'botched up cataract surgery'. After applying the exclusion criteria, sixty articles were selected from the screened list. A study tool containing six criteria was used to analyze the news. **Results:** Significant percentage of the reports were non compliant with the criteria. The news was not compliant with guidelines like-media must inform, not scare; it should be objective, factious and sensitive; it should keep abreast of changing realities of infection; it should use appropriate language and terminology that is non-stigmatizing; it should ensure that headline are accurate and balanced; and it should uphold confidentiality. **Conclusion:** As surgical complications are a sensitive topic, it should be handled in a very careful manner. Similar to existing guidelines for reporting news related to HIV, suicide, gender, communal news; guidelines should be followed for reporting surgical complications too. Health organizations should urge for formulations of these guidelines.

**BACKGROUND**

Cataract is most common cause of blindness and visual impairment. Cataract surgery has evolved to become a state of the art surgery with time. Just like how every patient wishes for a perfect outcome, every surgeon wishes for an uneventful surgery. No one wants a surgical complication. But unfortunately sometimes complications do happen.

Postoperative complications like endophthalmitis can occur rarely but it is serious and vision-threatening. It can happen even among patients who undergo a seemingly uneventful surgery and reported in 0.04%–0.2% cases.<sup>1</sup>

When a cluster of patients get affected, the news can create a panic among public and cause lot of stress to the service providers. As it is a sensitive matter, media has a lot of responsibility to give facts with attention to affect in language used. It is not very uncommon to see the term 'botched up cataract surgery' in news. The purpose of this study is to analyze the way of reporting the incidences of endophthalmitis in Indian news media.

**METHODS**

This study does not involve any ethical issues pertaining to human participants as it only includes online news in public domain.

A thorough literature search was done about cataract complications especially endophthalmitis and also media ethics. Google was accessed on February 2023 via the on the Google Chrome browser. 'News' category was accessed on Google search. The search was run for the key phrase 'botched up cataract surgery'.

The first ten pages including 100 news items were screened for the search term. The news in English language only and from India was included. A study tool containing six criteria was used to analyse the news. These criteria are formed based on few of the guidelines of press council of India (which provides norms of journalistic conduct) for reporting news about HIV/AIDS.<sup>2</sup> These guidelines included factors like-media must inform, not scare; it should be objective, factious and sensitive; it should keep abreast of changing realities of infection; it should use appropriate language and terminology that is non-stigmatizing; it should ensure that headlines are accurate and balanced; and it should uphold

confidentiality. Apart from looking in to these factors, also the news was qualitatively analysed.

After excluding videos not fulfilling inclusion criteria, a total of 60 news articles were selected containing reports of postsurgical endophthalmitis. They were reports of various incidences across various states of India during last four years from 2019 to 2022 published online by various news channel websites.

**RESULTS**

A total of 60 videos were analysed by two investigators. Significant proportion of reports were non compliant with first, second and fourth criteria. Third criteria showed very high non compliance; hardly any report gave the scientific information about the intraocular infection. Criteria five was also highly non compliant; however this may be because of the search phrase used to select the articles. More than half of reports named the place, hospital, surgeon, patients or the camp organiser; confidentiality was not maintained as per criteria six. The exact percentage of compliance and non compliance are shown in table 1.

Some other negative aspects noticed about the affect of the language used in the report were blaming the doctor, blaming the hospital, blaming the government, glorifying the compensation money (like 'Patient blinded from surgery wins certain amount of money'; 'doctor asked to pay certain amount of money'), judgemental statements like 'the doctor/ hospital/ camp did not take precautions' with the names revealed. Some reports portrayed healthcare system in bad light, like 'Botched surgery renders so many blind', 'Eye surgery conducted in reckless manner', 'Cataract surgery scandal', 'Trainee doctor snatched my mother's eye', 'notice issued to doctors' and 'doctor booked for botched up surgery'

Some highlighted the emotional statements given by the patient's relative like 'We believed doctors blindly', 'we are poor', 'my mother is in pain'

Some reports wrote in a dramatic and alarming way that could create panic in public like 'Health care tragedy', 'so many people lose eyes', 'Fear grips victims' 'They had to get their eyes removed' 'so many are blinded'

Only few reports tried to dig into the cause like 'fungus

present in fluid' 'the gel was infected' 'power went off during operation'; however they did not mention scientifically sound phrases and no attempt was done to educate the public regarding complexities of the procedure.

**Table 1 Compliance With Journalistic Conduct While Reporting Of Incidences Of Endophthalmitis In Indian NewsMedia N=60**

Criteria	Compliance (%)	Non compliance (%)
1. Media must inform, not scare	28 (46.6)	32 (53.3)
2. Be objective, factious and sensitive	17 (28.3)	43 (71.6)
3. Keep abreast of changing realities of infection	3 (5)	57 (95)
4. Use appropriate language and terminology that is non-stigmatising	29 (48.3)	31(51.6)
5. Ensure that headlines are accurate and balanced	11 (18.3)	49 (81.6)
6. Uphold confidentiality	25 (41.6)	35 (58.3)

**DISCUSSION**

Apart from proving information, the media can also influence the thinking of people. Media constitutes of any channel of communication including newspaper, digital data or any other form of information. The press is an important pillar of democracy powerful it must follow certain principles and conduct of journalism. It has a duty to distinguish between facts and opinions. It needs to avoid prevocational, sensational or judgmental inclination of news matter.<sup>2</sup>

The All India Ophthalmological Society has formed a National Task Force to provide guidelines and checklist to prevent post operative endophthalmitis.<sup>1</sup> Section A, B and C provide preoperative, intraoperative and post operative measures to be taken to minimize risk of infection. Section D provides OT sterilization and disinfection. Section E provides important information applicable to situations such as cluster endophthalmitis or outbreaks.

In an unfortunate event of an outbreak, the surgeon and the hospital have a responsibility of taking care of the patients, treating them promptly (intravitreal injections or vitrectomy). Also, identifying the source, send samples for cultures, note the batch numbers of solutions, and inform the authorities. With all these stress, there is added stress of handling the media carefully and interacting with the press.

Isolated cases of acute postoperative endophthalmitis usually arise from the patient's own commensal bacteria. Cluster outbreaks are usually due to contamination from the surgical instruments, irrigating fluids, intraocular lens, or the surgical environment.<sup>3</sup> Individual practices are not immune to infections but high-volume hospitals and camps have higher risk of larger outbreak. During such incidences, hostility faced by the surgeon can be most traumatic.<sup>4</sup> Surgeons guilt can make him the second victim due to emotional turmoil. A surgeon should be able to deal with complications and not get flustered while communicating with public when things do not go as expected.

No surgery is completely free of the risk of complications. It can be of distress not only to the patient but surgeon too. It is important to understand that complications can arise despite best efforts, but also one must continuously strive to make efforts to minimise them. Complications were primarily

defined as "any deviation from the normal postoperative course." They can happen in spite of good surgical techniques and skilled surgeon. Post surgical complications are the most difficult part of patient management. Clavien Dindo system is the simplest form of classification that can be used for classifying surgical complications in several grades. Complications may require further treatment, intervention or may lead to disability depending on their severity.<sup>5,6</sup>

Patients with uncontrolled blood sugar levels, systemic co morbidities, any foci of infection should be screened before shifting the case to the operating room. Team work with individual responsibility should be emphasized for enhancing healthcare team outcomes. Patients should be explained about the warning signs of endophthalmitis such as pain, redness of the eye and blurring of vision, etc. at discharge after any intraocular procedure. Early detection and prompt treatment is the key. Patients should be explained the seriousness of the condition and the need for intensive treatment.<sup>7,8</sup>

The free eye camps have benefitted millions of people and doctor's profession is a noble service. But recently there has been an increase in the numbers of litigations against ophthalmologists for any deficiency in services and huge compensation and destroying the carriers of surgeon. Few cases may be legitimate because of medical negligence but most doctors are wrongfully accused due to public misunderstanding. Benefit the patient but also safeguard the ophthalmologist. For the ophthalmologist in India along with great surgical skills and patient care, it is also imperative to follow guidelines, checklist, proper documentation and proper communication about the outcome and complications of the procedure.<sup>9,10</sup>

The limitation of our study is that there could be subjective factor while assessing the compliance of the criteria as only two investigators have analyzed the news. Further studies are needed to clarify the guidelines. To the best of our knowledge, there are no any similar studies analyzing the news reporting of endophthalmitis in India. As surgical complications are a sensitive topic, it should be handled in a very careful manner. Guidelines are there for reporting of all sensitive issues like HIV, suicide, gender, communal news, then why not for surgical complications. Association of ophthalmology or medical associations can urge for formulations of certain guidelines to be followed while reporting health complications. The difference between complications and negligence should be very clear. Proper protocols are already set in place for managing complications. Similarly protocols should be set in place for reporting and press needs to be sensitized about the responsibility to adhere to them.

**REFERENCES**

1. Verma L, Agarwal A, Dave VP, Honavar SG, and members of the Task Force, Majji AB, Lall A, et al. All India Ophthalmological Society (AIOS) Task Force guidelines to prevent intraocular infections and cluster outbreaks after cataract surgery. *Indian J Ophthalmol* 2022;70:362-8.
2. Press Council of India-Norms of Journalistic conduct. Edition 2020, page 74.
3. Das T. Management of cluster endophthalmitis does not stop at clinical care. *Indian J Ophthalmol* 2020;68:1249-51.
4. Honavar SG. Endophthalmitis - A risk not worth taking. *Indian J Ophthalmol*. 2022;70:355-6.
5. Manekk RS, Gharde P, Gattani R, Lamture Y. Surgical Complications and Its Grading: A Literature Review. *Cureus*. 2022 May 13;14(5):e24963. doi: 10.7759/cureus.24963. PMID: 35706751; PMCID: PMC9187255.
6. Skervin A, Levy B. Management of common surgical complications, *Surgery (Oxford)*, vol 38 issue 3, march 2020, pages 128-132
7. Pershing S, Lum F, Hsu S, Kelly S, Chiang MF, Rich WL, Parke DW. Endophthalmitis after Cataract Surgery in the United States: A Report from the Intelligent Research in Sight Registry, 2013-2017. *Ophthalmology*. 2020 Feb;127(2):151-158. [PubMed]
8. Lalitha P, Sengupta S, Ravindran RD, Sharma S, Joseph J, Ambiya V, et al. A literature review and update on the incidence and microbiology spectrum of post-cataract surgery endophthalmitis over past two decades in India. *Indian J Ophthalmol* 2017;65:673-7. Elsevier
9. Nagpal, Neeraj; Nagpal, Nimisha. When the ophthalmologists turn blind. *Indian Journal of Ophthalmology* 67(10):p 1520-1523, October 2019. | DOI: 10.4103/ijo.IJO\_315\_19
10. Pandey SK, Sharma V. Commentary: Increasing cases of litigations against ophthalmologists: How can we minimize litigations during ophthalmic practice?. *Indian J Ophthalmol* 2019;67:1527-30