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Q8

Case study. A landslide occurred in the middle of the night on 20th July, 2023 in a remote mountain hamlet, approximately 60 kilometres from Uttarkashi. The landslide was caused by torrential rains and has resulted in large-scale destruction of property and life. You, as District Magistrate of that area, have rushed to the spot with a team of doctors, NGOs, media and police along with numerous support staff to oversee the rescue operations. A man came running to you with a request for urgent medical help for his pregnant wife who is in labour and is losing blood. You directed your medical team to examine his wife. They return and convey to you that this woman needs blood transfusion immediately. Upon enquiry, you come to know that a few blood collection bags and blood group test kits are available in the ambulance accompanying your team. Few people of your team have already volunteered to donate blood. Being a physician who has graduated from AIIMS, you know that blood for transfusion needs to be procured only through a recognized blood bank. Your team members are divided on this issue; some favour transfusion, while some others oppose it. The doctors in the team are ready to facilitate the delivery provided they are not penalized for transfusion. Now you are in a dilemma. Your professional training emphasizes on prioritising service to humanity and saving lives of individuals.

UPSC Civil Services Mains 2023 · GS IV · 20 marks · Ethics Case Studies

Case Studies on above issues.

Core demand of the question

- You are the District Magistrate, with a medical background, after the Uttarkashi landslide of 20 July 2023. A pregnant woman needs transfusion; only ambulance kits are available; some oppose because of blood-bank rules
- (a) State the dilemma
- (b) Set out options with merits and demerits
- (c) Give a reasoned decision

Revision summary

The dilemma is saving a pregnant woman with ambulance-kit blood versus waiting for licensed blood-bank procedure.

Ordinary rules under the [National Blood Policy, 2002](#) and the [Drugs and Cosmetics Act, 1940](#) exist to make transfusion safe, not to mandate death in a cut-off landslide.

Refusal until the bank arrives is lawful only if the bank can arrive in time.

The decision is documented emergency transfusion with consent, bedside checks, and a sample sent to the blood bank at first opportunity.

Necessity is a narrow exception for this hour, not a standing waiver of blood-bank law.

Introduction

After the Uttarkashi landslide of 20 July 2023 you are the District Magistrate and a physician. A pregnant woman will die without blood, the only units are in ambulance kits, and some team members refuse because licensed blood-bank procedure has not been completed.

Body

Stakeholders

- The pregnant woman and the foetus, whose lives are in immediate danger.
- The field medical team, ambulance staff, and those who refuse on blood-bank grounds.
- The licensed blood bank, when it can be reached.
- Family members who must consent.
- You as District Magistrate and physician under the [Disaster Management Act, 2005](#).
- The district public, whose trust in emergency medicine is at stake.

(a) The dilemma

- The clash is between the duty to save a life now and the duty to follow licensed transfusion practice meant to prevent wrong-group blood, infection and later legal blame.
- The [National Blood Policy, 2002](#) and the [Drugs and Cosmetics Act, 1940](#) read with the Drugs and Cosmetics Rules, 1945 require that blood be collected, tested and issued through licensed blood banks, with grouping and cross-matching.
- Those rules exist to protect patients. In a landslide cut-off they can also become a cause of death if they are treated as an absolute ban on every emergency issue from a kit.
- Conscience, [Article 21](#) of the Constitution of India, and medical ethics (beneficence and non-maleficence) pull toward transfusion with every feasible safeguard.
- Fear of departmental action pulls toward waiting for a blood bank that cannot arrive in time.

(b) Options

- **Option 1:** Refuse transfusion until a licensed blood bank completes the full protocol.
- **Merit:** literal compliance with ordinary blood-bank rules.
- **Demerit:** a preventable maternal death if the bank is unreachable; that is not what the rules were written to achieve.
- **Option 2:** Force every objecting doctor to transfuse without record or consent.
- **Merit:** speed.

- **Demerit:** assault on professional judgement, no audit trail, and possible unsafe blood without even the checks the kits allow.
- **Option 3:** Evacuate first and treat later.
- **Merit:** a full blood bank at the end of the road.
- **Demerit:** if the road is closed and time is minutes, evacuation is a hope, not a treatment.
- **Option 4:** Transfuse under a documented emergency protocol: **informed consent**, best available grouping, use of the ambulance stock, named officer in charge, and a sample sent to the blood bank as soon as movement is possible.
- **Merit:** life, law of necessity, and a file that can be reviewed.
- **Demerit:** residual infection and mismatch risk, which must be named honestly to the family.

(c) Decision

- Save the life. Order emergency transfusion from the ambulance kits with every safeguard the site allows.
- Take **informed consent** from the woman if she can speak, otherwise from the available guardian, stating that this is an emergency exception, not a casual bypass of the blood bank.
- **Use the physician's skill:** check labels, do bedside grouping if kits allow, watch for reaction, and stop if a reaction begins.
- Do not punish staff for raising the rule; put their objection on the note and overrule it with reasons as District Magistrate and as a doctor.
- Send a sample and a report to the licensed blood bank at the first opening of the road, and request confirmatory testing and further units under ordinary protocol.
- Record the disaster context, the time, the clinical need, and the absence of an alternative, under the **Disaster Management Act, 2005**.
- **Necessity in ethics and in criminal law is a narrow defence:** it covers this hour, not a habit of unlicensed transfusion in a calm district hospital next month.
- After the event, hold a clinical review so that future landslide kits meet the **National Blood Policy, 2002** as closely as geography allows, including walking blood-bank registers of pre-typed volunteers where the hill practice is lawful and organised.

Flow diagram

Pregnant woman in shock -> Life versus blood-bank form
 Life versus blood-bank form -> Emergency transfusion
 Emergency transfusion -> Informed consent and record
 Emergency transfusion -> Sample to blood bank when road opens
 Wait for full protocol -> Preventable death

Conclusion

The dilemma is life versus ordinary blood-bank form. In a landslide hour the form exists to protect life, not to replace it. Transfuse with consent, documentation and the best bedside checks, then return the case to the licensed bank as soon as the road allows.

Facts & figures

National Blood Policy, 2002

India's policy that blood should be obtained and issued through licensed, quality-assured blood banks, with voluntary donation as the preferred source.

Drugs and Cosmetics Act, 1940 and Drugs and Cosmetics Rules, 1945

The statutory frame under which blood banks are licensed and transfusion services are regulated as a drug-related activity.

Disaster Management Act, 2005

Gives disaster authorities duties and powers to rescue and relieve, which supports a recorded emergency medical order in a landslide.

Article 21, Constitution of India

Protection of life and personal liberty; a mechanical wait that causes a preventable death is hard to defend as a rights-respecting choice.

Informed consent

The patient or guardian is told the emergency, the residual risk of uncross-matched or field blood, and the alternative of delay, then agrees or refuses.

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