

AMRI Hospital: Saving Lives?

Surajit Ghosh Dastidar*

*"Kolkata's AMRI hospital charge fat fees...Wish they had spent some of that on smoke alarms and fire fighting equipment."*¹

- Derek O' Brien, Indian Television personality

*"All the necessary fire equipments were in place."*²

- Dr. Satyabrata Upadhyay, Senior Vice President, AMRI Hospital

*"Website of AMRI hospital, portrays itself as one of best equipped hospitals in India, Shame."*³

- Shekhar Kapoor, renowned Indian film maker

Introduction

In the early morning of December 9, 2011 a devastating fire broke out at Advance Medicare Research Institute (AMRI), a privately run 190 bed multi-storied superspeciality hospital in the Eastern Indian city of Calcutta⁴ (Kolkata). 93 people were killed of which 90 of them were patients. Most of the deaths were caused by smoke suffocation. The fire apparently started due to a short circuit at the basement of the annex building and quickly spread trapping hundreds of people. Following the incident questions were raised about the fire safety norms in the hospital. It was alleged that the fire alarms and sprinklers were switched off, all the exit points were locked, portable fire extinguishers were not available and the staircase of the hospital was blocked with articles which prevented people from coming outside the hospital (Exhibit 1). It was also alleged that basement of the AMRI hospital were used for storing inflammable materials and not for

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¹ <http://twitter.com/#!/quizderek/status/145001919830695936> (accessed on Jan 6, 2012)

² <http://ibnlive.in.com/news/kolkata-fire-6-directors-arrested-after-73-die-in-fire/210361-3.html> (accessed on Jan 6, 2012)

³ <http://ftentertainment.blogspot.com/2011/12/celebs-react-to-kolkata-hospital-fire.html> (accessed on Jan 6, 2012)

⁴ Calcutta now known as Kolkata was the capital of the Indian state of West Bengal

car parking. The hospital staff did not inform the fire brigade and there was no managerial staff present on the night of the tragic incident. However, the hospital in a statement had denied all these allegations. Ironically, the hospital's website featured a survey by The Week⁵ (Exhibit 2) magazine that portrayed AMRI as one of India's best hospital.

Dr. Kunal Saha, President of People for Better Treatment, a US based voluntary organization which worked for the promotion of better healthcare in India said *"It was reported that violation of the fire safety codes by AMRI Hospital was not a total secret for the government inspectors who seemingly adopted a lackadaisical attitude to this potential danger. The reason for silence on part of the government regulators against wealthy and powerful medical organisations in India is not difficult to fathom."*⁶

The catastrophe raised some serious ethical questions on the state of the country's private healthcare system. Was it that healthcare had turned into a lucrative business? Was it that businesses were seeking more and more profits by cutting costs? Was the state government also responsible for this tragedy?

Background Note

AMRI hospitals was a joint venture between the INR 3700 crore⁷ (USD 398 million)⁸ Emami group led by R.S. Agarwal and the INR 800 crore⁷ (USD 151 million)⁹ real estate firm Shrachi group led by S.K. Todi along with the Government of West Bengal. Emami group owned 66% while 32% was owned by Shrachi group and the remaining 2% by the West Bengal government. The license for AMRI hospital was issued in the name of Dr. M.K. Chhetri, the Managing Director of AMRI and a noted cardiologist of Kolkata. However, it was reported that Dr. Chhetri being the MD of AMRI was not responsible for any management decisions. AMRI hospitals had a turnover of around INR 250 crore (USD 47 million) and operated around 800 beds through 5 AMRI hospitals in Kolkata. This included two multi-speciality hospitals, one hospital for diabetes

⁵ The Week was an Indian weekly news magazine and was the largest selling news magazine in India

⁶ <http://pbtindia.com/wp-content/uploads/2011/12/PBT-Rediff.pdf> (accessed on Jan 6, 2012)

⁷ 1 crore = 10 million

⁸ 1 USD = 53 INR, approx (as on Jan 6, 2012)

⁹ 1 USD = 53 INR, approx (as on Jan 6, 2012)

and hormonal disorder, one specialized women and child care facility and a day care medical centre.

Both the promoters of AMRI hospital – R.S. Goenka and S.K. Todi were known to be very close to the former Chief Minister of West Bengal Jyoti Basu. Emami and Shrachhi entered the health-care space around 1996 when they joined hands to acquire the majority stake in a polyclinic owned by the West Bengal government. The Jyoti Basu government had handed over the Dhakuria land (the place where the incident happened) to AMRI in an unusual deal that locked the annual lease rent at INR 9.94 lakh¹⁰ -- 16 times less than the current market lease rate. Few lease agreements freeze the rent for more than five years. But AMRI Hospitals, Dhakuria, was allowed a flat rate of INR 6.40 lakh¹⁰ for one parcel of land and INR 3.54 lakh¹⁰ for another for a long period of 30 years (Exhibit 3).

“A lease rent of around Rs 10 lakh¹⁰ for around 82 cottahs¹¹ in an area where a cottah sells in excess of INR 50 lakh¹⁰ is unheard of. The deal could not have been sweeter,”¹² said a senior official in the land and land reforms department.

“Such concessional lease rents are allowed only under political compulsions,”¹³ said another official in the department.

Eventually, the facility became popular and tied up with Apollo Hospitals Group¹⁴ for a management contract, and was run as AMRI Apollo Hospital. The contract expired when Apollo invested in its own facility in the city and Emami-Shrachhi combine started running AMRI hospitals about 8 years ago.

Since then, AMRI has grown dramatically. In 2005, AMRI set up their second facility behind the existing one, a super-speciality 190-bed hospital. In 2006, the group acquired a 184-bed

¹⁰ 1 lakh = 1,00,000

¹¹ 1 cottah = 720 sq.ft

¹² http://www.telegraphindia.com/1111214/jsp/frontpage/story_14879228.jsp (accessed on Jan 6, 2012)

¹³ http://www.telegraphindia.com/1111214/jsp/frontpage/story_14879228.jsp (accessed on Jan 6, 2012)

¹⁴ Apollo Hospitals was a major hospital chain in India with revenues of around INR 10 billion

speciality hospital in Salt Lake. In February 2011, AMRI launched a speciality women and child-care hospital in Kolkata.

AMRI was also about to unveil a 300-bed multi-speciality unit in Bhubaneswar and had plans to set-up two more hospitals in Ranchi and Raipur. It was also eyeing to acquire the Ahmedabad-based Sterling Hospitals, but decided against increasing its INR 640-crore (USD 121 million approx) bid offer after an international health care group topped the bid.

Even in West Bengal, AMRI had further expansion plans by setting up a 500-bed hospital in the city's eastern fringes at Rajarhat. It was also setting up a 100-bed facility in Burdwan and another 250-bed unit at Siliguri.

What Happened on December 9, 2011?

It was 2:15 am on December 9, 2011. The fire apparently started due to a short circuit at the basement of the annexe building where combustible materials like gas cylinders, rejected mattresses and wooden boxes were stacked. Soon, smoke started billowing out of the basement and spread fast to all the floors through the airconditioning duct because the hospital was centrally air-conditioned. Soon thereafter, the power was cut off. The air-conditioners went off and the smoke started accumulating inside the hospital. There was no escape route for the smoke because there were no windows in the hospital and the walls were basically a glass facade.

Chaitanya Singh Mehta, a 74 year old patient recounted that horrific night:

"I couldn't sleep since I was coughing repeatedly. I was admitted on November 29 with breathing trouble as water had accumulated in my lungs. I was up in my bed on the third floor when I smelt fumes in the room. It was around 2:15 am.

I called a nurse and told her about the burning smell. But she told me not to worry as everything was perfect. There was another patient in the room. The next 30 minutes I didn't smell anything unusual. I thought I had probably got it wrong but still couldn't sleep because of my coughing ailment.

Around 2.45am, I heard screams from outside the room. I sensed something was wrong and got off my bed. I opened the door and stepped out but it was difficult to see much. Smoke had filled the corridor. I could smell smoke all around. There were desperate cries for help. I was hardly able to see anything. A nurse, pulled my hands and asked me to leave.

I walked down the stairs and reached the ground floor. Smoke had not filled the ground-floor emergency ward till then. A few nurses and other hospital staff on the ground floor took me to the emergency ward. I asked them to give me oxygen as I was feeling suffocated. They immediately put an oxygen mask on my face. It was around 3:15am.

A couple of other patients were also being administered oxygen at the emergency. I was there for around 15-20 minutes. Smoke was gathering outside the emergency. A nurse advised me to leave the building. The other patients too came out with me. Hospital staff escorted us to the main building. We were asked to sit in front of the reception.

Very few patients were there. I was lucky to be among the first few to escape from the building. As I waited there for another 20 minutes, the crowd swelled. More patients arrived and hospital staff as well as people from outside were running around. Some rushed in with stretchers. Fear gripped me. I borrowed a mobile phone from a person waiting there and called my home. It would have been about 4am.”¹⁵

The security alerted the night administrator Sajid Hossain who alerted the security-in-charge P.K. Ghata. Hossain also tried to reach both the Vice Presidents of Operations Preeta Banerjee and Rajesh Parekh over phone. However, it was reported that Preeta got the first call from the hospital around 4:00 am nearly two hours after the fire was detected (Exhibit 4).

The hospital authority informed the fire department at 4:08 am, almost two hours after the fire started. However, it was reported that the fire brigade received the first call not from the hospital but from the police department. It was only at 4:45am that the fire brigade reached the spot. But it was too late. By then nearly half of the patients died of smoke suffocation.

At about 7:30 am, the dead and the injured began to be brought out of the premises (Exhibit 5 - Image of the rescue operation). Chief Minister Mamata Banerjee arrived at 9:45 am to oversee the rescue operations and announced tough actions against those responsible.

¹⁵ http://www.telegraphindia.com/1111213/jsp/frontpage/story_14874782.jsp (accessed on Jan 6, 2012)

At 1 pm, Dr. Satyabrata Upadhyay, Senior Vice President of AMRI Hospitals addressed the media but denied all allegations. He claimed *“All the necessary fire equipments were in place.”*¹⁶

Almost 12 hours later at around 2:30 pm, Mamata Banerjee who was also the state's health minister announced the cancellation of AMRI's operating licences. Six directors of AMRI hospitals including R.S. Goenka and S.K. Todi were charged with negligence, culpable homicide not amounting to murder and attempt to culpable homicide.

Around 5 pm all six directors of AMRI Hospital surrendered to the Kolkata Police at its headquarters.

Cases of Negligence at AMRI

This was not the first case of negligence by AMRI hospital. In fact, AMRI had a history of negligence and violation. On May 11, 1998 Anuradha Saha, wife of Dr. Kunal Saha was admitted to AMRI after she complained of skin rash. However, due to wrongful treatment by the doctors she died on May 28, 1998. Dr. Kunal Saha moved to court.

On October 21, 2011, the Supreme Court in its judgment directed the National Consumer Disputes Redressal Commission (NCDRC) to pay a compensation of INR 1.7 crore (approx USD 350,000) to Kunal Saha for his wife's death. The compensation was the highest in Indian medical history against AMRI hospital and three other Kolkata doctors. The court in its verdict said:

“At AMRI, no symptomatic therapy was administered and no emergency care given. Records show how abysmal the nursing care was. There was no burn unit. No nasro-gastric tube was given although condition of the patient's mouth was such that she could not be given solid food. No blood sample was taken and no pathological examination carried out. It is beyond dispute that 30% body surface area of Anuradha was affected. Yet supportive therapy was not there.

¹⁶ <http://ibnlive.in.com/news/kolkata-fire-6-directors-arrested-after-73-die-in-fire/210361-3.html> (accessed on Jan 6, 2012)

AMRI didn't even maintain the patient's records properly. Nurses' reports show that from May 13, even routine checks were not done."¹⁷

Ramola Chakraborty, wife of former minister of West Bengal also alleged of AMRI staff's negligence after her husband died in August 2009 while undergoing treatment at AMRI. She said:

*"I had complained against the poor infrastructure of the hospital when my husband was admitted there two years back. They took five days to get a test done which confirmed that my husband, who was otherwise a cancer patient, had got Pneumonia. Had it been done earlier, things could have been better,"*¹⁸

On October 8, 2011 a minor fire was reported on the ground floor of the same AMRI hospital building. A security guard immediately called the fire brigade. By the time fire brigade arrived the fire was doused by the staff. However, the security guard was reprimanded and suspended for two weeks for not following the protocol. An employee of AMRI hospital explained about the protocol. *"We can't inform police or fire brigade individually. Only the night administrator can take such a decision."*¹⁹

Aftermath

In the aftermath of the tragedy, all the 6 directors and two more senior officials of AMRI namely Dr. Satyabrata Upadhyay, Vice President who headed its safety committee and Sanjib Pal, the Assistant General Manager in charge of maintenance were behind bars. The Chief Minister ordered a judicial enquiry into the incident.

AMRI hospital announced a compensation of 5 lakhs for kin of deceased. The West Bengal government had announced a compensation of 3 lakhs. Later, the Prime Minister of India sanctioned 2 lakhs and 50,000 to those seriously injured.

¹⁷ <http://www.tribuneindia.com/2011/20111211/main3.htm> (accessed on Jan 6, 2012)

¹⁸ <http://www.indianexpress.com/news/subhas-chakrabarty-was-not-treated-properly-at-amri-reiterates-wife/886779/> (accessed on Jan 6, 2012)

¹⁹ http://articles.timesofindia.indiatimes.com/2011-12-11/kolkata/30504440_1_fire-brigade-hospital-guards-security-guard (accessed on Jan 6, 2012)

On Jan 2, 2012 The Federation of Indian Chamber of Commerce and Industry (FICCI) issued a public statement demanding the immediate release of those arrested. The statement said:

“FICCI believes that those who are found guilty after such an enquiry should be punished without any discrimination or favour. Such a step will act as necessary deterrent against any future negligence or malafide actions.

At the same time, those who are not found guilty and are not responsible for day to day operations of any business should be release immediately. This is only fair and will also prevent the spread of any negative sentiments within the domestic investor community and encourage future philanthropic activity under which more hospitals have been established.”²⁰

To this Chief Minister of West Bengal, Mamata Banerjee commented

“A business house had requested me not to take any action against them (AMRI directors). But it is not correct. We want industry. But we don’t want industry which kills people.”²¹

Questions were raised as to why other board members like Dr. M.K. Chhetri (MD of AMRI Hospitals), Sushanta Banerjee (Director of Medical Education) and Pranab Dasgupta (Government nominee) were not arrested.

²⁰ <http://www.ficci.com/SEdocument/20174/pres--ficci-jan2-amri.pdf> (accessed on Jan 6, 2012)

²¹ <http://www.ndtv.com/article/india/law-to-decide-on-amri-directors-release-mamata-on-ficci-statement-163377> (accessed on Jan 6, 2012)

Exhibit 1

Some of the safeguards laid down in the National Building Code, which is mostly flouted in the country, are listed below. Did AMRI follow these norms? Answers based on statements by officials and court depositions

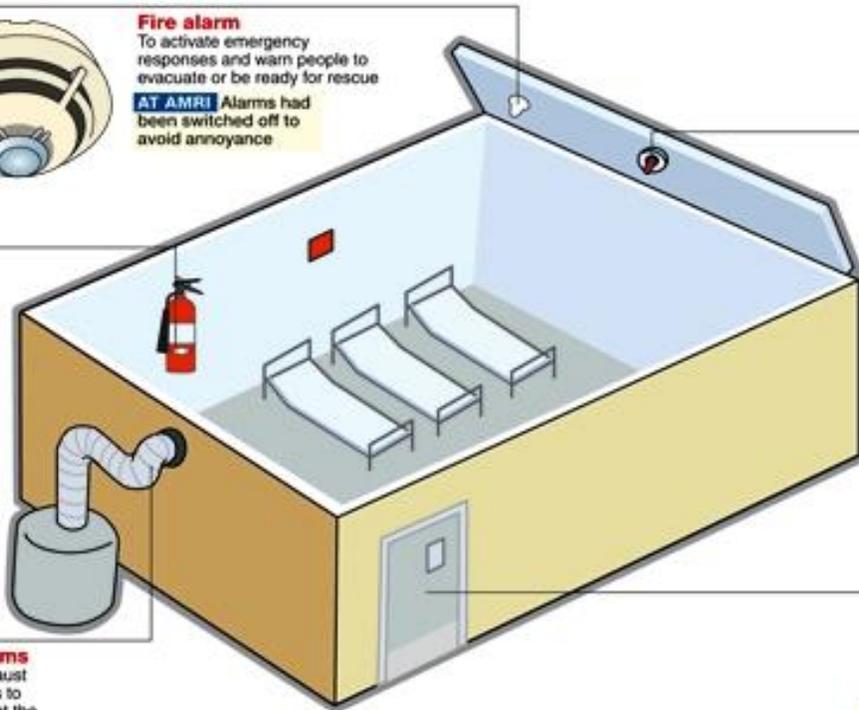


Fire alarm
To activate emergency responses and warn people to evacuate or be ready for rescue
AT AMRI Alarms had been switched off to avoid annoyance



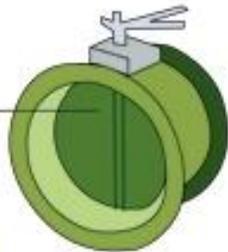
Sprinkler systems
Based on smoke or heat-detection sensors, designed to douse the first flames and keep them from spreading
AT AMRI Had sprinklers but they did not work. Lapse exposed during an inspection but glossed over and no-objection certificate given

Carbon dioxide flooding systems
A compact system of piping and carbon dioxide cylinders specifically intended to extinguish fires that may arise from electric panels within buildings by flooding the panel housing with carbon dioxide
AT AMRI Only manual carbon dioxide cylinders in basement, that too hidden behind other stuff. A compact system might have helped extinguish the fire at the outset



Fire-rated doors
Solid wooden doors with fire-retardant paints and special chemical lining at their edges that expand during fire and create a seal that blocks smoke. These doors can withstand a fire for 30 minutes to two hours
AT AMRI Normal doors that could not withstand fire

Smoke extraction systems
They use a combination of exhaust fans and exclusive smoke ducts to extract smoke as well as prevent the accumulation of smoke, particularly in corridors, making it possible for people to escape
AT AMRI No exhaust fan outlets but sealed windows to accommodate the central AC system. The omission that minimised the survival chances of most victims



Fire dampers in AC ducts
Triggered by fire alarms or independent sensors, a set of flaps otherwise in an open position collapses and blocks the flow of air through AC ducts. This prevents smoke or toxic particles from travelling to different parts of the building through the ducts
AT AMRI Most AC systems have dampers but did not work at AMRI because fire alarms did not go off. The hospital is not known to have independent sensors

Fire-fighting drills
A crucial human factor that often determines the levels of casualties in a large fire. Security and staff in installations such as hospitals or schools need to know exactly how to handle fire-fighting equipment and respond during fires
AT AMRI Friday's multiple mechanical and human failures speak for themselves



Objects placed for illustrative purpose and not according to specifications

Graphic: Sanjay

(Source: www.thetelegraphindia.com)

Exhibit 2

NOVEMBER 27, 2011 ₹ 25

THE WEEK
JOURNALISM WITH A HUMAN TOUCH

AMRI HOSPITALS
get well sooner

THE WEEK/Hansa 2011 ranking

INDIA'S BEST HOSPITALS

Best THE WEEK/HANSA Research Survey
Hospitals For Emergency Care

Kolkata

- Advanced Medicare and Research Institute (AMRI) Hospitals
- Apollo Gleneagles Hospitals
- Calcutta Medical Research Institute
- DESUN Hospital and Heart Institute
- Medica Superspeciality Hospitals

Best THE WEEK/HANSA Research Survey
Superspeciality HOSPITALS

Kolkata

- 1 Apollo Gleneagles Hospitals
- 2 Advanced Medicare and Research Institute (AMRI) Hospital
- 3 Institute of Post Graduate Medical Education and Research
- 4 Calcutta Medical Research Institute
- 5 Medical College and Hospital Kolkata
- 6 Rabindranath Tagore International Institute of Cardiac Sciences
- 7 Belle Vue Clinic
- 8 Peerless Hospital & B.K. Roy Research Centre
- 9 DESUN Hospital & Heart Institute
- 10 Nil Ratan Sircar Medical College and Hospital

emami & SHRACHI venture

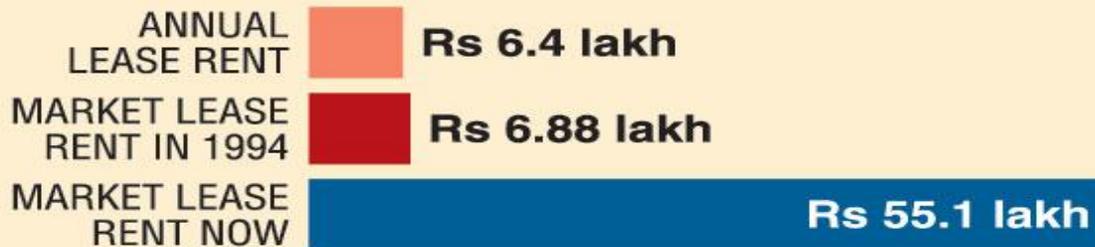
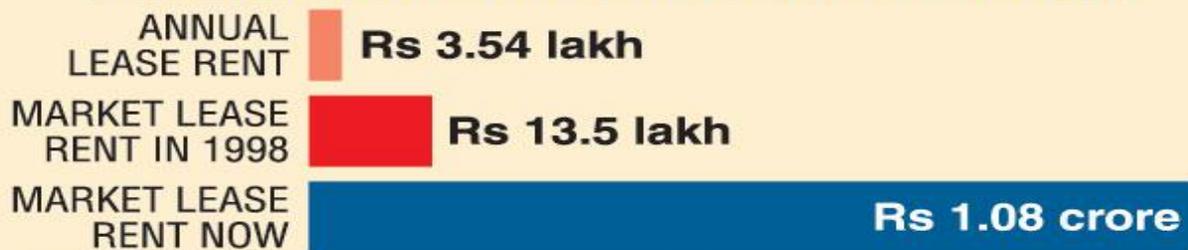
AMRI Hospitals - Salt Lake (A Unit of AMRI Hospitals LTD), IC-16 & 17, Salt Lake City, Sector - III, Kolkata 700098
Ph: +91.33-23352710. F: +91.33-23358595. E-mail: amri@amrihospitals.in, www.amrihospitals.in
OTHER UNITS: AMRI Hospitals - Dhakuria | AMRI Medical Centre - Southern Avenue

(Source: www.amrihospital.com)

Exhibit 3

COTTAH CAKEWALK

The annual lease rents fixed for AMRI Hospitals, Dhakuria, and how they compare with market rates

Main building Size: 27.55 cottah Deal: 1994**Annexe I and II Size: 54 cottah Deal: 1998**

Note: Market lease rent taken as 4% of market value — the norm set by the land department for 30-year leases

(Source: www.thetelegraphindia.com)

Exhibit 4

CHAIN OF DELAY

The following sequence is based on conversations with AMRI officials and other sources. Timings of the calls between 2.15am and 4.08am are not mentioned because none showed conclusive proof or call records

2.15am

Fire detected at basement

4 to 5 maintenance staff in a kiosk are supposed to be keeping night vigil at the basement. Not clear if this was done. In case of fire, kiosk alerts security

On Friday, security alerted the night administrator, in this case Sajid Hossain, and security-in-charge P.K. Ghata

Sources say Ghata called up Hossain. Hossain apparently told Ghata he was doing the needful

Hossain says he alerted "everyone who should have been called"

Hospital sources say Hossain made the first call to Preeta Banerjee, the VP in charge of administration. Preeta's phone apparently kept ringing



Preeta Banerjee, Vice President of Operations at AMRI Hospital

4.08am

Fire brigade received the first call, not from hospital but the police headquarters

Then Preeta called back. However, a source close to Preeta said she got the first call from the hospital's telephone operator around 4am — nearly two hours after the fire was detected

Hossain then called the other VP (operations), Rajesh Parekh. That phone, too, kept ringing

(Source: www.thetelegraphindia.com)

Exhibit 5 - Image of the rescue operation



(Source: www.thetelegraphindia.com)