

The Finality of Death by Intravenous Infusion

Peter Soller

At the beginning of 1993, state president F W De Klerk wrote to the author, saying "I wish to inform you that I share with deepest sympathy your concern with the loss and grievances suffered by the parents and families involved in the tragic events ... I regret that I can be of no 'further' assistance to you."

For all practical purposes, this callous response represented a tragic ending to the equally tragic start of a chain of events which took place between 1990 and 1992. It is believed that, during this period, scores of babies and adults died after receiving an intravenous infusion contaminated with bacteria of the *Klebsiella* group.

Contaminated SABAX Infusions

The tragedy started in about February 1990, when neonates and adults, who were being treated with intravenous potassium cocktail and non-potassium cocktail infusions, began dying in greater than usual numbers from septicaemia associated with the *Klebsiella* group. The intravenous infusions which were linked to the chain of deaths were prepared in the sterile unit of SABAX laboratories in Johannesburg. To this day, SABAX denies that their intravenous infusions were, in any way, a contributory factor to the deaths, despite the fact that in some instances it was shown beyond doubt that patients received infusions contaminated with traces of bacteria of the *Klebsiella* group.

At the same time, deaths were occurring from similar causes at the Ga-Rankuwa Hospital, where medical workers who were on strike were being blamed for the deaths of approximately 35 babies. The clinical symptoms preceding death were identical at all the affected hospitals. In most cases, the intravenous infusions were put up as a precautionary measure in premature babies and ill patients, so that, if necessary, drugs could be administered intravenously. Within a few hours of infusion, patients showed severe clinical signs of septicaemia which, despite aggressive antibiotic therapy, progressed until death.

According to the official stance, apparently none of the health workers involved saw that there was a causal link between all these unaccounted for

deaths. However, evidence was given at the *inquest* into a few of the deaths that SABAX were warned of the possibility of their drips being the cause of some deaths in or about March 1990. It is also recorded that SABAX disputed the ability of the Clinic Holdings Group of Hospitals to prove their assertion in a court of law.

More Deaths, No Justice

Although neonatal intensive care units closed, they re-opened after assurances were given by the manufacturer that the entire process was found to be acceptable. After the units in Johannesburg private hospitals were re-opened, more deaths occurred, in what can only be described as a "mini-epidemic".

Scientific investigations revealed a number of serious flaws in the manufacturing process of the potassium cocktail and non-potassium cocktail infusions. It was also found that these products were never terminally heat sterilised before administration.

An Inquest Court found that there was no causal link between the contamination of the intravenous infusion and the deaths of the babies. These findings were challenged, but it proved impossible, without the active assistance of the state, to successfully challenge these findings in a superior court. The vast resources of SABAX made it overwhelmingly impossible to ensure that an effective, full or proper inquest took place.

It remains a proven fact that the intravenous infusions manufactured by SABAX were contaminated and that patients who received these infusions and who ought to have survived their illnesses did not so survive. It should be emphasised that these patients did not only include babies, but included adults who died from overwhelming *Klebsiella* infection during the same period and at the same institutions where the infusions in question were being supplied.

The doors of justice have now been closed to many families who know *why their dear ones died*. These same doors remained closed to so many of the less privileged members of society, reliant on the public sector, who were denied the basic right of being properly informed of the circumstances surrounding the unexpected complications and untimely deaths of their loved ones.

Missing Letters

Why was this medical catastrophe allowed to occur in the first place, and then permitted to remain clouded in mystique? How could a society which pretends to invoke advanced standards of medicine allow characteristically backward

circumstances to occur in its health services?

The root causes allowing those responsible for the deaths to escape from justice include the tardy supervision and administration of health services by government at its highest level, a gross failure in the proper administration of justice in the lower courts and the grossly inadequate performance by the statutory body, the *Medical Control Council (MCC)*, appointed to control the supply, manufacture and distribution of medicines in South Africa.

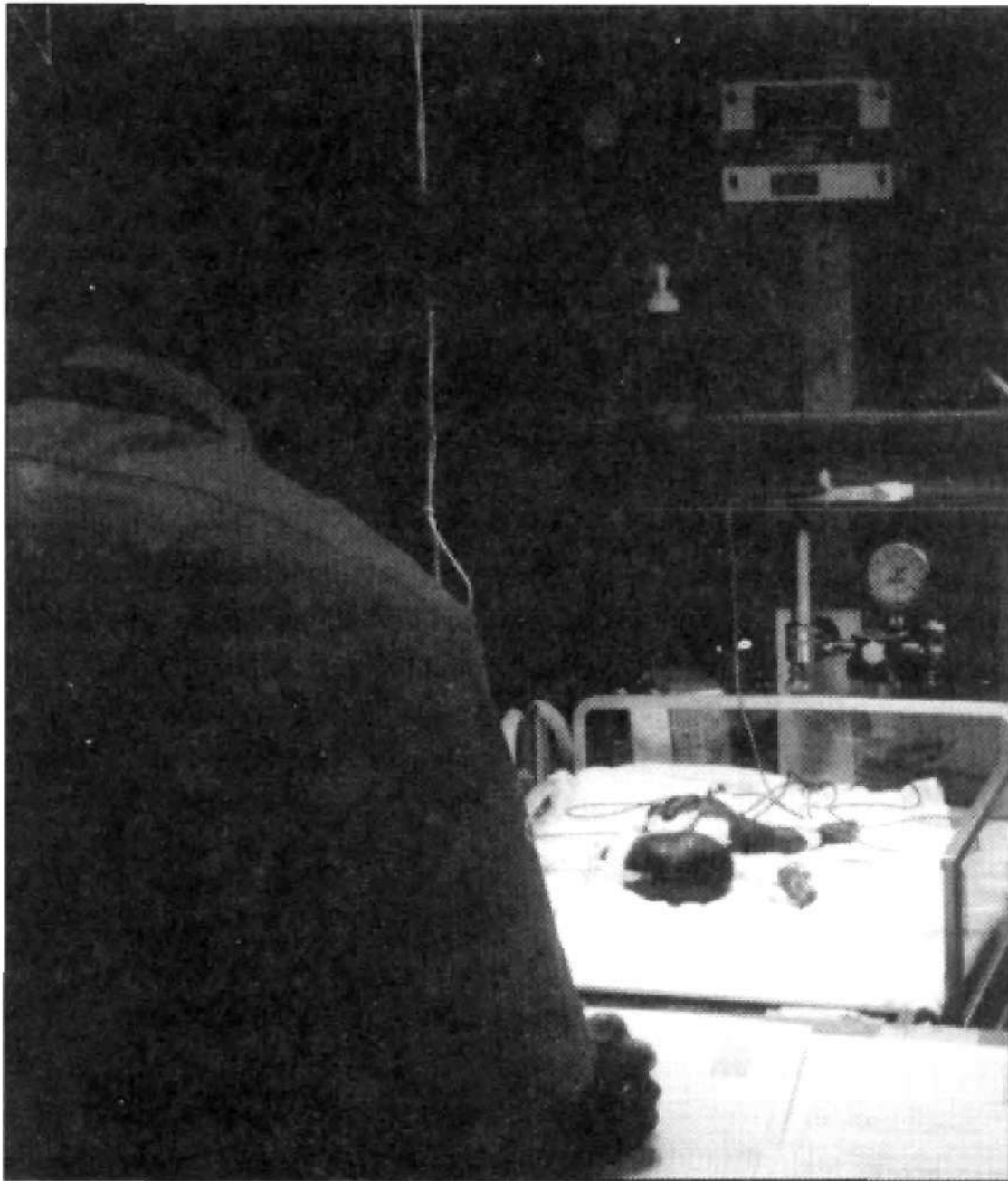
Can the state honestly deny that the premature deaths in 1990 of the babies at Ga-Rankuwa were cynically used for political propaganda against the nursing strike which took place that year? The state knew, and was told in no uncertain terms by the staff of Microbiology and Paediatrics, that the deaths of each baby could be linked by genetic coding, not to the strike, but to identical intravenous infusions that were simultaneously terminating the lives of babies at sophisticated obstetric units in central Johannesburg and its environs. Letters written by the academic staff to the provincial health authorities and the manufactures of the infusions, mysteriously disappeared when they were required for official purposes. To this day these letters remain 'missing'.

Another State, Foreign Deaths

Academic staff of Medunsa who offered to testify at the inquest were 'reminded' that they were contractually not entitled to make statements in public, except through a spokesperson of the Transvaal Provincial Administration. Yet, the South African inquest court found that, even with its wide powers to subpoena, it did not have the legal powers to subpoena the medical staff at Ga-Rankuwa or Medunsa as these staff were employed and lived in another state. With the invocation of this novel bit of international law, vital scientific evidence was conveniently withheld from the 'official' South African inquest into the deaths of the children from the region of southern Africa. It is strange but true that a 'foreign' professor at Medunsa was actually asked to be an assessor at the inquest.

Inept and Inactive

To add insult to injury, the MCC has failed to publicly proclaim that the law relating to supply and distribution of scheduled drugs was disregarded. This council was both inept and recklessly inactive. It chose to adopt such a low profile that even an acknowledgement of correspondence proved to be an impossible objective. It blatantly ignored the need to adhere to basic principles of prescribing, control of batch numbers and supervision of drugs with a limited



Is this baby secure from IV contamination? *Photo: Ismail Vawda*

shelf life.

The council clearly refuses to see itself as a public body answerable to society. The failure of the MCC was yet another 'nail in the coffin' of those intent on exposing the truth. It has been shown that there is a need in every society to maintain an independent and reliable body to monitor every facet affecting the general interests of society. In South Africa, facing a total breakdown of its health services, it should be clear that the MCC, as it now functions, cannot be expected to play an effective role. With the inevitable political change in this country, there must be a total reassessment of the functions of all structures related to the adequate provision of medical services.

The juridical factors affecting the unfortunate outcome of this tragic event

also require comment. Access to our courts is, in many instances, restricted to the very rich or the very poor. This is not acceptable. Justice must become accessible to all, regardless of race, colour or creed. With erudite and costly legal advice, those answerable to society for the drip deaths were successful in defying the truth.

An unsatisfactory medical malpractice investigatory procedure continues to thrive. It is questionable whether justice in medical matters can, at present, be achieved in courts other than the Supreme Court.

No Consolation

The families who escaped the effects of the tragic drip deaths, should take no consolation on that account. They should keep in mind the oft used phrase which says "There but for the grace of God go I". Medical professionals need to stand up and be counted every time they come across any medical injustice. Without the application of such integrity, tragedies of this sort will inevitably happen again. Lastly, no minister of health or government official in a future South Africa should ever be given the unfettered privilege of writing a letter similar to that quoted at the beginning of this article, thereby closing the doors of justice.

Peter Soller is an attorney practising in Johannesburg