Ranitidine-Induced Hepatitis in a Young Man with Myalgia and Insomnia: Narratives in Conversational Learning Experience

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ABSTRACT

This is a conversational narrative of the learning experience of a group of medical students around an interesting case that was brought to them through the network of the user driven healthcare (UDHC) system. In addition to the traditional didactic framework of lecture-based clinical medicine, the students were exposed to patient-centered learning exercises where a patient of clinically complex issues was present as a part of the didactic experience in the classroom. As an innovative approach, which has not been trialed in the Indian medical education system, the teaching experience required following up with student narratives that reflected on the learning experience gleaned from the multidimensional clinical-didactic encounter. This paper outlines a case of ranitidine-associated hepatitis, a little known side effect of a vastly prescribed drug, and the associated discussion generated on online forums, mainly driven by the students who were involved in the clinical history of the case. There are reflective accounts of the student and preceptor involved in the teaching-learning exercise discussing the clinical encounter.

Keywords: Adverse Drug Reactions, Health2.0, Medical Education, Narrative Evidence, Online Learning, Patient Centered Care, Patient Centered Learning

INTRODUCTION

With the advent of new technologies, the education has undergone tremendous change in general, higher and professional education in particular. This is the era of science and technology and information is just a click away. Since the inception, the Internet revolutionized the fields it touched and medicine has not been an exception. It is used as a medium to share knowledge and information worldwide. Currently we can see the usage of technology and information is just a click away.
from the diagnostics to the digitization of patients’ records in electronic health record (EHR) systems which facilitate easy access from remote areas as well as provide flexibility in updating them. Increase in internet penetration and technological advancement have equipped medical students and professionals both to share, access and apply the knowledge across the globe (Srivastava KT et al., 2014).

The present paper attempts to highlight the cross-learning experience between the medical professionals, students and caregivers in an asynchronous, online platform based on real life clinical encounters with patients with complex clinical problems.

The case that is presented here is an interesting case of drug-induced hepatitis, where the patient himself is technology savvy; he discontinued the medicine when he had a doubt about its side effects. He looked for the information about the drug online and voluntarily went to a hospital for further work up and investigations to confirm the diagnosis and find a way to treat his predicament. The necessary tests were done and it was indeed established that he was suffering from drug-induced hepatitis.

The section below follows the online discussion that took place on a secret Facebook group called “Tabula Rasa”. Tabula rasa, a Latin phrase, means blank slate. It underlines the notion of a student’s mind which is open for new knowledge and learning (Biswas et al., 2011).

ONLINE DISCUSSION

SS: While seeing patients we come across a commonly prescribed drug ACILOC (ranitidine) whose one of the adverse reactions is hepatitis... one of my friends friend is admitted for hepatitis who was given this drug. Should this drug be prescribed routinely to patients??

23 November at 09:02

RB: Shrutika it would have been better if you could have de-identified the patient and presented the case history details of the temporal relationship in this patient to the intake of Aciloc (ranitidine) and hepatitis. That would enable us to evaluate the significance of the assumed association (in this case) better? I hope you have the patient’s consent for sharing it here?

23 November at 10:09

RB: However your question does raise an important issue: How many proven adverse events does one require before society can decide to ban it?

23 November at 11:05 https://www.facebook.com/groups/tabularasa/permalink/946126752081538/

RB: AC, MPR, SR, inputs on the question of “How many proven adverse events does one require before society can decide to ban it?”

23 November at 11:06 https://www.facebook.com/groups/tabularasa/permalink/946126752081538/

RB: A quote from a study “Remedies Needed to Address the Pathology in Reporting Adverse Reactions and Food and Drug Administration Use of Reports” (Wolfe, 2003) that looks at this issue in general, The concept of generating a signal from (adverse drug reactions) ADRs is useful only if the signal is taken seriously and the action taken is prompt and proportional to the strength of the signal. This is especially important when the signal confirms earlier, pre-approval evidence of dangers seen in randomized controlled trials. There has been a historic split and an imbalance of
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