HEALTHY UPDATE

C. U. SHAH MEDICAL COLLEGE, SURENDRANAGAR GUJARAT

INFORMATION ON ADVANCES IN HEALTHCARE

NEWS AND VIEWS

HEALTHY UPDATE

ARCHIEVES UPTO 14 OCTOBER 2016

“Disseminating information is as important as generating and collecting them”

HEALTHY UPDATE

is an attempt to collect and disseminate significant updates related to the field of medicine and health-care.

**Dedicated to all those
who are hungry for knowledge
and are willing to share it
with like minded.**

EDITORIAL TEAM

HEALTHY UPDATE

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THE ARCHIEVES

14-10-2016

AP: HC denies permission to NRI Medical College for MBBS course

Hyderabad: The NRI Institute of Medical Sciences, at Sangivalsa inVisakhapatnam has been refused permission to run an MBBS course for the year 2016-17 by the Hyderabad High Court. The apex judicial body in the state has also refused to direct the Medical Council of India and the Central Government

in this regard, all in an attempt to maintain standards of medical education in the state.

The college had earlier been denied renewal permission by both the MCI and the centre, on grounds of not having the requisite infra structure to start a medical institution. It is claimed that in 2014, when the MCI team came for an inspection to the college, six faculty names furnished to it were those of staff of another medical college. The MCI inspection took place on December 16 and 17, 2014. The apex body also refused to run the college for the academic years 2015-16, 2016-2017.

The management however, challenged the MCI's reasons of refusal and sought permission from the court to run the college for the present year. However, the bench comprising, acting Chief Justice Ramesh Ranganathan and Justice U Durga Prasad Rao, refused to accord any such relief, at this interim stage. The college cannot make admissions into the MBBS course for the year 2016-17.

The college counsel, however urged court authorities to hold an inspection now and allow the management to complete the admission process for this year.

The MCI Counsel, Vivek Chandra Sekhar opposed all attempts on the part of the college for grant of relief, which had on innumerable occasions failed to establish the credentials of its teaching faculty. Mr. Sekhar furnished the court relevant documents to reveal the attempts made by the MCI to establish credentials of faculty said to be working with the NRI medical college.

According to the MCI counsel, on occasions when the MCI team tried to establish contact with the said teachers over the phone, all calls were directed to a another medical college by the name of Anil Neerukonda Medical College, where a computerized voice asked the inspectors, to dial the required extension number.

The NRI College then tried to hold the Hud Hud cyclone responsible for this redirect of calls. However, the bench summoned the record from BSNL and found the statement to be false. The BSNL stated that though some telephone lines were destroyed by the cyclone, all of them were restored a month before this MCI inspection.

VC Sekhar further told the court that the NRI College had produced fake documents regarding the six teachers and had been making successive attempts to fool both the apex bodies.

He urged the court not to comply to the college request for any further inspections.

Read more at Medical Dialogues: AP: HC denies permission to NRI Medical College for MBBS course http://education.medicaldialogues.in/ap-hc-denies-permission-to-nri-medical-college-for-mbbs-course/

Legality of Doctors Strike: Petition filed in Supreme Court

A special leave petition has been filed with the Supreme Court challenging the recent Judgment of Allahabad High Court that had implied that Strikes by the medical fraternity working in government hospitals would be construed as illegal and would call for harsh penalties against the striking doctors.

In the month of June , coming down hard on the doctors under the King George Medical University (KGMU) who had gone on strike to oppose new changes in the PG admissions in the state, the Lucknow Bench of the Allahabad High Court has asked the authorities to penalize the striking doctors for causing undue harassment to patients. Read more: Illegal For Doctors to go on strike : High Court .

The hon'ble court had then observed :

Doctors in State Medical Colleges, Government Hospitals and similar other institutions funded by State from public exchequer have no legal or other right to deny to discharge their duties as doctor i.e. administration of medical treatment etc. to the patients. Any such action on their part would be patently illegal and would justify a serious action against them as permissible in law which would include denial of salary or allowance or honorarium etc. as the case may be. Further such activities of abstention, protest, strike etc. amounts to a serious misconduct justifying major penalty and also criminal and tortuous liability if any patient suffer on account of such action of such a doctor.

Protesting the judgment on behalf of the medical profession, Medico-Legal Action Group, a registered Trust concerned with medico-legal issues has filed an appeal with the Apex Court. The petitioner has stated that the high court has based its judgement based on unverified newspaper reports and was impugned in light of various Supreme court Orders on doctors strikes.

Speaking to Medical Dialogues team, Dr Neeraj Nagpal, Convenor, Medicos Legal Action Group told Medical Dialogues team, "The question of strike by doctors has come up before the Hon'ble Supreme Court in the past and the Hon'ble Court has

held that it cannot pass orders that under any circumstances, doctors should not proceed on strike. The impugned judgment has the effect of violating the earlier orders of the Hon'ble Supreme Court in this regard. If the impugned order by a Division Bench of the High Court is not set aside, it would act as a precedent and would result in perpetuation of various illegalities " Matter is tentatively listed for 24th October,2016

Read more at Medical Dialogues: Legality of Doctors Strike: Petition filed in Supreme Court http://medicaldialogues.in/legality-of-doctors-strike-petition-filed-in-supreme-court/ ...

13-10-2016

New updated RBC transfusion guidelines

AABB, earlier known as the American Association of Blood Banks, has published new guidelines to help clinicians in decision making about red blood cell (RBC) transfusion "Clinical Practice Guidelines from the AABB: Red Blood Cell Transfusion Thresholds and Storage" were published online October 12, 2016 in JAMA. These guidelines are an update of the RBC transfusion guidelines that were released in 2012.

The Expert Panel recommends:

- **A restrictive RBC transfusion threshold of 7 g/dL in hospitalized hemodynamically stable adult patients, including critical care patients instead of the currently recommended 10 g/dL.**
- **An RBC transfusion hemoglobin threshold of 8 g/dL and a target of 8 to 10 g/dL for patients with acute coronary syndrome.**
- **A restrictive RBC transfusion threshold of 8 g/dL for patients undergoing orthopedic surgery, cardiac surgery and those with pre-existing cardiovascular disease.**
- **Patients, including neonates requiring transfusions, should receive standard issue (RBC units selected at any point within their licensed dating period) rather than only fresh RBC units that have been stored for less than 10 days.**
- **Single-unit transfusions should be considered for patients without active bleeding.**

WMA Annual General Assembly

The annual General Assembly of the World Medical Association will be held at the Grand Hyatt Hotel, Taipei, Taiwan from October 19-22 2016.

The programme of the meeting will be:

Wednesday 19 October: Committees Thursday

20 October: Scientific Session Friday

21 October am: Council meeting Assembly Ceremonial Session Saturday

22 October: General Assembly The theme of the Scientific Session on Thursday is "Healthcare System Sustainability".

There will be a press conference at 10am on Thursday October 20, in the Egret Room on the 3rd floor of the Grand Hyatt Hotel. The speakers will be Sir Michael Marmot, WMA President, Dr Ardis Hoven, Chair of the WMA, Dr. Otmar Kloiber, Secretary General of the WMA, Prof. Dr. Tai-Yuan Chiu, President of the Taiwan Medical Association and Dr. Yung-Tung Wu, chairperson of the Taipei organizing committee. They will talk about global healthcare systems and WMA policy discussions at the Assembly.

On Friday at the Assembly Ceremonial Session, Dr. Ketan Desai, former President of the Medical Council of India and the Indian Medical Association, will be installed as President of the WMA for 2016/17.

Among the issues on the agenda at the meeting are: • Ethical Considerations regarding Health Databases and Biobanks • Obesity in childhood • Female Genital Mutilation • Cyber-attacks on health • Armed conflict

(Source: World Medical Association Press Release, 12.10.2016)

NIMHANS National Mental Health Survey 2015-2016

Neurosis and stress related disorders affected women more where in males schizophrenia, alcohol dependency and bipolar disorder were found more.

Bangalore: Shocking revelations regarding mental health deterioration within the country has come out, as National Institute of Mental Health & Neurosciences (NIMHANS) with the support of Health Ministry conducted a national mental health study concluding that 13.7% of the Indian population, consisting nearly 150 million is suffering from depression which requires

immediate intervention of mental health experts and government to stop the growing rates.

The study was undertaken in 12 states including Punjab, Uttar Pradesh, Tamil Nadu, Kerala, Jharkhand, West Bengal, Rajasthan, Gujarat, Madhya Pradesh, Chhattisgarh, Assam and Manipur. While, the researchers relied on "multi-stage, stratified, random cluster sampling technique, with random selection based on Probability Proportion to Size at each stage (MSRS-PPS)"

The mental health related disorders like schizophrenia, bipolar disorder, substance use depression and severe depression even progressive to suicidal attempts were the most seen disorders in the survey.

It is also revealed that the health information systems of the country do not prioritize mental health and the mental health activities at the state level and are also not information driven. The mental health programmes conducted have a low priority on the public health agenda, where, paucity of mental health specialists also continues to be worrying.

The survey reads, "Mental health programmes at the state level are still stand alone programmes; however, an assessment of facilities available, indicates the presence of a wide variety of institutions ranging from speciality hospitals to primary health centres, that can be engaged in the delivery of mental health care, both in the public and private sectors."

The study has provided many recommendations to tackle the growing issue of Mental Health in the country. You can read the recommendations below:

Read more at Medical Dialogues: NIMHANS National Mental Health Survey 2015-2016 http://speciality.medicaldialogues.in/nimhans-national-mental-health-survey-2015-2016/

Treatment For Ante Partum Haemorrhage: Indian Guidelines

Ministry of Health and Family Welfare, Government of India has issued the standard Treatment Guidelines for Ante Partum Haemorrhage. Following are the major recommendations: :
Read more at Medical Dialogues: Treatment For Ante Partum Haemorrhage: Indian Guidelines http://speciality.medicaldialogues.in/standard-treatment-guidelines-for-ante-partum-haemorrhage/

12-10-2016

Even nurses can be booked under 304A

In The High Court at Calcutta: (Criminal Revisional Jurisdiction): C.R.R No. 1027 of 2013: Dr. Sudhir Kumar Thakur -Vs. The State of West Bengal & Ors.
The Hon'ble Mr. Justice Siddhartha Chattopadhyay Heard On: 01.03.2016, 02.03.2016, 14.03.2016, 16.03.2016, 29.03.2016, 02.05.2016. C.A.V. On : 02.05.2016.
Judgment Delivered On : 20.07.2016: Siddhartha Chattopadhyay, J.

1. Challenging the legal pregnability of the Order dated 30.07.2012 passed by the Judicial Magistrate, 2nd Court Sealdah, South 24 Parganas, the petitioner-complainant has filed this revisional application under Section 401/482 of the Cr.P.C. read with Article 227 of the Constitution of India.

2. Grievance as ventilated by the applicant in this application is such that his brother S.N.Thakur died in Apollo Gleneagles Hospital due to medical negligence. In the interest of effective adjudication factual aspects needs to be revisited. The case of the de facto complainant in a capsulated form is such that his brother S.N. Thakur since deceased was admitted in Apollo Gleneagles Hospital on 07.04.2012 at 11:15 p.m. with complaints of multiple black patches on skin and bleeding from mouth. The victim patient was immediately taken to the emergency ward, where the doctor in-charge-of emergency department being assisted by a supervising nurse made an initial observation which revealed that the patient was suffering from ecchymotic patches and bleeding from oral cavity. That deceased was accompanied by one Dr. Abhijit Sarkar, who is the doctor of Employer Company. At the time of his admission in Apollo Gleneagles Hospital, the deceased was having a blood report which speaks:- 1. Platelet count - 17000/cmm 2. Neutrophil - 6% 3. Blast cell - 34% 4. RBC Morphology - Normocytic & Hypochromic

3. Condition of deceased patient was highly alarming and the doctor on duty had made a diagnosis that he was suffering from Chronic Myeloid Leukaemia and for immediate management they have administered injection Raciper and Zofar as the patient complained of nausea and vomiting.

Navratras to Diwali is the season of revisiting the messages from Ramayana, the largest epic of our country once classified as one of the Puranas.

One can understand the story of Ramayana as the story of mind, body and soul and the story of causation and prevention of a disease. In the mind, body, soul concept, the soul is represented as Rama and the physical body as Sita. Body is made up of five elements with earth being the predominant. Sita was the daughter of earth (prithvi).

Soul and body can only unite in presence of a determined mind holding them together. Determination means "aim" and in Hindi it is called "lakshya". The mind with a defined aim, therefore, represents "Lakshmana".

Fate of several foreign students in medical colleges uncertain

Hundreds of foreign students who had enrolled this year for undergraduate programmes in private medical colleges in India now face an uncertain future due to a "tricky" domestic legislation regarding entrance examination for them. Foreign students in India come to pursue MBBS or BDS courses either through an institutional quota system, like in government colleges, or by directly applying to private colleges.

But, due to the recent ruling of the Supreme Court on making the National Eligibility-cum-Entrance Test (NEET) mandatory for admission to private and deemed institutes, they are now facing uncertainty as they do not fall under the NEET criteria. The NEET eligibility criteria says only Indian nationals or Overseas Citizens of India can take the exam. It does not have any mention of foreign nationals.

The colleges have allegedly asked foreign students to leave the campuses by "next week".

Tilak Silva, father of Shenali, who came from Colombo to pursue BDS at Manipal University, said, "My daughter and other foreign students are suffering now only because there is this tricky NEET procedure.

"First foreigners cannot write NEET exam and now these students are being compared with domestic ones. Where should

we go now as we have been asked to leave the campus by October 14. The career of our children has been jeopardized."

Silva also alleged that after the apex court's ruling, the Medical Council of India (MCI) and Dental Council of India (DCI) have been "pressurising" colleges to "allow (admission to) only those students who have taken NEET".

"How can the decision be so blanket. I have already intimated the Sri Lankan High Commission in Delhi and the Foreign Office in Colombo about this situation. We also appeal to the authorities and the Indian Prime Minister to allow some stop-gap arrangements for this 2016-17 batch so that their year is not wasted," he said.

When contacted DCI President Dr Dibyendu Mazumdar said, "It is the verdict of the Supreme Court, what can we do about it. Colleges have to abide by it."

The situation seems anomalous given India's international policy on education and government sources said that they are looking into the matter. Heads of top central medical institutions in Delhi, however, said, foreign students in their colleges are admitted through embassy nominations and as such "their candidature should not be affected".

"We have foreign students from Maldives and Nepal. But these are nominated candidates and not coming through competitive examinations, so their situation is different," Medical Superintendent of Safdarjung Hospital Dr A K Rai said.

Vardhman Medical College is attached to Safdarjung Hospital for clinical teaching. The college is running under the umbrella of Guru Gobind Singh Indraprastha University.

AIIMS conducts its own entrance examination and, therefore, foreign students admitted at its Delhi campus will not be affected. DCI monitors over 300 dental colleges in India a large number of which are private.

Read more at Medical Dialogues: Fate of several foreign students in medical colleges uncertain http://education.medicaldialogues.in/fate-of-several-foreign-students-in-medical-colleges-uncertain/

11-10-2016

Karnataka : PG medical aspirants to get common counselling

Bengaluru: The State government has decided to conduct common counseling for all NEET PG aspirants to all medical colleges, except deemed universities. The NEET PG exam is to

be held between December 5 and 13; and the counselling is to follow in the second half of January in 2017.

Earlier this year, MBBS students faced turmoil and expense in the absence of common counseling, which resulted in applications being submitted at multiple counselling centers and expenses being entailed.

According to Sachidanand S, Medical Education, Director, a decision to conduct common counselling had been taken by the state government keeping the National Eligibility-cum-Entrance Test (NEET) scores in mind. The NEET PG is to be the single entrance test for all PG students.

"The process will make it smooth for aspirants who are vying for MD, MS and PG diploma courses," he said. However, the logistics and modalities still need to be thought over.

Meanwhile, deemed universities in Karnataka will also be directed to hold common counselling, according to state sources.

This comes following the mass confusion faced with UG NEET with Undergraduate students questioning the purpose behind multiple counseling, in the face of NEET.

"Besides signing up for counseling conducted by the Karnataka Examinations Authority for government and government-quota seats, students also had to sign up with COMEDK for seats in private colleges, different private minority college managements association, and close to a dozen deemed universities. What was the point of a single NEET then?" parent of an aspirant had pointed out.

Deemed universities had also been asked to fall in line with common counselling by the state government last month; however, they expressed inability, stating that it was a bit too late for them to join in with the counselling procedure . State government is already taking measures so that such experience is not repeated in case of PG examinations.

Read more at Medical Dialogues: Karnataka : PG medical aspirants to get common counselling http://education.medicaldialogues.in/karnataka-pg-medical-aspirants-to-get-common-counselling/

MCI asks medical colleges to put up online students feedback

New Delhi: After a terse letter to the Union Health Ministry by the Supreme Court-mandated Oversight Committee, the Medical Council of India (MCI) has issued directions to all medical

colleges to update their websites which should include students' feedback on faculty.

MCI wrote a letter recently to all medical colleges, asking them to update their websites in the first week of every month which should also include data of every undergraduate incorporating their score in the National Eligibility cum Entrance Test (NEET) and fees charged by the college.

The student information, including their attendance and performance, should be updated as and when the student moves to another semester.

"As part of a 360 degree evaluation, students' feedback, as regards regularity in teaching, practical demonstration, hands-on-training, infrastructure facilities should be included," the MCI letter said, quoting directions from the Oversight Committee mandated by the Supreme Court to oversee functioning of MCI.

The Supreme Court had in May appointed an Oversight Committee comprising former Chief Justice of India Justice R M Lodha, renowned liver specialist and Director of Institute of Liver and Biliary Sciences Dr Shiv Sareen and former CAG Vinod Rai.

According to the order, the Oversight Committee will have the authority to oversee all statutory functions under the MCI Act.

"All policy decisions of the MCI will require approval of the Oversight Committee. The Committee will be free to issue appropriate remedial directions," the order said.

Besides this, all colleges have been asked to maintain attendance electronically which should be made available to the assessors during the time of inspection.

The MCI also asked the medical colleges to have a comprehensive website depicting the medical college and the hospital and it should "necessarily be updated in the first week of every month".

Read more at Medical Dialogues: MCI asks medical colleges to put up online students feedback http://education.medicaldialogues.in/mci-asks-medical-colleges-to-put-up-online-students-feedback/

Diagnosis and Treatment of Biliary Cancer : GOI Guidelines

Bile duct cancer is a relatively uncommon cancer with annual incidence of 1- 2/100,000 in Western studies. Recent trends show increasing incidence probably due to better diagnostic techniques. Although biliary cancer can occur anywhere in the biliary tract, 40-60% of them involve the hilum. 90% of these tumors are well differentiated and mucin producing

adenocarcinomas. The peak age for bile duct cancer is in the seventh decade and more males are affected than females. Patients usually presented with progressive jaundice, itching and weight loss.

Ministry of Health and Family Welfare, Government of India has issued the standard Treatment Guidelines for Oncology. Following are the major recommendations for Biliary Cancer;

Read more at Medical Dialogues: Diagnosis and Treatment of Biliary Cancer : GOI Guidelines http://speciality.medicaldialogues.in/diagnosis-and-treatment-of-biliary-cancer-goi-guidelines/

7-10-2016

MCI warns students against PG courses in 4 institutes

New Delhi: PG courses in Four institutes across the country have been shown the red flag by the Medical Council of India (MCI) with the apex regulator issuing a public notice asking aspirants not to enroll themselves for these courses.

The notice has been issued in connection to the following institutes courses,

(i) Kokilaben Dihrubhai Ambani Hospital and Medical Research Institute, Mumbai offering a Master in Emergency Medicine programe;

(ii) AMRI Hospital, Bhubaneswar offering Master in Emergency Medicine programe;

(iii) Indira Gandhi National Open University offering Post Graduate Diploma in HIV Medicine, Health Management, Maternal & Child and Geriatric Medicine.

It may be noted that the above courses have not been accorded permission by the Central Government as statutorily required under Section 10A of the Indian Medical Council Act, 1956. Consequently, such qualifications are non-recognized and the holders thereof are not entitled to seek registration of Additional qualification with the concerned Medical Council. Thus, offering of such Post Graduate Courses in Modern Medicine are illegal and void ab initio.

Read more at Medical Dialogues: MCI warns students against PG courses in 4 institutes http://education.medicaldialogues.in/new-delhimci-and-sc-ask-students-to-refrain-in-4-colleges-for-pg-courses/

Dead line of 10 October set for online upload by medical colleges

Hyderabad:Comprehensive and detailed information related to staff and faculty has been asked for from medical colleges by the Supreme Court appointed oversight Committee,on the Medical Council of India. The information desired is to include students' feedback, students and teachers attendance, date and time of lectures etc.The deadline set for both electronic and physical submission being Oct 10.

Read more at Medical Dialogues: Dead line of 10 October set for online upload by medical colleges http://education.medicaldialogues.in/dead-line-of-10-october-set-for-online-upload-by-medical-colleges/

6-10-2016

Cabinet approves amendments to the HIV and AIDS (Prevention and Control) Bill, 2014

The Union Cabinet under the Chairmanship of Prime Minister Shri Narendra Modi has given its approval to introduce official amendments to the HIV and AIDS (Prevention and Control) Bill, 2014. The Bill lists various grounds on which discrimination against HIV positive persons and those living with them is prohibited. These include the denial, termination, discontinuation or unfair treatment with regard to:

(i) employment,

(ii) educational establishments,

(iii) health care services,

(iv) residing or renting property,

(v) standing for public or private office, and

(vi) provision of insurance (unless based on actuarial studies).

The requirement for HIV testing as a pre-requisite for obtaining employment or accessing health care or education is also prohibited. Every HIV infected or affected person below the age of 18 years has the right to reside in a shared household and enjoy the facilities of the household.

The Bill also prohibits any individual from publishing information or advocating feelings of hatred against HIV positive persons and those living with them.

The Bill also provides for Guardianship for minors. A person between the age of 12 to 18 years who has sufficient maturity in understanding and managing the affairs of his HIV or AIDS

affected family shall be competent to act as a guardian of another sibling below 18 years of age to be applicable in the matters relating to admission to educational establishments, operating bank accounts, managing property, care and treatment, amongst others.

The Bill requires that "No person shall be compelled to disclose his HIV status except with his informed consent, and if required by a court order". Establishments keeping records of information of HIV positive persons shall adopt data protection measures.

According to the Bill, the Central and State governments shall take measures to:

(i) prevent the spread of HIV or AIDS,

(ii) provide anti-retroviral therapy and infection management for persons with HIV or AIDS,

(iii) facilitate their access to welfare schemes especially for women and children,

(iv) formulate HIV or AIDS education communication programmes that are age appropriate, gender sensitive, and non-stigmatizing, and

(v) lay guidelines for the care and treatment of children with HIV or AIDS. Every person in the care and custody of the state shall have right to HIV prevention, testing, treatment and counseling services. The Bill suggest that cases relating to HIV positive persons shall be disposed' off by the court on a priority basis and duly ensuring the confidentiality. (Source: Press Information Bureau, 5th October, 2016)

Ways to control pain or stress

Dr K K Aggarwal

Chronic pain and stress involves both the mind and the body therefore mind-body therapies may have the capacity to alleviate pain and stress by changing the way you perceive it.

1. Breathing: Do deep breathing or slower and deeper breathing. Inhale deeply (slowly), hold for a few seconds, and exhale (slowly). To help you focus, you can use a word or phrase or a mantra to guide you. For example, you may want to breathe in "peace" and breathe out "tension."

2. Progressive muscular relaxation response: Close your eyes, relax all your muscles in sequence and concentrate on deep breathing. When thoughts break or divert you through, say

"refresh," and return to the breathing repetition. Continue doing this for 15 to 20 minutes. Afterward, sit quietly for a minute or two while your thoughts return. Then open your eyes and sit quietly for another minute.

3. Meditation and guided imagery: Do deep breathing and pay attention to each breath. Listen to calming music or imagine being in a restful environment say near the sea. If you find your mind wandering, say "refresh," and call the image back into focus.

4. Living in the present: Pick an activity you enjoy—reading book, walking in nature, gardening, cooking or eating and become fully immersed in it. Notice every detail of what you are doing and how your all five senses and emotions are responding. Practice bringing mindfulness to all aspects of your life by living in the present.

5. Yoga: This mind-body exercise incorporates breath control, meditation, and movements to stretch and strengthen muscles.

6. Positive thinking: In stress instead of thinking what we aren't able to do retrain your focus on what you can do.

7. Think differently: Whatever comes in your mind find a different interpretation. Instead of saying glass is half empty say its half full. In any problem ask yourself what is the opportunity in this for me.

8. Think opposite: whatever comes in your mind think or do opposite of that.

9. Positive affirmation: For a few minutes sit quietly and ask yourself, how can I help myself, my family and my society every day.

10. Plan your day: While planning the day, plan events or actions which will give you long lasting happiness and not short lasting happiness.

MCI overhaul: Govt may seek Parliament nod in Winter Session

Government may table the National Medical Commission Bill, 2016, which seeks to scrap the controversy-ridden Medical Council of India (MCI), in the coming Winter Session of Parliament.

“The National Medical Commission Bill, which seeks to reform

medical education system in the country, will be placed before Parliament in the coming Winter Session," a source privy to the development said.

The Bill is an effort to enhance the quality of medical education in the country, which in turn will enhance the quality of healthcare. It seeks to create a flexible and well functioning legislative framework to improve the standard of medical education.

India had adopted the Indian Medical Council (IMC) Act, 1956, which has not kept pace with time. Various bottlenecks have crept into the system with serious detrimental effects on medical education and, by implication, delivery of quality health services. This has been highlighted by the Parliamentary Standing Committee on Health in its various reports on the issue as well as draft Bills to improve the standard of medical education.

After evaluating various options and studying the efforts made by successive governments to improve the legal framework for medical education, a high-level committee headed by Niti Aayog Vice Chairman Arvind Panagariya has proposed scrapping MCI and replacing it with National Medical Commission (NMC).

Other members of the panel included Prime Minister's additional principal secretary P K Mishra, Niti Aayog CEO Amitabh Kant and the health secretary.

The proposed NMC will become the main regulatory body and will take over all roles and responsibilities of MCI. The new body will have eminent doctors and experts from related fields to steer medical education so as to ensure that quality of education is at par with global standards.

NMC will have around 19-20 members, including the chairman, and their tenure will be about five years. It will also have members from other fields such as economics and law.

It will have four boards — under graduate medical board, post graduate medical board, accreditation and assessment board and a board for registration of medical colleges as well monitoring of ethics in the profession. The source said Niti Aayog is also trying to address the issue of skewed representation of states in the new body proposed in the Bill.

Read more at Medical Dialogues: MCI overhaul: Govt may seek Parliament nod in Winter Session http://medicaldialogues.in/mci-overhaul-govt-may-seek-parliament-nod-in-winter-session/

Worlds first dengue vaccine approved in 11 countries

Sanofi-Pasteur — a unit of French pharmaceutical company Sanofi — that manufactures the only approved vaccine for dengue said on Tuesday that the vaccines has received approval in 14 countries.

Recent approvals for Dengvaxia granted by health authorities are those from Indonesia, Thailand and Singapore. Mexico, the Philippines, Brazil, El Salvador, Costa Rica, Paraguay, Guatemala, Peru, Indonesia, Thailand and Singapore have already granted it the approval.

“We’re pleased to see the growing medical and public health recognition for the vaccine,” Su Peing Ng, head of Global Medical Affairs for Sanofi Pasteur, said in a statement.

“With this new tool in hand, public health communities in dengue-endemic countries now have additional means to achieve the WHO objectives for 50 per cent reduction in mortality and 25 per cent reduction in morbidity due to dengue by 2020,” Su Peing Ng said.

Notably, the Latin American Society for Pediatric Infectious Diseases recently published its support for dengue vaccination. National medical societies in Indonesia, Brazil and Mexico recently also recommended vaccination with Dengvaxia, a company statement said.

In the clinical study population nine years old and older, the dengue vaccine has been documented to prevent two-thirds of dengue cases due to all four serotypes of dengue.

The dengue vaccine also prevented eight of 10 hospitalisations due to dengue and 93 per cent of serious dengue cases like the deadly hemorrhagic form of the disease, over the 25-month study follow-up period of the large-scale efficacy studies conducted in 10 endemic countries in Latin America and Asia.

Read more at Medical Dialogues: Worlds first dengue vaccine approved in 11 countries http://business.medicaldialogues.in/sanofis-dengue-vaccine-approved-in-11-countries/

5-10-2016

First Treat-to-Target recommendations for gout

The first treat-to-target recommendations for gout based on the available scientific evidence have been published online September 22, 2016 in the Annals of the Rheumatic Diseases.
The main treatment goal is to reduce levels of serum uric acid to a target of lower than 6 mg/dL and to maintain that level. While the target serum uric acid level in patients with severe gout, such as tophi or frequent attacks should be below 5 mg/dL. Decrease in pain, presence/absence of attacks and the amount/reduction/absence of tophi are other three treatment targets.
The recommended outcome measures have been grouped into three:
Clinical: Pain, number of joints involved, number of attacks/year
Lab: Serum uric acid, C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), serum creatinine
Patient-reported outcomes: Quality of life, short form 36, work status, productivity, work days off and absenteeism.

British Man May be the First Person Cured of HIV

A team of scientists from five universities in the United Kingdom may have cured the first person of HIV in a landmark trial. The patient saw desertion of T-cells that were active and present in his blood. Alongside the NHS, the universities seeks to undertake a trial of 50 people.
The tests conducted on the patient showed no trace of the HIV virus in his blood. The test took forward the basics that active T-cells in fected with can be targeted by antiretroviral therapies; however T-cells that are dormant cannot be treated, meaning the virus is continually reproduced.
A vaccine was injected into the patient's body and thereafter Vorinostat is provided to awaken dormant T-cells. The therapy works to activate the dormant T-cells and clear them thereafter from the bloodstream. Professor Sarah Fidler of Imperial College London stated 'this therapy is specifically designed to clear the body of all HIV viruses, including dormant ones.'

Karnataka: Fifty medical college closures contributes to a Rs 50 lac fee hike

Bengaluru: The Medical Council of India's decision towards closure of fifty medical colleges has contributed to a jump of Rs

fifty lac for every medical seat under the management quota seat for 2016-17. The cost of an undergraduate seat (Management Quota) has taken a hike from Rs. 75 lac to Rs.1.25 crore, all for a full term and a post graduate seat slowly reaching an insurmountable Rs. 3 to 5 Crore. In comparison to this exorbitant high, the government colleges will be charging the meritorious students (govt quota) Rs. 16,700 from the first year; while private institutions will be asking for Rs. 77,500. The Comed K, on the other hand, have finalized their fee for the first year students at Rs.5.75 lac.

Calling it an uphill exercise this year for medical education, an MCI source said," "The churning in entrance tests -the mandatory National Eligibility Entrance Test, for instance -the changes in the regulatory agencies and the closure of medical colleges have cumulatively pushed up the demand for seats."

According to a former Vice Chancellor, medical education for the financially weaker sections is gradually becoming a distant dream, as the private college lobbies are embedded into the system. According to him, they have for years been allowed to charge insurmountable amounts for fee, resulting in the capitation fee business turning into a Rs.12,000 crore business; making light of all regulation.

Describing the exorbitant rates for medical fee, a result of demand and supply mismatch, Cardiologist, Dr. Devi Shetty said, . "Why does an MD in Radiology cost Rs 5 crore? Because more students chase limited seats. We've 56,000 MBBS seats and 14,500 PG seats. Is that logical? Of the 14,500 seats, 50% is reserved and the rest is sold."

Read more at Medical Dialogues: Karnataka: Fifty medical college closures contributes to a Rs 50 lac fee hike http://education.medicaldialogues.in/karnataka-fifty-medical-college-closures-leads-to-a-rs-50-lac-fee-hike/

Beware: CDC reports rise of polio-like illness that causes acute flaccid myelitis with paralysis

The US Centers for Disease Control and Prevention is warning against a polio-like illness that is causing paralysis among an increasing number of Americans. From Jan. 1 to Aug. 31, 2016, the CDC reported 50 people in 24 US states had been diagnosed with acute flaccid myelitis (AFM), compared with only 21 people in 2015 in 16 states. From August to December 2014, 120 people, mostly patients 21 and younger, in 34 states, were diagnosed with the condition.

AFM affects the nervous system, specifically the spinal cord. The cause is unknown, but it has been linked to viral infections like polio and non-polio enteroviruses, adenoviruses, and the mosquito-borne West Nile virus. Enteroviruses can cause neurologic illness such as meningitis, but more serious disease like encephalitis and AFM are less common.
Symptoms of AFM include pain in the arms and legs, an inability to pass urine, and, most severely, respiratory failure that can occur when muscles involved in breathing become weak. The latter symptom can require urgent ventilator support. There is no specific treatment for AFM.
AFM outbreak in 2014 coincided with an outbreak of enterovirus D68.
CDC is advising people wash their hands with soap and water, avoid close contact with sick people, and clean surfaces with a disinfectant, especially those that a sick person has touched.

4-10-2016

Nobel Prize in Medicine 2016 announced

The 2016 Nobel Prize in Physiology or Medicine has been awarded to Japanese scientist Yoshinori Ohsumi "for his discoveries of mechanisms for autophagy", a fundamental process for degrading and recycling cellular components. According to a press release, the word autophagy originates from the Greek words auto-, meaning "self", and phagein, meaning "to eat". Thus, autophagy denotes "self eating". His discoveries opened the path to understanding the fundamental importance of autophagy in many physiological processes, such as in the adaptation to starvation or response to infection (Nobel Prize.org)

Health Ministry issues Advisory for students taking admission in new medical colleges

“Let the students beware“ This seems to be the new message that the government wants to convey to medical students as the Ministry of Health and Family welfare has come out with a public notice, advising students to satisfy themselves about the facilities at the various medical colleges they are intending to join, before taking admission.

A public notice dated 29.09.2016, issued by the Ministry of Health and Family Welfare, clearly issues directions to the newly approved medical colleges to upload relevant information about their colleges on their website as well as for students to satisfy themselves about the various information before taking admission at these colleges.

The notice points out the following information:

1. On the directives of the Supreme Court Mandated Oversight Committee on MCI (OC), the Ministry of Health and Family Welfare issued Letters of Permission for establishment of new medical colleges/ increase in seats, renewal permissions, recognition, starting of super speciality courses and increase in seats in super speciality courses for 2016-17. These permissions/ recognition are subject to the condition laid-down by the Oversight Committee.

2. The Ministry had uploaded a Public Notice on 27-08-2016 directing all the approved colleges to upload on their respective website the status of compliance with MSRs in respect of faculty, infrastructure, clinical material, bed-occupancy and other requirements on 10thSeptember, 2016 in the first instance followed by another update as on 20thSeptember, 2016 and the status may be intimated to OC. This condition was also included was also included in the permission letters issued to the colleges subsequently.

3. On the directions of OC, the Ministry, vide e-mail letter dated 24-9-2016, directed all the concerned colleges to ensure uploading the stipulated information/ data as on 10thSeptember, 2016 and 20th September 2016, on the website of the respective college, immediately and latest by 5:00 PM on 26-9-2016, if not done already. It was indicated that failure to comply with this direction will automatically lead to holding conditional approval

granted to the college for 2016-17, in abeyance. The letters were also uploaded on the website of the Ministry on 26-9-2016.

4. It is now directed by OC to keep in abeyance the conditional permission granted to those colleges for 2016-17 that have failed to comply with the above direction. Students desirous of taking admission in the colleges given conditional permission are advised to satisfy themselves from the respective website of the college that the college has uploaded desired information on its website and does not fall in the category of colleges that have failed to upload the information and the conditional permission is in abeyance for 2016-17 for that reason. All the State Government / Universities are also advised not to allow admissions in such Colleges which have failed to comply with the above directions of the Oversight Committee / Ministry of Health and Family Welfare.

Read more at Medical Dialogues: Health Ministry issues Advisory for students taking admission in new medical colleges http://education.medicaldialogues.in/health-ministry-issues-advisory-for-students-taking-admission-in-new-medical-colleges/

Antibiotic Guideline for Central Nervous System Infections

In 2016 National Centre For Disease Control, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India came out with National Treatment Guidelines for Antimicrobial Use in Infectious Diseases.

You can read the full Guideline by clicking on the following link : http://www.ncdc.gov.in/writereaddata/linkimages/AMR_guideline7001495889.pdf

Read more at Medical Dialogues: Antibiotic Guideline for Central Nervous System Infections http://speciality.medicaldialogues.in/india-antibiotic-guideline-for-central-nervous-system-infections/

Three-parent' DNA baby: A revolutionary technique or the answer?

Mitochondrial diseases are caused by pathogenic mutations in the mitochondrial DNA or mutations in nuclear DNA involved in mitochondrial function and inherited only from the mother. They are debilitating and potentially fatal diseases involving multiple organ systems and cannot be diagnosed prenatally. And like autism, muscular dystrophy, chronic fatigue syndrome, they present predominantly with neurologic and myopathic features. Several such diagnoses are usually investigated for first making

it a difficult condition to diagnose and a very high index of clinical suspicion is required to even consider this diagnosis.
A diagnosis of mitochondrial disease spells doom for the patient and fills the doctor with hopelessness as there is no cure for mitochondrial diseases, that is, until now.
Recently, New Scientist magazine reported the ground-breaking story of a 5-month-old boy, who is the first baby in the world to be born to a couple from Jordan using 'three-parent technique' that incorporates DNA from three people; the biological parents and an unknown female donor. The baby has nuclear DNA from his mother and father, and mitochondrial DNA from an unknown female donor, the "second" healthy mother.

3-10-2016

Centralized entrance test followed by centralized state counselling by the State: SC Constitution Bench

A five-Judge Constitution Bench comprising of: Anil R. Dave, J., A.K. Sikri, J., R.K. Agarwal, J., A.K. Goel, J., R. Banumathi, J in State of M.P. vs. Jainarayan Choukey and Ors., with I.A. No.83 in Civil Appeal (Nos.) 4060 of 2009 pronounced on 23.09.2016 that Centralized entrance test be followed by centralized state counseling by the State Government only.
The Bench observed "We have heard the Ld. Counsel for the parties at length. We observe that mandate of our judgment was to hold centralized entrance test followed by centralized state counseling by the State to make it a one composite process. We, therefore, direct that admission to all medical seats shall be conducted by centralized counseling only by the State Government and none else.
If any counselling has been done by any College or University and any admission to any medical seat has been given so far, such admission shall stand cancelled forthwith and admission shall be given only as per centralized counseling done by the State Government.

Money spent on foreign trips of doctors cannot be claimed as expense: IT Tribunal

In what can be indeed termed as a landmark move, the Mumbai bench of the Income Tax Appellate tribunal, has taken head-on

action against pharma companies, providing freebies and trips to medical practitioners to lure them to prescribe a specific medicines/formulations. As per the recent action of the tribunal, a pharma company has been disallowed to claim expenses made towards **foreign trips of doctors and their spouses in its statements.**

Impact The decision while having strong implications and higher tax liability for the company, will also set a precedence for other pharma companies that "invest" in foreign trips for doctors. For the company, with the disallowance of the expenditure, the amount will be added back to the taxable component of income of the said financial year, with the company now liable to pay tax on the said amount. The maximum rate of income tax on companies currently is 30% plus applicable surcharge and cess...

Read more at Medical Dialogues: Money spent on foreign trips of doctors cannot be claimed as expense: IT Tribunal http://medicaldialogues.in/pharma-money-spent-on-foreign-trips-of-doctors-cannot-be-claimed-as-expense-it-tribunal/

Maharashtra: Hold Maharashtra Medical Council elections in December, directs court

Pune: Acting in favor of the Indian Medical Association (IMA) allegations against the dissolution of Maharashtra Medical Council, the Court has directed orders to the state to issue notification to MMC to conduct polls for the appointment of its members. A government notification was issued in this respect on September 20 to the state body.

For the upcoming election to be held on December 18, the state government will invite the candidature for the nomination of MMC election later by October 24 2016. Read more at Medical Dialogues: Maharashtra: Hold Maharashtra Medical Council elections in December, directs court http://medicaldialogues.in/maharashtra-hold-maharashtra-medical-council-elections-in-december-directs-court/

India Antibiotic Guideline For Febrile Neutropenia

In 2016 National Centre For Disease Control, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India came out with National Treatment Guidelines for Antimicrobial Use in Infectious Diseases.

You can read the full Guideline by clicking on the following link : http://www.ncdc.gov.in/writereaddata/linkimages/AMR_guideline7001495889.pdf

Read more at Medical Dialogues: India Antibiotic Guideline For Febrile Neutropenia http://speciality.medicaldialogues.in/india-antibiotic-guideline-for-febrile-neutropenia/

A pioneering research— to test whether artificial sweeteners assist or hinder people with type-2 diabetes

Type-2 diabetic patients have a different system for detecting sweetness, which is why they metabolise sugar more rapidly, suggests Dr Richard Young, from the Intestinal Nutrient Sensing Group at the South Australian Health and Medical Research Institute (SAHMRI). A pioneering research is about to begin in Adelaide which will test whether artificial sweeteners assist or hinder people with type-2 diabetes. "If we can control that gateway a little bit better, first of all understanding more about how it works, potentially we can help them with their diabetes," Dr Young said. He further added: "Long-term studies have shown that the risk for developing type-2 diabetes — that keep the same consumption up but switch to the artificially sweetened variety — doesn't really change a great deal." "We're seeing if we can block the way sweetness is detected in the gut — whether we can change the way [it's detected] and particularly the speed that sugars enter from food into the blood."said Dr Young.

2-10-2016

Today is International Day of Non-Violence

The International Day of Non-Violence is observed globally on 2nd October every year globally and aims to promote non-violence through education and public awareness. This day also marks the birthday of Mahatma Gandhi. The resolution adopting 2nd October as the International Day of Non-Violence was passed on 15th June, 2007 by the United Nations General Assembly, which stated that this day is an occasion to "disseminate the message of non-violence, including through education and public awareness". The resolution reaffirms "the universal relevance of the principle of non-violence" and the desire "to secure a culture of peace, tolerance, understanding and non-violence".

Today is National Anti-Drug Addiction Day

The National Anti-Drug Addiction Day is observed every year on 2nd October to mark the birth anniversary of Mahatma Gandhi who condemned the use of drugs. The aim of the day is to make India free from drug and to preserve the talent. Drugs are a social evil and affect not only the individual but also the society.

IMA Legal Cell: Rs one crore compensation demanded for medical negligence

According to a news story, an advocate of Bhilai has demanded more than Rs 1 crore inclusive of compensation and other amounts alleging medical negligence against three doctors in his complaint filed in Chhattisgarh State Consumer Disputes Redressal Commission, Pandri, Raipur. The Bhilai Steel Plant, Jawaharlal Nehru Hospital and Research Centre, Bhilai and three doctors in the Neurosurgery department of the hospital, have been made the five opposite parties in the case.

According to the complaint, the complainant advocate is Rajesh Agrawal, 56 years, resident of Sector-1, Bhilai, whose wife is a Bhilai Steel Plant employee. He has maintained that he fell down accidentally in his home and suffered injuries, but went to the above mentioned hospital himself and had full sense while undergoing check-up. His blood pressure was normal and the only problem he had was pain on the lower part of vertebral column. The above mentioned doctors admitted him in the hospital.

The complainant has further maintained that during the hospital stay and before surgery, he had full control over urination and defecation. After undergoing surgery, he was completely paralyzed from below the waist and he lost control over passing urine and stools. It was result of improper fixation of steel screw.

The complainant further maintained that he is now completely dependent on his family members and has to incur heavy expenditure for treatment, medicines, physiotherapy and keeping an attendant. On the other hand, practicing the profession of advocate has been badly affected and he has to pass through financial difficulty.

1-10-2016

Today is International Day of Older Persons: Take a Stand Against Ageism

The International Day of Older Persons is observed every year on October 1 since it was first observed in 1991. On December 14, 1990 the United Nations General Assembly voted to establish October 1 as the International Day of Older Persons as recorded in Resolution 45/106. The day aims to raise awareness about

issues affecting the elderly. The theme for the year 2016 is "Take a Stand Against Ageism". Ageism is stereotyping and discrimination on the basis of a person's age. For older people, ageism is an everyday challenge. Overlooked for employment, restricted from social services and stereotyped in the media, ageism marginalizes and excludes older people in their communities.

Identify fake medicine - Health care professions tell consumers

Would you be able to tell a real medicine from a fake one? This important question is being posed to the public, health care professionals and policymakers by the World Health Professions Alliance (WHPA) in a video, launched on Thursday that exploits an interactive function of YouTube. Viewers are asked to choose between two products and then shown the consequence of their decision: the person either recovers or ends up in hospital.

The project was led by the International Pharmaceutical Federation (FIP). "We're seeing an increase in fake medicines around the world and they're becoming harder to identify thanks to technological advances. We wanted, through this video, to confront people with a situation to which little thought is often given. We wanted to give viewers the responsibility for what happens and, in doing so, to send home the message that there is a need to think twice about the choices they make. The aim was to enable informed decisions," said Mr Luc Besançon, Chief Executive Officer of FIP.

"The consequences of counterfeit medicines include no cure, resistance to treatment, spread of disease, permanent injury and even death" said Dr Frances Hughes, Chief Executive Officer of the International Council of Nurses (ICN). "We need to empower the public through general health literacy and ensure there is more nursing involvement in strategies."

30-9-2016

MBBS Doctor, Technician get six months jail for running illegal pathology lab.

Mumbai : In a trial that lasted five years at the magistrate's court in Parbhani, the court has convicted an MBBS doctors as well as a technician for running an illegal pathology lab in the area.

Convicted under the relevant provisions of the Maharashtra Medical Practitioners Act, the two have handed over six months imprisonment as well as a fine of Rs 5,000 each by the Chief Judicial Magistrate (Parbhani), reports Indian Express.
The punishment has been awarded to an MBBS doctor, Dr Saleha Kausar and her technician Mohammed Imran Gandhi for issuing pathological reports to patients without a adequately qualified to do so. The evidence of the same came through to a sting operation done by the local police, where it was revealed that Dr Kausar was a running pathology lab with only an MBBS qualification. Moreover, the "technician" Gandhi was also revealed to be having no medical/technical qualification, and was engaged in testing of samples, and was also providing his own signature on reports to patients.

Women more at risk of heart disease today

Heart disease is no longer exclusive to men as we now know. Women, especially urban women, are more at risk of developing heart disease today. And, a heart attack is usually more severe in women than in men.
An increasingly unhealthy lifestyle with a predominantly high trans fat, sugar and salt diet, more and more sitting, stress/depression, smoking, alcohol and cigarettes are some of the factors that have contributed to this rise in heart disease. Differences in the clinical presentation also make it difficult to establish a diagnosis in women.

- **Women generally present a decade later than men and with greater risk factor burden. They are less likely than men to have typical angina. Women with new onset of chest pain are approached and diagnosed less aggressively than man in the emergency department.**
- **Established risk factors in women are: Presence of history of heart blockages; age over 55 years; high LDL (bad) or low HDL (good) cholesterol, diabetes, smoking, high blood pressure, peripheral artery disease or family history of heart disease.**
- **Risk factors, which are more potent in women than in men are: Smoking is associated with 50% of all coronary events in women; diabetes confers more prognostic information in women than in men.**

Read more at Medical Dialogues: MBBS Doctor, Technician get six months jail for running illegal pathology lab http://medicaldialogues.in/mbbs-doctor-technician-get-six-months-jail-for-running-illegal-pathology-lab/

29-9-2016

D Penicillamine comes back in the market - Medical Voice of eMediNews eIMANews works!

IMA raised the issue of shortage of D Penicillamine. Patients with Wilson disease (copper overload) with liver, neurological and psychiatric manifestations are treated with D-penicillamine.

D-penicillamine is an excellent chelator and patients have to be on this drug lifelong because of the genetic nature of the disease.

Since the last 6 months 3-4 different companies in India that were producing the drug had stopped production of D-penicillamine (Brand names CILAMIN or ARTAMINE 250 mg).

It appeared that the raw material that was coming from China was no longer available. Patients particularly children and adolescents and young adults are the most affected.

Our voice was listened to . Panacea Biotec one of the manufacturer has ensured limited availability of Life Saving Drug Cilamin 250 Capsule (D-Penicillamine IP 250 mg)

Cilamin 250 Capsule used for treatment of Wilsons disease, Rheumatoid Arthritis and other conditions witnessed short supply in the market during the last few months due to non-availability of raw material D-Penicillamine in India.

A new automated insulin delivery device for type 1 diabetes

The US Food and Drug Administration has approved Medtronic's MiniMed 670G hybrid closed looped system, which will automatically monitor glucose and provide appropriate basal insulin doses in people 14 years of age and older with type 1 diabetes. The MiniMed 670G hybrid closed looped system, often referred to as an "artificial pancreas," is intended to adjust insulin levels with little or no input from the user. It works by measuring glucose levels every five minutes and automatically administering or withholding insulin. According to the FDA, this device is unsafe for use in children aged 6 years or younger and in patients who require less than 8 units of insulin daily.

9 Medical colleges given last minute approval

The order of the Ministry of Health and Family Welfare, dated 26 September, 2016 has infused a new lease of life in students all over the country for as per the directive of the Supreme court mandated Oversight Commitee, it ha granted permission to 9 medical colleges all across the country. While some medical colleges have got approval for the first time, many have been given a permission for renewal, and many allowed re-intake of students after the earlier de-recognition.

The nine institutions included in this list and the number of seats are as follows:

Sridev Suman Subharti Medical College, Dehradun, Uttarakhand – This is a new medical college that has been granted permission of establishment, with the annual intake of 150 MBBS seats for the academic year 2016-17

Sambraham Institute of Medical Sciences and Research, Kolar- Another new medical college in the state of Karnataka, under the management of Sambraham Charitable Trust has been granted an intake of 150 seats for MBBS for the academic year 2016-17

Sree Gokulam Medical College & Research Foundation, Trivandrum, Kerala- Has been granted a renewal of admission for its 6th MBBS batch with an increased intake from 50 to 150 seats for the academic Year 2016-17 Maharashtra Institute of Medical Education and Research, Talegoan, Maharashtra- Granted a renewal .

Maharashtra Institute of Medical Education and Research, Talegoan, Maharashtra- Granted a renewal permission for 3rd batch MBBS from a 100 to 150 seats for the academic year 2016-17 and stoppage of de-recognition of 100 seats .Mallareddy.

College for Women, Hyderabad, Telangana- granted renewal permission for admission for its for its 4th MBBS batch with an intake of 150 seats for the academic year-2016-17 Chintpurni Medical College, Pathankot, Punjab- granted permission for 150 student intake for an MBBS course for the academic year 2016-17

KMCT Medical College, Kozhikode,Kerala– increase of student intake from a 100 to 150 in its MBBS course for the academic year 2016-17

Institute of Medical Sciences and Research, Satara, Maharashtra-Granted renewal of permission for admission to the 5th MBBS batch with a student intake of a 100 seats for the academic year 2016-17

Jawahar Medical Foundation's Annasaheb Chudaman Memorial Patel Medical College, Dhule-Maharshtra-Permission granted for a fresh batch with 100 seats for the academic year 2016-17

However, as mandated by the Oversight Committee, the approvals come with a series of riders. It is reported that after 30th September, 2016, fresh inspection of these medical colleges shall be undertaken to see whether they are complying with the conditions laid the OC as well as the conditions of the MCI for approval of Medical Colleges. In the absence of compliance, the approvals would be cancelled.

Read more at Medical Dialogues: 9 Medical colleges given last minute approval http://education.medicaldialogues.in/9-medical-colleges-given-last-minute-approval-1100-more-seats-for-mbbs-in-2016-17/

28-9-2016

Internet addiction a red flag for mental health problems

Over-reliance on the Internet, social media and instant messaging in particular, might be linked to depression, anxiety and impulsivity, according to a study presented at the recent 29th European College of Neuropsychopharmacology Annual Meeting in Vienna, Austria. In the study from Canada, researchers evaluated the internet use of 254 freshmen at McMaster University in Ontario. The researchers used a tool called the Internet Addiction Test (IAT), developed in 1998, as well as their own scale based on more recent criteria. 33 students met criteria for internet addiction, and 107 for problematic internet use. The researchers also assessed the students' mental health, including signs of impulsiveness, depression, anxiety and stress. Most of those addicted to the internet had trouble controlling their use of video streaming and social networking sites as well as instant messaging tools. They had more trouble handling their daily routines and higher rates of depression, anxiety, impulsiveness and inattention. They also had problems with planning and time management. Excessive use of the internet may have a strong association with compulsive behavior and addiction.

Chikungunya a Notifiable Disease Now

Principal Secretary (Urban Development) and civic bodies have been told by the Delhi government to label chikungunya as a notifiable and dangerous disease. A notification to this effect is expected soon. Satyendra Jain, Delhi Health Minister stated 'in light of the prevailing chikungunya outbreak, it is directed that the issue of notifying chikungunya as dangerous/notifiable disease, be immediately taken up with the concerned local bodies for the issuance of such notification immediately…it should be done on priority to ensure that every hospital, nursing home, laboratory shall furnish the data of chikungunya patients to be concerned government agencies. This is imperative for monitoring the situation and to take requisite remedial action.' Jain also in another order has mentioned that due to the dengue and chikungunya outbreak, all dispensaries, polyclinics, and mohalla clinics will be open every day except for Sundays and Gazetted Holidays. 32 patients have died in Delhi alone from vector-borne diseases.

IMA - Excerpts from President Secretaries Meeting: Maintain Professional Dignity & Honour

MCI Ethics Regulations • A physician shall uphold the dignity and honour of his profession. •

1.2 Maintaining good medical practice:

1.2.1 The Principal objective of the medical profession is to render service to humanity with full respect for the dignity of profession and man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion. Physicians should try continuously to improve medical knowledge and skills and should make available to their patients and colleagues the benefits of their professional attainments. The physician should practice methods of healing founded on scientific basis and should not associate professionally with anyone who violates this principle. The honoured ideals of the medical profession imply that the responsibilities of the physician extend not only to individuals but also to society. •

Appendix 1: Declaration: At the time of registration, each applicant shall be given a copy of the following declaration by the Registrar concerned and the applicant shall read and agree to abide by the same:

a. I solemnly pledge myself to consecrate my life to service of humanity.
b. Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
c. I will maintain the utmost respect for human life from the time of conception.
d. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
e. I will practice my profession with conscience and dignity.
f. The health of my patient will be my first consideration.
g. I will respect the secrets which are confined in me.
h. I will give to my teachers the respect and gratitude which is their due.
i. I will maintain by all means in my power, the honour and noble traditions of medical profession.
j. I will treat my colleagues with all respect and dignity. k. I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002. •
1.7 Exposure of Unethical Conduct: A Physician should expose, without fear or favour, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession. IMA Views • It has to be a proven misconduct. • The onus to prove will lie with the complainant. • The complaint has to be filed with the Medical Council of India (MCI) or the state medical council and not in the media or social media. Section 499 in The Indian Penal Code: Defamation.—Whoever, by words either spoken or intended to be read, or by signs or by visible representations, makes or publishes any imputation concerning any person intending to harm, or knowing or having reason to believe that such imputation will harm, the reputation of such person, is said, except in the cases hereinafter expected, to defame that person. Section 500 in The Indian Penal Code: Punishment for defamation.—Whoever defames another shall be punished with simple imprisonment for a term which may extend to two years, or with fine, or with both.

27-9-2016

10,000 more medical seats to be added by 2017

New Delhi: An increase of 10,000 medical seats are likely to occur through the National Eligibility-cum-Entrance Test (NEET) exam for MBBS to be held in 2017. An announcement to this effect was made by the Union Minister of State for Health and Family Welfare Faggan Singh Kulaste on Friday.

According to the minister, who was speaking at the 'Healthcare Summit- Rajasthan 2016,' 58 medical colleges are likely to be upgraded across all states.of the country. He said that the ministry was making all efforts to provide Medical and Health Services. Efficient services are being made available to public with the use of IT."

Recently, Union health minister J P Nadda had informed the Parliament that 58 hospitals will be upgraded to medical colleges, that will give rise to 5,800 additional MBBS seats, with each medical college having 100 seats. An effort will also be directed to meet the deadlines on various AIIMS that would contribute to the pool of MBBS in the country..

In Rajasthan, for instance, seven hospitals will be ungraded to medical colleges in Alwar, Barmer, Bharatpur, Churu, Dungarpur, Bhilwara and Pali. The health department claimed that their construction would be completed soon and the session will begin from 2017 reports TOI. These colleges will add 700 seats to the new pool. For the PG seats in the country, the National Board of Examination will be conducting the NEET exam for post graduate dental courses from November 30 to December 3, 2016, 41 different Indian cities declared the Health Ministry, on Thursday. The ministry also announced December 5 to December 13, 2016 as dates for holding of NEET examinations for MS and MD courses.

Read more at Medical Dialogues: 10,000 more medical seats to be added by 2017 http://education.medicaldialogues.in/neet-exam-10000-more-medical-seats-to-be-made-available-through-neet-in-2017/

Private Hospitals to pay Rs 20,000 minimum wage to nurses: Govt Committee

Mumbai: Private Hospitals may soon have to pay Rs 20,000 per month as minimum wages to nurses. This comes after recommendations were given by a government appointed

committee ,to look into the matter of better working conditions for nurses in private hospitals,

A committee pointing out the difference in payscale of nurses and doctors has recommended increased pay scale for nursing staff in all the private hospitals running in the country. The recommendation comes after the Supreme court directed the Centre to set up a committee to investigate the living conditions and salary structure of nurses employed in private hospitals and nursing homes.

It is a noted fact that the salary given to the nurses working in private hospitals is visibly less than what the nurses in government hospitals are earning.Moreover, the amount differs from state to state. Arun Kadam, executive president of Maharashtra State Nurses Association, while talking about private sector pay scale for nurses in Maharashtra told TOI, “Many in the private sector take home Rs 2,500-6,000 a month. Even housemaids get paid more.”

Even the committee has noted on the issue of salaries in the private sector, “Their (nurses) pay and working conditions is really pathetic and some steps are required to be taken to uplift the standard of working conditions in respect of nurses.”

The recommendations are as follows: Wages of nurses in hospitals with more than 200 beds should be on par with that of nurses in government hospitals in the respective states. Wages of nurses in hospital with more than 100 beds should not be less than 10 percent of the salaries of nurses in corresponding government hospitals. Wages of nurses in hospitals with 50-100 beds should not be less than 25 percent of the salaries of nurses in corresponding government hospitals. In hospitals with less than 50 beds, the minimum wages of nurses should be fixed at Rs 20,000.

Read more at Medical Dialogues: Private Hospitals to pay Rs 20,000 minimum wage to nurses: Govt Committee http://medicaldialogues.in/private-hospitals-to-pay-rs-20000-minimum-wage-to-nurses-govt-committee/

22-9-2016

AIIMS Invites application for admissions in PG Courses, 2017 Jan session, APPLY NOW

The All India Institute of Medical Sciences (AIIMS), New Delhi has released an admission notification inviting applications for Master of Chirurgical (MCh), Doctor of Medicine (MD) as well as DM programmes offered in various specialisations for the

January 2017 session. The duration of the course will be three-years. To apply for the said courses log on to http://mdmsmch.aiimsexams.org/

Read more at Medical Dialogues: AIIMS Invites application for admissions in PG Courses, 2017 Jan session, APPLY NOW http://education.medicaldialogues.in/aiims-invites-application-for-admissions-in-pg-courses-2017-jan-session/

Gujarat: Allegations against Apollo Hospital for continuing ventilator on a dead patient

Ahmedabad: The family of a deceased woman has blamed the Apollo Hospital located in Gandhinagar of administering ventilator on the patient even after she was dead post pregnancy complications. An application has been filed in this respect with the Rakhial police station of Dehgam taluka, Gandhinagar district by the relatives of the deceased.

The case is that of a 24-year old women, Sangita Patel. who was taken to Poojan Hospital in Naroda area for delivery and there she delivered twins on September 16 after a caesarean operation. Soon after the delivery ,the patient's condition worsened due to post pregnancy complications. She was then transferred to Apollo Hospital Bhavesh Patel, a relative of the woman told the TOI, The deceased Sangita Patel, a resident of Rakhial village of Dehgam, had delivered twins through caesarean surgery on September 16 at Poojan Hospital in Naroda area. "After the delivery, her condition started deteriorating, so the doctor at the hospital called an ambulance from Apollo hospital and insisted that we take our patient there."

The patient was admitted in Apollo Hospital for three days and was kept on ventilator as her condition worsened.

"For three-odd days, Sangita remained admitted in Apollo hospital. On Monday, we asked the hospital authority to discharge our patient, as the expensive treatment was beyond our means, and we wanted to take her to some government hospital. They kept refusing to discharge her for around six hours," said Patel.

Later on the patient was discharged by the hospital on Monday after six hours and she was taken to a government hospital in Naroda, GCS medical hospital which declared the patient brought dead for six to seven hours. A team of doctors from the hospital also carried out post mortem on the deceased.

Read more at Medical Dialogues: Gujarat: Allegations against Apollo Hospital for continuing ventilator on a dead patient http://medicaldialogues.in/gujarat-allegation-against-apollo-hospital-for-continuing-ventilator-on-a-dead-patient/

21-9-2016
NEET PG 2017
decoded
with Prof Dr Bipin Batra, NBE

For all those who are waiting for any updates on NEET PG 2017, the exam will be held between 5-13th December, 2016. Official announcement regarding the same is likely come out tomorrow on the website of NBE.

Meanwhile, In an exclusive interview with Medical Dialogues team, Dr Bipin Batra, Executive director, National Board of Examinations, answered all the questions on NEET PG 2017 examination. Here are the important excerpts.

Note- Following information is about NEET PG 2017. If you are looking for information on NEET MDS 2017, please click HERE:

Q1. Sir, Who shall conduct the NEET-PG 2017?

National Board of Examinations is the prescribed authority for conduct of NEET-PG for entrance to MD/MS/PG Diploma Courses in terms of Section 10 of the Indian Medical Council Act, 1956 as amended in 2016.

Q2. How many test centres have been engaged for NEET-PG?

NEET-PG shall be held in 86 test centers at 41 cities.

Q3. What is the scheme of NEET-PG?

NEET-PG shall be held as a Computer Based Test and shall comprise of 300 Multiple Choice Questions from the MBBS curriculum followed at medical colleges in India duly prescribed as per the Graduate Medical Education Regulation notified by Medical Council of India with prior approval of the Ministry of Health & Family Welfare, Government of India.

Q4. What is the scope of NEET-PG?

NEET-PG 2017 shall be a single eligibility cum entrance examination namely 'National Eligibility-cum-Entrance Test for admission to Postgraduate Medical Courses' for the academic session 2017 which will include the following:

All India 50% quota seats for MD/MS/PG Diploma courses (all states except Andhra Pradesh, Jammu & Kashmir and Telangana)

State quota seats for MD/MS/PG Diploma courses for all States/Union territories of India (including the states of Andhra Pradesh, Jammu & Kashmir and Telangana)

MD/MS/PG Diploma courses at all Private Medical Colleges, Institutions & Universities/Deemed Universities all across the country

MD/MS/PG Diploma courses at Armed Forces Medical Services Institutions. DNB broad specialty courses (January 2017 Admission Session)

Q5 What is the official website for NEET-PG?

The website for NEET-PG (www.nbe.edu.in) shall be available with effect from 24/09/2016 and online registration for the NEET-PG shall commence from 0700hrs on 26/09/2016 till 31/10/2016 (23:59hrs). The entire procedure for registration and application for the examination is online.

Q6. What are the important dates for NEET-PG?

Important Dates for NEET-PG shall be as follows:

Online Registration : 26th September – 31st October 2016 Testing Window : 5th – 13th December 2016 Declaration of Result : On or before 15th January, 2017

Q7. What is the candidate support for NEET-PG?

All India Institute of Medical Sciences, New Delhi; Post Graduate Institute of Medical Education & Research, Chandigarh; JIPMER, Pondicherry; NIMHANS Bangalore; Sri Chitra Institute, Trivandrum shall be conducted their own entrance examination as they are covered by separate acts of Parliament and NEET-PG merit list is not binding on these institutions.

Q9. What about Counseling for MD/MS/PG Diploma seats?

The counseling in respect of 50% All India quota seats shall be conducted by Medical Counseling Committee constituted by Ministry of Health & Family Welfare, Government of India (www.mcc.nic.in). Whereas for the counseling for seats owned and controlled by State governments, candidate may approach the concerned Department of medical education /University notified by the respective State Government. We have attempted to provide the relevant information at the NEET-PG website as so available wi...

Q10. What is the subject wise distribution of questions for NEET PG 2017?

Sno	Subject	Subject Wise weightage of questions (in No)
1	Anatomy	15
2	Physiology	15
3	Biochemistry	15
4	Pharmacology	20
5	Microbiology	20
6	Pathology	25
7	Forensic Medicine	10
8	Social & Preventive Medicine	25
9	Medicine Dermatology & Venereology	37
10	Surgery, ENT, Orthopaedics and Anaesthesia	46
11	Radio diagnosis and Radiotherapy	12 (6+6)
12	Obstetrics and Gynaecology	25
13	Paediatrics	15
14	Ophthalmology	10
15	Psychiatry	10
	Grand Total	300

The syllabus of the above topics shall be as per the latest graduate medical education regulations notified by the Medical Council of India, with prior approval of the government of India. For graduate medical education regulations please refer to mciindia.org

Q11. Whether there will be any negative marking?

There will be no negative marking for the NEET-PG.

NEET MDS 2017: Exclusive Discussion with Dr. Bipin Batra, NBE

Read more at Medical Dialogues: NEET PG 2017 decoded with Prof Dr Bipin Batra, NBE http://medicaldialogues.in/neet-pg-2017-decoded-with-dr-bipin-batra-nbe/

19-9-2016

Literature search

Chikungunya update

IDCases. 2014 Dec 18;2(1):6-10. doi: 10.1016/j.idcr.2014.12.002. eCollection 2015.

Chikungunya fever: Atypical and lethal cases in the Western hemisphere: A Venezuelan experience.

Torres JR1, Leopoldo Códova G1, Castro JS1, Rodríguez L2, Saravia V1, Arvelaez J3, Ríos-Fabra A4, Longhi MA4, Marcano M3.
Author information

Abstract

A large epidemic of Chikungunya fever currently affects the Caribbean, Central and South America. Despite a high number of reported cases, little is known on

the occurrence of severe clinical complications. We describe four Venezuelan patients with a severe and/or lethal course who exhibit unusual manifestations of the disease. Case 1 describes a 75 year-old man with rapid onset of septic shock and multi-organ failure. Cases 2 and 3 describe two patients with rapid aggressive clinical course who developed shock, severe purpuric lesions and a distinct area large of necrosis in the nasal region. Case 4 depicts a splenectomized woman with shock, generalized purpuric lesions, bullous dermatosis and acronecrosis of an upper limb. Chikungunya fever in the Western hemisphere may also associate with atypical and severe manifestations. Some patients experience a life-threatening, aggressive clinical course, with rapid deterioration and death due to multisystem failure.

KEYWORDS:

Chikungunya fever; Hemorrhagic fever; Severe; Western hemisphere

Trop Biomed. 2010 Aug;27(2):343-7.

Chikungunya virus-associated death in Malaysia.

Sam IC[1], Kamarulzaman A, Ong GS, Veriah RS, Ponnampalavanar S, Chan YF, AbuBakar S.

Author information

Abstract

Chikungunya virus (CHIKV) is a mosquito-borne alphavirus which causes fever, rash, and arthralgia. In the past, life-threatening complications were very rarely reported. However, during the recent worldwide outbreaks, there have been several reports of unusually severe complications anddeaths. Malaysia is experiencing a nationwide outbreak of CHIKV, with over 10 000 patients affected since April 2008. We report the first case of culture-confirmed CHIKV-associated death in Malaysia, in a patient with fever, rash, acute exacerbation of pre-existing heart failure, rhabdomyolysis, and multiple organ failure. CHIKV infections may cause atypical, severe or fatal presentations.

J Clin Virol. 2009 Oct;46(2):145-9. doi: 10.1016/j.jcv.2009.06.027. Epub 2009 Jul 28.

Systemic involvements and fatalities during Chikungunya epidemic in India, 2006.

Tandale BV[1], Sathe PS, Arankalle VA, Wadia RS, Kulkarni R, Shah SV, Shah SK, Sheth JK, Sudeep AB, Tripathy AS, Mishra AC.

Author information

Abstract

BACKGROUND:

In addition to classical manifestations of Chikungunya infection, severe infections requiring hospitalization were reported during outbreaks in India in

2006.

OBJECTIVES:
To describe the systemic syndromes and risk groups of severe Chikungunya infections.

STUDY DESIGN:
We prospectively investigated suspected Chikungunya cases hospitalized in Ahmedabad, Gujarat during September-October 2006, and retrospectively investigated laboratory-confirmed Chikungunya cases hospitalized with neurologic syndromes in Pune, Maharashtra. Hospital records were reviewed for demographic, comorbidity, clinical and laboratory information. Sera and/or cerebrospinal fluid were screened by one or more methods, including virus-specific IgM antibodies, viral RNA and virus isolation.

RESULTS:
Among 90 laboratory-confirmed Chikungunya cases hospitalized in Ahmedabad, classical Chikungunya was noted in 25 cases and severe Chikungunya was noted in 65 cases, including non-neurologic (25) and neurologic (40) manifestations. Non-neurologic systemic syndromes in the 65 severe Chikungunya cases included renal (45), hepatic (23), respiratory (21), cardiac (10), and hematologic manifestations (8). Males (50) and those aged >or=60 years (50) were commonly affected with severe Chikungunya, and age >or=60 years represented a significant risk. Comorbidities were seen in 21 cases with multiple comorbidities in 7 cases. Among 18 deaths, 14 were males, 15 were aged >or=60 years and 5 had comorbidities. In Pune, 59 laboratory-confirmed Chikungunya cases with neurologic syndromes were investigated. Neurologic syndromes in 99 cases from Ahmedabad and Pune included encephalitis (57), encephalopathy (42), and myelopathy (14) or myeloneuropathy (12).

CONCLUSIONS:
Chikungunya infection can cause systemic complications and probably deaths, especially in elderly adults.

Trans R Soc Trop Med Hyg. 2010 Feb;104(2):89-96. doi: 10.1016/j.trstmh.2009.07.031. Epub 2009 Aug 27.

Atypical manifestations of chikungunya infection.

Rajapakse S[1], Rodrigo C, Rajapakse A.

Author information

Abstract

Chikungunya fever is a viral infection transmitted to humans by the bite of infected mosquitoes. Typical chikungunya virus (CHIKV) infection results in an acute febrile illness characterized by severe joint pain and rash.

Although chikungunya is generally not considered life threatening, atypical clinical manifestations resulting in significant morbidity have been documented, especially during epidemics. This review describes atypical manifestations following CHIKV infection reported in the literature, categorized as neurological, cardiovascular, skin, ocular, renal and other manifestations. The importance of vertical transmission from an infected mother resulting in neonatal infection is also highlighted. CHIKV infection can result in severe illness needing intensive care, with significant mortality. While there are many deaths reported which are directly attributable to CHIKV infection, background mortality is also increased during epidemics. In this context, considering CHIKV infection a benign and non fatal illness has to be revisited.
We report an increase in mortality rates in Ahmedabad during August–November 2006 (when a chikungunya epidemic occurred in this city) compared with previous months in 2006 and the same months in the past 4 years. The highest number of chikungunya cases was also reported in August and September. The city had ≈2,944 additional deaths during August–November 2006. Epidemiologic evidence shows that the increase in deaths in Ahmedabad was largely attributable to the chikungunya epidemic. Given poor reporting of deaths, an unexplained cause of death cannot be ruled out. Mortality rate data for Ahmedabad are consistent with observations of other researchers that the virus may have mutated and become more dangerous than reported (*8*). Public health authorities must investigate recent epidemics. Otherwise, developing countries may not be able to detect and combat severe future epidemics of other reemerging diseases such as avian influenza and severe acute respiratory syndrome. I CDC: Volume 14, Number 3—March 2008, Increased Mortality Rate Associated with Chikungunya: Dileep Mavalankar*Comments to Author , Priya Shastri*, Tathagata Bandyopadhyay*, Jeram Parmar*, and Karaikurichi V. Ramani*
WHO: Serious complications are not common, but in older people, the disease can contribute to the cause of death.
The 2006 chikungunya outbreak in India affected 151 districts in eight states/Union Territories -- Andaman & Nicobar Islands, Andhra Pradesh, Delhi, Gujarat, Karnataka, Kerala, Madhya Pradesh, Maharashtra and Tamil Nadu -- with Karnataka, Maharashtra, Kerala and Gujarat being the worst-hit. Ahmedabad (then with a population of 3.8 million) reported 60,777 suspected chikungunya cases between August and October. To assess the effect of the outbreak, public health experts at the Indian Institute Management-Ahmedabad compared the death rates in 2006 with those in 2002–2005 for the same period and found an increase of 22% in August, 57% in September and 33% in October.

They found 2,944 excess deaths occurred during the chikungunya epidemic when compared with the average number of deaths in the same months during the previous four years.
"These excess deaths may be attributed to this epidemic," the authors said in their**study published in the journal Emerging Infectious Diseases** .
WHO:
In 2005–2006, Réunion Island in the Indian Ocean reported around 2.6 lakh chikungunya cases and 254 deaths.
Till April 2015, 13.79 lakh chikungunya cases and 191 deaths attributed to the disease have been recorded in the Caribbean, Latin America and the US.
The WHO confirms that while most people recover fully, some may develop eye, neurological and heart complications.
"Serious complications are not common, but in older people, the disease can contribute to the causes of death," states the WHO on its Chikungunya factsheet.

Supreme Court Stays Bombay High Court Order On Deemed Universities

NEW DELHI: The Supreme Court today stayed an order of the Bombay High Court allowing deemed universities to conduct admissions to medical courses.
The top court stayed the August 30 order of the high court till September 19 and listed the matter before the Constitution bench where similar matters are pending. A bench of justices Shiva Kirti Singh and R Banumathi, while passing the interim order, said prima facie the high court should not have stayed the orders of the Centre and the Maharashtra government. "Prima facie, we are of the view that the High Court should not have stayed the orders issued by the State of Maharashtra and the Union of India dated August 20, 2016 and August 9, 2016 respectively. Hence the impugned order passed by the Bombay High Court is stayed till the next date of hearing. "We direct both the parties to maintain status quo prevailing as on date. List these matters on Monday i.e. September, 19, 2016 ... before the Constitution Bench where similar matters are pending," the bench said. While issuing notice on the appeal filed by Maharashtra government challenging the high court order, the bench said, "we have considered the broader contour of the controversy and the orders by which this court permitted

centralised examination through NEET and also the judgment of the Constitution Bench..."

The high court had on August 30 stayed the Maharashtra government's decision mandating centralised counselling for the students who appeared for the National Eligibility Entrance Test (NEET) this year for medical and dental courses. It had allowed the deemed universities in Maharashtra to hold their own counselling sessions for the admissions.

Private deemed universities running medical and dental colleges, had moved the High Court against a government resolution(GR) which provides for centralised counselling for admissions. The High Court had stayed the mandatory common counselling, but made it clear that the deemed universities shall admit students strictly on the basis of the ranking in NEET. The state government had contended that centralised admissions process makes it easier for students as they do not have to apply separately to each college. There are around 1,600 medical seats in deemed universities in Maharashtra.

Fruits and vegetables improve BP control in CKD patients with associated metabolic acidosis

Treating metabolic acidosis in chronic kidney disease (CKD) patients with base-producing fruits and vegetables but not sodium bicarbonate lowered the systolic blood pressure followed by use of fewer anti-hypertensive drugs and those too in lower doses, says a study presented at the Hypertension 2016 Scientific Sessions of the American Heart Association (AHA) in Orlando, Florida on September 14, 2016. The treatment costs were also reduced.

In the study, researchers randomized 108 subjects with CKD stage 3 eGFR (30-59 ml/min) and metabolic acidosis into three groups: One group received fruits and vegetables to reduce dietary potential renal acid load (PRAL) 50%, the second group was given oral sodium bicarbonate to reduce PRAL 50% and the third group received usual care and no alkali.

After five years, the average systolic blood pressure was lower in the fruit and vegetable group (125 mmHg) vs sodium bicarbonate (135 mmHg) group vs no alkali group (134 mmHg). Also, the average cost of drugs to maintain the blood pressure was nearly half in the fruit and vegetable group ($79,760) vs the sodium bicarbonate group ($155,372) vs no alkali group ($152,305) at five years.

18-9-2016

Choosing Wisely campaign: Five new recommendations from ASCP

The American Society for Clinical Pathology (ASCP) has added five new evidence- and consensus-based recommendations to its list of Choosing Wisely campaign.

- **Do not test for amylase in cases of suspected acute pancreatitis. Instead, test for lipase.**
- **Do not request serology for *H. pylori*. Use the stool antigen or breath tests instead.**
- **Do not routinely perform sentinel lymph node biopsy or other diagnostic tests for the evaluation of early, thin melanoma because these tests do not improve survival**
- **Do not routinely order expanded lipid panels (particle sizing, nuclear magnetic resonance) as screening tests for cardiovascular disease**
- **Do not perform fluorescence in situ hybridization (FISH) for myelodyplastic syndrome (MDS)-related abnormalities on bone marrow samples obtained for cytopenias when an adequate conventional karyotype is obtained**

These new recommendations were unveiled on September 15, 2016 at Pathology and Lab Medicine 2016, the recently concluded Annual Meeting of the American Society for Clinical Pathology (ASCP) in Las Vegas, USA.

WHO updates its ranking of important antimicrobials

The World Health Organization (WHO) has updated its ranking of antimicrobials according to their relative importance in human medicine in view of the rapidly escalating problem of antibiotic resistance. It has accorded the highest priority to quinolones, third- and fourth-generation cephalosporins, macrolides and ketolides, and glycopeptides. Carbapenems should be used with caution as they are the last line drugs for severe infections. Titled "World Health Organization Ranking of Antimicrobials According to their Importance in Human Medicine: A Critical Step for Developing Risk Management Strategies to Control Antimicrobial Resistance from Food Animal Production", the

updated ranking was first published online July 20, 2016 in the journal Clinical Infectious Diseases.

17-9-2016

Doctors and social media : New Guidelines

Is it OK to become friends with a patient on Facebook?

With the expanding use of social media, this is a question that often pops in a practitioner's mind. Often, doctors receive friend requests from their patients on facebook (as well as other social media) or a name of a patient crops up in the suggestion box prompting a practitioner to send a request. "Should i do this?", is a question that comes to mind then, with the answer and the actions thereof depending on the doctor's viewpoint and her/his circumstances.

A few days back, the Singapore Medical Council, updated its guidelines for medical practitioners, and probably as a first addressed the issue of Social media and internet presence of medical practitioners. The guidelines calls for doctors not initiating a relationship on social media with their patients, and if initiated by the patient, take all measures to protect the dignity of the doctor-patient relationship including maintaining their confidentiality at all times.

While indeed, they are not mandatory for doctors practicing outside Singapore, however, in the absence of Indian guidelines for the same, they do make an important point for discussion and future reference.

Here are the important excepts from the guideline adressing the issue.

You ought not to breach professional boundaries by initiating social media relationships with patients.

If you are active in social media or develop a strong internet presence, you need to be careful that any exposure of your personal life and actions does not diminish your professional standing or the trust and confidence that patients have in you, or bring the profession as a whole into disrepute.

While it is not possible to list the entire range of possible inappropriate behavior on social media, examples include:

Appearing intoxicated by alcohol or drugs.

Engaging in lewd or inappropriate behaviour.

Breaking rules or the law.

Speaking or writing in an indiscreet, bigoted, rude, obscene or profane manner.

Posting indecent images.

Posting personal or derogatory comments about patients or colleagues.

Read more at Medical Dialogues: Doctors and social media : New Guidelines http://medicaldialogues.in/doctors-and-social-media-new-guidelines/

Long daytime naps may be an early warning sign for type 2 diabetes

A meta-analysis from the University of Tokyo has suggested that napping during the day for more than hour may be an early warning sign of type 2 diabetes.

The researchers analyzed 21 observational studies involving more than 300,000 people and found an association between daytime naps longer than an hour and a 45% increased risk for type 2 diabetes compared with no daytime napping. While, shorter naps had no effect on the risk of diabetes.

But there was no evidence to suggest a 'cause and effect' association between napping and type 2 diabetes.

The results of the study were presented at the 52nd European Association for the Study of Diabetes meeting EASD 2016 in Munich, Germany.

FDA approves subcutaneous immunoglobulin for primary immunodeficiency

The US Food and Drug Administration (FDA) has approved immune globulin subcutaneous (SC) (human) 20% solution (Cuvitru, Shire) for the treatment of primary immunodeficiency in adults and children aged 2 years and older. Cuvitru is to be administered only via subcutaneous route. The label carries a boxed warning stating that thrombosis may occur with immunoglobulin products, including Cuvitru.

16-9-2016

Indian couple in Australina claims breakthrough in prostate cancer treatment.

New Delhi : A medical scientists' team, at Deakin University, Australia, has recently announced that they achieved a breakthrough in prostate cancer treatment.

Rupinder Kanwar and her husband Jagat Kanwar, along with two others, revealed that by piggy backing a chemotherapy drug onto a well known milk protein could create a combination that is lethal for cancer cells without the toxic side effects.

When coupled with the milk protein lactoferrin, the Dox can be delivered directly into the nucleus of prostate cancer cells and will kill the cells as well as drug resistant cancer stem cells, without any side-effects. This has been published in the prestigious international journal Scientific Reports, recently.

According Rupinder Kanwar, a senior research fellow with the Deakin Medical School's Centre for Molecular and Medical Research, doctors had stopped using Dox to treat prostate cancer because of the side-effects.

"Dox is used widely for treating several types of cancers and known for causing toxicity to heart, brain, kidneys and leading to cardiac arrest/heart failure," she said.

According to her, prostate cancer is one of the few cancers where chemotherapy is not the primary treatment. This is because these particular cancer cells are able to flush out the drug and become resistant to it, while the administered Dox continues to kill off the body's normal cells resulting in a range of side effects, the most damaging of which is heart failure.

"With this latest study we have shown that by coupling Dox with lactoferrin the cancer cells take in the drug rather than pump it straight out," she added.

Lactoferrin is an iron-binding protein found in cow milk and human milk. It is known for its immune boosting and antimicrobial properties making it an important part of the body's protection against infection. It is also added as a key ingredient in baby formula.

It is lactoferrin's ability as an iron transporting protein to mop up much needed iron for growth of microbes (bacteria and parasites) from the site of infection and its cancer cell killing activities that are exploited by the Deakin scientists to create an

anticancer bio-drug that has no side effects and improves the immune system.

Previous work by the team with other types of cancer, funded by the Australia India Strategic Research Fund (AISRF) to Jagat Kanwar and Rupinder Kanwar, found that lactoferrin is not digested by the gut enzymes when fully saturated with iron and given as smart nano-capsules.

Jagat Kanwar said, "This latest study builds on this previous work, whereby to target toxicity and drug resistance, we coupled the Dox with lactoferrin which was then fed to a particular breed of mice that naturally develop prostate cancer. Rather than being pumped out by the cancer cells, Dox was taken to these cells by lactoferrin through its receptors which then stays in the nucleus of the cancer cells to perform its lethal action."

"Within 96 hours all the cancer cells were dead when grown in 3D cancers in a culture dish from drug resistant and cancer stem cells. In feeding experiments, as an added benefit, there was an increase in red blood cells, white blood cells and haemoglobin indicating that the immune system had also been boosted. Interestingly, this combination not only targeted the prostate tumour development in mice, it also led to repair of the Dox induced damage to vital organs including heart and brain,"

The main goal of the research team now is to move to trials with real patients. "The results of our research to date show great promise that we could soon develop personalised medication for prostate cancer patients," Rupinder said.

Read more at Medical Dialogues: Indian couple in Australina claims breakthrough in prostate cancer treatment http://speciality.medicaldialogues.in/indian-couple-in-australina-claims-breakthrough-in-prostate-cancer-treatment/

Drinking alcohol daily may enlarge heart chamber; lead to atrial fibrillation : AHA Study

Study Highlights: Daily, long-term alcohol consumption was associated with a five percent higher risk of developing atrial fibrillation. Part of the underlying mechanism may be due to enlargement of upper left heart chamber.

Study Highlights :

Daily, long-term alcohol consumption was associated with a five percent higher risk of developing atrial fibrillation. Part of the underlying mechanism may be due to enlargement of upper left heart chamber.

Dallas : Despite the common perception that moderate alcohol intake is good for the heart, new research suggests long-term alcohol consumption, even as little as one drink a day may enlarge the heart's left upper chamber (atrium) and increase the risk of developing atrial fibrillation, according to new research in Journal of the American Heart Association, the Open Access Journal of the American Heart Association/American Stroke Association.

"Our study provides the first human evidence of why daily, long-term alcohol consumption may lead to the development of this very common heart rhythm disturbance," said Gregory Marcus, M.D., senior study author and associate professor of medicine specializing in cardiac electrophysiology at the University of California at San Francisco. "We were somewhat surprised that a relatively small amount of alcohol was associated with a larger left atrium and subsequent atrial fibrillation."

Atrial fibrillation is a common condition in which the heart beats irregularly and fails to properly pump blood, increasing the risk for stroke and blood clots. Previous research has shown associations between drinking alcohol and ventricular cardiomyopathy (heart has trouble pumping and delivering blood to the rest of the body).

Researchers analyzed data on 5,220 participants from the Framingham Heart Study, an ongoing national research project in the United States. Participants (54 percent women, average age 56) underwent electrocardiograms (EKG) to measure electrical activity of the heart. Of 17,659 EKG scans taken over six years, researchers detected 1,088 incidences of atrial fibrillation.

They also found:

Chronic alcohol consumption was also associated with higher risk for incident atrial fibrillation.

Every 10 grams per day of alcohol (one drink a day) consumed was associated with a 5 percent higher risk of developing new-onset atrial fibrillation.

Every additional 10 grams of alcohol a day was linked to a 0.16 millimeter larger left atrium (one of the four chambers of the heart).

Approximately 24 percent, and up to 75 percent, of the relationship between regular alcohol consumption and atrial fibrillation risk could be traced back to enlargement of the left

atria.

Researchers said the relationship between atrial fibrillation and alcohol consumption remained even after considering other heart health risk factors, such as high blood pressure, diabetes, or smoking.

These observational findings do not suggest that drinking alcohol directly causes heart problems. However, researchers said their results question the popular consumer belief that alcohol benefits the heart.

"Our data suggest atrial fibrillation might be prevented by avoiding alcohol however, just as alcohol likely has variable effects on individuals, there are almost certainly various mechanistic sub types of atrial fibrillation. It's not one size fits all when it comes to the effects of alcohol and heart health," Marcus said.

How regular alcohol consumption may be influencing the size of the left atria or the heart's electrical activity is unclear and warrants further investigation. "Our hope," Marcus said, "is that by understanding the mechanistic relationship between alcohol and atrial fibrillation we might learn something inherent to atrial fibrillation in general that could help identify new ways of understanding and treating the disease."

The American Heart Association recommends consuming alcohol in moderation if you already drink but cautions people to not start drinking and consult your doctor on your risks and benefits of consuming alcohol in moderation. Co-authors are David McManus, M.D.; Xiaoyan Yin, Ph.D.; Rachel Gladstone, B.S.; Eric Vittinghoff, Ph.D.,Ramachandran Vasan, M.B.B.S, M.D., D.M.; Martin Larson, S.D., and Emelia Benjamin, M.D., Sc.M. Author disclosures are on the manuscript.

The National Institute on Alcohol Abuse and Alcoholism of the National Institutes of Health and the National Heart, Lung and Blood Institute funded the study.

Read more at Medical Dialogues: Drinking alcohol daily may enlarge heart chamber; lead to atrial fibrillation : AHA Study http://speciality.medicaldialogues.in/drinking-alcohol-daily-may-enlarge-heart-chamber-lead-to-atrial-fibrillation-aha-study/

15-9-2016

Telemedicine app 'VISIT' launches doctor on call service

Hyderabad: VISIT, an on-demand healthcare service provider, has partnered with Spice Digital to launch a doctor on call service on BSNL network and plans to tie-up with other telecom players to go National.

The service, called 'JIYO Behtar Expert Talk Health Line', has already been made live in North Zone with state-run BSNL as the first telecom partner.

VISIT is a platform that connects patients with practitioners anytime, anywhere through smartphone or computer. The telemedicine app was launched earlier this year by four BITS Pilani graduates — Anurag Prasad, Vaibhav Singh, Chetan Anand and Shashvat Tripathi.

Spice Digital is a mobile value added service (VAS) and financial technology (fintech) service provider.

"We are now doing over 500 telehealth consultations on the BSNL network on a daily basis. These are people from Tier 3 cities and villages in North Zone. Soon we will be launching in West Zone, South Zone and East Zone," Prasad told PTI.

"We will also be launching the service on Idea and Airtel very soon," he said.

The states covered under North Zone include Uttar Pradesh, Haryana, Jammu& Kashmir, Rajasthan, Punjab and Himachal Pradesh.

The doctors signed up for the service primarily belong to the same zone. The service was launched keeping in mind the challenges faced by people while they want to consult a doctor in case of a medical emergency, VISIT and Spice Digital said.

Also, long waiting hours, distance of hospital/clinic can take a toll on the patients' health, they said.

Using the platform, users can now reach qualified doctors to discuss health-related issues. It can also be used for solutions to issues like women's health, nutrition, baby care, skin disorder, stress, anxiety, relationship, parenting and chronic diseases, they said.

According to VISIT and Spice Digital, studies have shown over 70 per cent of the health issues faced by people can be managed over a phone call or via text messaging.

Read more at Medical Dialogues: Telemedicine app 'VISIT' launches doctor on call service http://medicaldialogues.in/telemedicine-app-visit-launches-doctor-on-call-service/

With NEET, private medical education costly

Mumbai: Parents are complaining of having to shell out far more than what they did earlier for admissions of their wards to various private and deemed universities.According to them, ever since the National Eligibility and Entrance Test (NEET) has been announced as the mandatory exam for all admissions to private colleges in the state, they have had to spend almost double the usual expenses incurred.

According to parents, the Supreme Court upholding the NEET 2016, as the selection criterion, has made them spend an amount ranging from 30 thousand to 1 lakh for the crash courses.

"We also had to bear the additional costs of study material," said Shreedevi Poduval, a parent from the city.

Making matters worse, deemed and private universities have hiked their fees by 15 per cent. Parents on the other hand, have had to shell out an amount close to Rs 10,000 each for litigation, for every intervention in the Bombay High Court.

Most private universities had hiked their fees from Rs 5-7 lakhs to Rs 7-10 lakhs . Deemed universities on the other hand have moved up from Rs 9-12 lac fee to Rs 12-18 lac, respectively. While the state has issued a notification that the fee regulation committee would approve or disapprove the fee structures; parents however, have to pay the present costs.

Parents are also following a case in the Bombay High Court. The court is hearing Public interest litigation (PIL) filed by Mahatma Gandhi Vidyamandir's KBH Dental College and Hospital, along with some students challenging the quota rules, which allow reservations in favour of local students. The students are asking the state to prepare a fresh list of applicants as per the all India quota.

Read more at Medical Dialogues: With NEET, private medical education costly http://education.medicaldialogues.in/with-neet-private-medical-education-costly/

SC orders status quo on medical counselling in Madhya Pradesh

New Delhi : The Supreme Court ordered status quo in admission to undergraduate medical courses in private medical institutes in Madhya Pradesh on a contempt plea by the state government. The state government had contended that private medical colleges were not admitting students on the basis of centralized counseling being conducted by it.

The constitution bench headed by Justice Anil R Dave issued notice to the private medical colleges, their association and deemed universities based in the State returnable before September 19 when the bench would hear the contempt plea. The order of status quo is effective both on the counseling being conducted by the respective private medical colleges and the centralized counseling done by the state government.

Read more at Medical Dialogues: SC orders status quo on medical counselling in Madhya Pradesh http://education.medicaldialogues.in/sc-orders-status-quo-on-medical-counselling-in-madhya-pradesh/

14-9-2016

HAPPY ONAM TO ALL

Panchkula: NABH accreditation of Hospital in jeopardy on account of medical negligence

Medical Negligence cases, apart from their criminal, civil as well as professional liabilities seems to have another major implication for accredited hospitals . This one comes in regards of the NABH accreditation of accredited hospitals.

Recently,a five member committee of doctors under the Haryana DGHS has found Alchemist Hospital, Panchkula, was negligent in providing proper care to patients and it failed to adhere to the prescribed standards laid by the National Accreditation Board for Hospitals and Healthcare Providers (NABH).

The inquiry was initiated after Neeraj Chaudhary, a lawyer by profession, lodged a complaint with the authorities accusing the hospital guilty of medical negligence as well as violating the guidelines of NABH accreditation, that resulted in his mother's death.

The case pertains to Neeraj's mother, Purshotma Chaudhary (76) who was admitted to the Medical ICU of the said hospital

with complaints of breathing and weakness, on December 10th, 2015. The complainant alleged that soon after she got admitted, her condition began to deteriorate and that she allegedly suffered hospital acquired infections, including Klebseilla Pneumonia. Moreover, during the stay at the hospital, the patient developed bed sores, about which the family was not informed until it reached stage 4. With lack of proper intervention, the bed sores culminated into septicemia finally leading to her death on 24th January, 2016. The family paid a total bill of Rs 22 lakhs during the course of the treatment reports Indian Express.

The committee finding the hospital negligent said :

"Staff nurses noticed non-intact skin on December 15, 2015, at 10 am and dressing is also mentioned but there is no record of information given to relatives on the same date. As per record, doctor in the ICU observed bed sores on December 19 but there is no mention that relatives were informed on that day. As per record, Dr Vikas Bhadoo mentioned pressure sore on December 22 and also consulted Dr Bakshi (plastic surgeon). Consultation of Dr Bakshi was done later where he mentioned bed sore is in Stage 3. He advised two hourly change of position which was not followed strictly as per record. As per record, patient's attendant was informed on December 23 about the bed sore,"

It further concluded that: "The hospital was negligent in providing proper care to the patients and failed to adhere to the prescribed standards laid by NABH."

Dr Vinay Verma, CEO, Alchemist Hospital, told Indian Express: "The NABH team had already inspected the hospital two months ago and had found no deficiencies. The hospital had NABH accreditation till 2017, which means we follow their stringent standards. How can a third party conclude that we do not follow the standards?"

However, complainant Chaudhary said: "I will write a complaint to NABH for withdrawal of their accreditation and also file a complaint with the president, Medical Council of Haryana, to initiate appropriate disciplinary action against the erring doctors."

Read more at Medical Dialogues: Panchkula: NABH accreditation of Hospital in jeopardy on account of medical negligence http://medicaldialogues.in/panchkula-nabh-accreditation-of-hospital-in-jeopardy-on-account-of-medical-negligence/

Artamine shortage

The age old drug first manufactured in the early 1960"s that has suddenly become scare and has gone out of production.

Patients with Wilson disease (copper overload) with liver, neurological and psychiatric manifestations have been treated with D-penicillamine since 1960's.
D-penicillamine is an excellent chelator and patients have to be on this drug lifelong because of the genetic nature of the disease.
Since the last 6 months 3-4 different companies in India that were producing the drug have stopped production of D-penicillamine (Brand names CILAMIN or ARTAMINE 250 mg).
It appears the raw material that was coming from China is no longer available. Patients particularly children and adolescents and young adults are the most affected. Kindly contact the concerned authorities and facilitate the manufacturing of this essential drug.

Complementary health approaches may help in pain management

Data from a review of 105 US-based randomized-controlled trials published in the September 2016 issue of Mayo Clinic Proceedings suggest that some of the most popular complementary health approaches such as yoga, tai chi, and acupuncture appear to be effective tools for helping to manage common pain conditions. The review from the National Institutes of Health (NIH) examined seven approaches - acupuncture, manipulation, massage therapy, relaxation techniques including meditation, selected natural product supplements (chondroitin, glucosamine, methylsulfonylmethane, S-adenosylmethionine), tai chi and yoga used for one or more of five painful conditions namely, back pain, osteoarthritis, neck pain, fibromyalgia, and severe headaches and migraine.

Chronic Exposure to Air and Noise Pollution is Associated with Cardiovascular Diseases

Air pollution together with noise pollution contributes to greater than 75 percent of the burden of disease attributable to environmental factors, suggests a project report “Environmental Burden of Disease in European Countries".
The following report highlights that, because of noise and air pollution and cardiovascular diseases (CVD), around one million deaths occur every year. It was also found that chronic exposure

to noise pollution is associated with arterial hypertension and ischemic heart disease.
Exposure to combustion-related particulate matter contributes to overall cardiovascular mortality. The authors concludes that "the rapidly burgeoning epidemics of hypertension and type 2 diabetes in many economies in Asia may be much more than a simple coincidence of overlapping prevalence rates due to urbanization and adoption of western lifestyles...it is reasonable to speculate that environmental factors may play a facilitatory role and may contribute to the collective burden of CVD worldwide through potentiation of intermediate risk factors."

Indian Medical Association raises awareness among doctors in New Delhi on the increasing incidence of cardiovascular diseases.

Lay emphasis on raising patient awareness about the importance of leading a healthy lifestyle and undergoing regular preventive check-ups

New Delhi, 13th September 2016: The Indian Medical Association organized a continued medical education (CME) program in New Delhi to discuss the growing epidemic of heart disease amongst the Indian population and importance of achieving goals in cardiology practice. The "Get to Goal" CME was attended by leading doctors in the city.

Cardiovascular diseases are expected to be the leading cause of death in Western and Asian countries including India by 2020. Presently they account for close to a quarter of the deaths in India making them a one of the leading causes of morbidity and premature mortality. The major problem area lies in the fact that that a large section of the population is not aware of the causes and symptoms of the condition.

13-9-2016

State governments approve replacement of MCI by National Medical Commission

While many in the medical fraternity are calling the replacement of MCI with National Medical Commission, "a remedy worse

than malady," the NITI Aayog proposal seems to have found the approval of the State governments.

A recent report in Hindu, confirms the same stating that NITI Aayog on Thursday met representatives from 20 States to hold discussion on the overhaul of the MCI. The meeting was chaired by its Vice-Chairman, Arvind Panagariya.

It is reported that majority of the states have given a positive nod towards recommendations of the government appointed NITI Aayog panel, which calls for the replacement of the medical council of India with the National Medical Commission.

"Most States were on board with the recommendations given by the Aayog. One of the significant proposals is that instead of just one chairman of the new regulatory body, there should be some members also. Also, the States have asked for more representation in the commission," an official aware of the meeting told the daily.

Along with this, during the meeting it has been proposed that a consultative committee be formed, whose function will be to advise the commission.

The suggestions of the meeting, however, will not be binding on the commission. The next step is for the panel to chalk out the final recommendations (keeping in mind the suggestions received from the states as well as the general public). These final recommendations will be then sent to the PM for approval, following which the bill will be introduced in the parliament. Sources reveal that this might happen during the winter session of the parliament.

Read more at Medical Dialogues: State governments approve replacement of MCI by National Medical Commission http://medicaldialogues.in/state-governments-approve-replacement-of-mci-by-national-medical-commission/

AP: HC asks MCI and centre to reconsider age limit for MBBS admissions

Hyderabad: An interesting case of age criterion for admission to MBBS courses has come to light at the Hyderabad High Court, where Justice Suresh Kumar Kait of the apex court has suggested that the Medical Council of India and the centre do away with the criteria of minimum age of 17 years for getting admission into the course. The judge gave this observation while disposing a writ petition filed by B.S.V. Dheeraj.

According to the petitioner's counsel, the petitioner Dheeraj had got himself admission into an International University of Health

Sciences in the West Indies and later in order to get recognition in India applied for permission from the MCI to sit for the eligibility test. The petitioner however, was denied eligibility certification by the MCI on the basis of the fact that that he joined the undergraduate medical course, when he did not complete 17 years.

The petitioner had filed for an eligibility certification to the MCI on April 28,2010. He continued with his course hoping that the MCI would issue the certificate before he completed his course. The Medical Council however , issued a rejection in 2015.The educational body at the time of the rejection also made clear that its regulation was meant to have a binding effect, as had been decided by the Supreme Court. Accordingly, the case of the petitioner was rejected on the ground that he had not applied for eligibility certificate before commencing the MBBS.

While allowing the petition, Justice Suresh Kumar said, "The regulations are of the year 1997 and now we are moving towards e-courts, paperless courts and appreciating any of the citizens of this country, who does some out of the routine or anti-stream. Even in sports, boys and girls aged 16 and 17 are bagging medals for their respective countries. In that case, we appreciate and celebrate that at such a young age, he/she has attained this position. In such a situation, the age of 17 years for admission in MBBS has no meaning."

The judge directed the authorities to permit him to write the eligibility test and advised them to reconsider the issue of age limit of 17 years.

Justice Kait also directed the Registry to send a copy of the same to the Secretary, Public Health System Centres, GoI, so that talented students may not face the difficulty faced by the petitioner, the judge ordered the MCI to issue eligibility certificate to the petitioner within two weeks from the date of receipt of a copy of the order.

Read more at Medical Dialogues: AP: HC asks MCI and centre to reconsider age limit for MBBS admissions http://education.medicaldialogues.in/aphc-asks-mci-and-centre-to-reconsider-age-limit-for-mbbs-admissions/

Chikungunya Update

Chikungunya fever is a non-fatal debilitating viral illness, which spreads by the bite of infected female Aedes aegypti / albopictus mosquito.

Symptoms develop 3-7 days after the bite by an infected mosquito. The classical triad is skin rash, joint pains and high fever. Most patients will usually recover within 1-2 weeks. Cold compressions may easy pain.

There is no vaccine to prevent or drugs to treat. Plenty of rest and fluids to prevent dehydration is recommended.

Aspirin or NSAIDs should not be taken until dengue is ruled out. Both ailments may present with similar symptoms.

In 20% cases, joint involvement may persist for weeks and in 10% cases, they tend to persist for months. While in 10% cases, swelling disappears and the pain subsides, but will reappear with every other febrile illness for many months. Each time the same joints get swollen, with mild effusion and symptoms persist for a week or two after the fever subsides.

Clinically, about 92% have symmetric polyarthralgias, 67% have arthritis and 75% skin rash. About 89% show a very good clinical response to NSAIDs, some 27% require low-dose steroids and 5% may need methotrexate therapy.

11-9-2016

No seperate DNB CET from 2017, NEET PG scores to be used

New Delhi : With a recent series of tweets, Prof Dr Bipin Batra, Executive Director, National Board of Examinations has brought forward some important information for aspirants for super-specialty medical courses in the country. Most important is the news is that There will be no separate CET for DNB broad specialties in January session with effect from January 2017 session and that NEET scores valid for DNB.

Following are the other information highlighted by the NBE Executive director NEET PG 2017 will be conducted by the NBE as per the schedule prescribed in the regulation.

DNB PD-CET will be conducted as per the designed schedule.

DNB CET SS (Super Specialities) will be organized by NBE as per the schedule listed in the regulation.

NEET MDS 2017 for Dental PG Courses will be conducted by the NBE.

NEET SS will be organized by NBE in May-June 2017.

The official detailed notification regarding the same will be soon available. MD team will keep all updated regarding the same.

Read more at Medical Dialogues: No seperate DNB CET from 2017, NEET PG scores to be used http://medicaldialogues.in/no-seperate-dnb-cet-from-2017-neet-pg-scores-to-be-used/

Dengue and Chikungunya are totally preventable diseases

Dengue, Chikungunya as well as Malaria and Filaria are mosquito-borne diseases and are totally preventable. Here are some salient points to remember about their prevention.

- **Malaria is transmitted via the bite of a female Anopheles spp mosquito, which occurs mainly between dusk and dawn. It may rarely spread as a congenitally-acquired disease or via blood transfusion, sharing of contaminated needles and organ transplantation.**
- **The Dengue mosquito (Aedes aegypti) bites in the day time.**
- **The Aedes Dengue mosquito has up to 3 meals in a day, while the malaria mosquito has**
- **1 meal in three days. Malaria may infect only one person in the family; on the other hand, dengue mosquito will infect more than one member in the family in the same day.**
- **Malaria fever often presents with chills and rigors. If fever presents with joint and muscle pains, suspect Chikungunya.**
- **The Dengue mosquitoes may also breed inside houses in fresh collected water; hence, insecticide spraying, in response to dengue outbreaks, is not highly effective. Water should not be allowed to collect inside the house for more than a week. Mosquito cycle takes 7-12 days to complete and if any water collected utensils is scrubbed cleaned properly once in a week, there are no chances of mosquito breeding.**

Overnight extubations in ICU linked to higher mortality

The first multicenter evaluation of overnight extubations for patients in the intensive care unit (ICU) on mechanical ventilation and its association with clinically meaningful outcomes has reported that overnight extubation is associated with higher mortality than patients who undergo extubation during the daytime. The study found that about one-fifth of

patients on mechanical ventilation in ICU patients undergo overnight extubation. The findings are reported online September 6, 2016 in JAMA Internal Medicine.

Apollo Rape Case - IMA Inquiry facts

1. 21 year old patient was suffering from severe dengue. She was on ventilator initially and later on the day of the incident on T peace ventilation
2. She was semi conscious on the day of the event with high ammonia levels
3. Apollo has 12 bedded ICU which is 6 feet away from nursing station with full strength of 6-8 nurses
4. ICU has no door and all cubicles have simple curtains
5. Patient does not remember the details
6. The doctors has not confessed the crime
7. The doctor is registered with Gujrat Medical Council and is a resident

Legal Battle in Kerala over Allopathic Training of Ayurveda Doctors

A court battle against practitioners of the two disciplines addresses the fundamental question:, can Ayurveda practitioners practice allopathic medicine? Specifically, can Ayurveda students be trained in modern medicine? A recent observation of the Kerala High Court states that training in allopathic medicine cannot be denied to Ayurveda doctors. Allopathic doctors during the hearing stated that such training is in violation of spirit of the Medical Council of India (MCI) guidelines. On the other hand, Ayurveda practitioners argue that such training was a part of their curriculum, being provided to students for the last 20 years.

Dr Rejith Anand, General Secretary (Ayurveda Medical Association of India stated 'no complaint of Ayurveda doctors misusing their training has been received in the past two decades. The controversy arose just last year, after the Indian Medical Association (IMA) took it up with the government…A blind objection of the IMA against other systems of medicine made them bring in this issue…

The future of Ayurveda students and even the existence of Ayurveda colleges hangs in the balance, unless the government

takes a concrete decision on modern medicine training' He further noted that the court had itself observed that there is no monopoly over knowledge, and this means that Ayurveda students have the right to train in modern medicine. Ayurveda practitioners further state that if training as per the syllabus, the state council and the Central Council of Indigenous Medicine (CCIM) is unlikely to provide registration to students and affiliation to colleges.

Strong opposition was drawn from Allopathic doctors to this logic, stated that no observership of any kind can be allowed in modern medicine hospitals, and Allopathic doctors would oppose it if it ever does. State president IMA, Dr. A.V. Jayakrishnan, pointed out that this is against MCI guidelines stating that modern medicine students can only be trained in modern medicine institutes.

8-9-2016

Cesarean birth linked to obesity in children

Children born by cesarean delivery were more likely to become obese than children born by vaginal birth, according to a new prospective cohort study published online September 6, 2016 in JAMA Pediatrics. Children delivered via vaginal birth among women who had undergone a previous cesarean delivery had a 31% lower risk of obesity compared with those born to women with repeated cesarean deliveries. Also, children born by cesarean delivery had 64% higher chances of becoming obese compared to their siblings born via vaginal delivery.

Proper Informed consent of DNR saved doctors from paying Rs.20 lakhs.

Proper informed consent of DNR (Do Not Resuscitate) saved Drs from Rs.20 lakhs of compensation… Following is the case instance of APOLLO SPECIALTY HOSPITAL & ANR., CHENNAI V/s. R. MUTHUKRISHNAN before the Tamil Nadu State Consumer Disputes Redressal Commission, Chennai.

Read more at Medical Dialogues: Proper Informed consent of DNR saved doctors from paying Rs.20 lakhs. http://medicaldialogues.in/proper-informed-consent-of-dnr-saved-drs-from-paying-rs-20-lakhs/

Hospital Infection Prevention And Control Guidelines For Isolation Precautions

National Centre For Disease Control, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India came out with Hospital Infection Prevention And Control Guidelines. Following are its major recommendations for Isolation Precautions.

Read more at Medical Dialogues: Hospital Infection Prevention And Control Guidelines For Isolation Precautions http://speciality.medicaldialogues.in/hospital-infection-prevention-and-control-guidelines-for-isolation-precautions/

Sri Lanka has been declared Malaria-free & Delhi sees two malaria deaths since July It's still a matter of concern for India

Malaria is caused by Plasmodium parasites that are spread to people through the bites of infected Anopheles mosquito vectors. Of the 5 parasite species that cause malaria in humans, Plasmodium falciparum is the most deadly.

Globally over 3.2 billion people are at risk of malaria. An estimated 214 million malaria cases and some 438 000 malaria deaths were reported in 2015.

Malaria is a public health problem in India; 561 cases died in 2014, 440 in 2013 and 519 in 2012.

ICMR and IMA should do post mortem analysis of all 561 cases to learn lessons.

About 95% population in India resides in malaria endemic areas and 80% of malaria reported in the country is confined to tribal, hilly, difficult and inaccessible areas that is home to 20% of population.

Young children, pregnant women are most vulnerable. Children under 5 years of age are particularly susceptible to infection, illness and death. More than two-thirds (70%) of all malaria deaths occur in this age group.

Increased malaria prevention and control measures are dramatically reducing the malaria burden in many places. Early diagnosis and treatment of malaria reduces disease and prevents deaths. It also contributes to reducing malaria transmission.

6-9-2016

Gujarat: HC questions last minute change in medical management quota seats

Ahmedabad : The last minute changes of the state government to convert the self financed college management quota seats into government quota and changing the criterion for eligibility on the basis GUJCET results in the middle of the admission process has had the high court reprimand the state government.

A bench of Chief Justice R S Reddy and Justice V M Pancholi has pulled up the state authorities for inconveniencing parents and students and playing with the future of students, by making decisions overnight especially in the face of already existing delays and uncertainty.

The High Court has sought a reply from all seven colleges and their managements as well as to the Admission Committee for Professional and Medical Courses and the state government for changing the scheme of admission, in 7 Gujarat Medical to the released management quota colleges and their managements as well as to the Admission Committee for Professional and Medical Courses. The reply is to be submitted by September 6. The ACPC has been allowed to go ahead with its mock round by the high court asking them to exercise refrain in finalizing their results. For the entire process will be dependent on the outcome of the result said Vikas Nair the petitioner's advocate.

Three students moved the high court against the decision of the state government to surrender 105 management quota seats in GMERS colleges and insisting on filling them through Guj CET. The petitioners are insisting that the seats be filled through NEET, describing this last minute change as a tactic to accommodate certain students.

The petitioners demanded that three students moved the HC against the decision of the state government to surrender 105 management quota seats in GMERS colleges and insisting on filling them through GUJCET. The petitioners demanded that these seats be filled through NEET (National Eligibility Cum Entrance Test). They have accused the government of resorting

to this tactic to accommodate certain students in medical courses.

The petitioners questioned the provisions of rule 3B (3) of the Gujarat Professional Medical Educational Courses (Regulation of Admission and Fixation of Fees) Rules stating that it is against the provisions of the Indian Medical Council Act, which governs admissions to management quota seats by the NEET exam only. Therefore, such transformation of seats is in violation of law, the petition contends.

The CBSE students have also raised objections after the details of the seats were declared claiming that they have been given very few seats.

Parents of these students said in 2015 there were 102 seats reserved for the students of CBSE, but this year ACPMEC has allocated just 54, which is 48 less than last year.

Read more at Medical Dialogues: Gujarat: HC questions last minute change in medical management quota seats http://education.medicaldialogues.in/gujarat-hc-questions-last-minute-change-in-medical-management-quota-seats/

SC rejects plea contending Lodha committee went beyond mandate in monitoring MCI

Declining to hear the petition any further, the hon'ble asked the petitioner to give representation to the committee itself. New Delhi: The Supreme Court on Tuesday heard a plea contending that the top court-appointed oversight committee, headed by former Chief Justice RM Lodha, was going beyond its mandate of monitoring the work of the Medical Council of India (MCI). The petition was filed by Vyapam whistleblower Anand Rai, who has alleged that the committee overshot MCI and the Health Minist...

Read more at Medical Dialogues: SC rejects plea contending Lodha committee went beyond mandate in monitoring MCI http://medicaldialogues.in/sc-rejects-plea-contending-lodha-committee-went-beyond-mandate-in-monitoring-mci/

Prevention of Catheter related bloodstream infections- Guidelines

Catheter-related bloodstream infections (CRBSI, also called catheter-related sepsis) is defined as the presence of bacteraemia originating from an i.v. catheter. It is one of the

most frequent, lethal and costly complications of central venous catheterization. It is also the most common cause of nosocomial bacteraemia. Although the use of central venous catheters (CVC) is increasing, there is evidence that the problem of CRBSI can be reduced.

Read more at Medical Dialogues: Prevention of Catheter related bloodstream infections- Guidelines http://speciality.medicaldialogues.in/prevention-of-catheter-related-bloodstream-infections-guidelines/

5-9-2016

Draft Guidelines for Indian Doctors on Sexual Boundaries issued – by IPS

(Read the full version here)

IPS has invited suggestions/feedback on the draft guidelines. Kindly send your suggestions to Dr. Gautam Saha, Gen. Secretary at ipssecretaryoffice@gmail.com) by 2 October, 2016. IPS will then prepare the finalised version.

Bangalore : In a first of its kind, the Indian Psychiatric Society has come out with guidelines for doctors on sexual and other ethical boundaries, to train them on what is ethically right and wrong. This comes in light of the growing number of cases where by doctors have been accused of crossing boundaries in the nature of their work.

Dr Prasad Rao, president of IPS, told TOI in this regard "It is important for the doctors to know about their boundaries of being intimate with a patient, both physically and mentally. Non-consensual sexual activity is a crime but doctors agree that even consensual sexual activity in a power imbalanced relationship like that of a doctor and patient is not truly consensual. It is hoped that these guidelines will encourage other medical groups in India to begin addressing these problems efficiently."

Following are the major recommendations of the guidelines:-

1. It is the ethical duty of all doctors to ensure effective care for their patients.This would mean that their own conduct should in no way harm their patient. Sexual relationships between doctors and patients invariably harm both the patient and the doctor. Trust, which is central to an effective doctor patient relationship, is inevitably damaged. In view of the power gradient that invariably exists in the doctor patient relationship, the onus is on the doctor to ensure he or she does not enter into an emotional or sexual relationship with a patient.

2. While the laws relating to sexual abuse in India generally pertain to women, these Guidelines aim to be gender neutral and serve as a guide to a code of conduct on doctors of any gender, and to protect patients of all genders too.

3. Doctors should ensure that they do not exploit the doctor patient relationship for personal, social, business or sexual gain.

4. In view of the power gradient in the doctor patient relationship and possible transference issues, doctors are reminded that even "consensual" sexual activity between patients and doctors irretrievably changes the therapeutic nature of the doctor patient dynamic. This would be detrimental to the patient (even from the viewpoint of interfering with good medical care). This would mean that even if it is the patient who attempts to initiate the sexual relationship, it would be against good medical practice for a doctor to enter into such a relationship. Besides, it can be said that consent in a power imbalanced relationship is not true consent. While in some situations it may not be considered as "illegal", these Guidelines would still consider it as a Sexual Boundary Violation (SBV).

5. Any non consensual sexual activity would amount to sexual abuse/ molestation/ rape and doctors would be answerable to the law of the land. (Indian Penal Code laws relate to rape,child sexual abuse, sexual molestation, adultery and sexual harassment in the workplace). Sexual activity with a person less than 18 years of age in India amounts to statutory rape (consent immaterial). The Indian Penal Code states that consent for a sexual relationship with a woman of "unsound mind", is deemed invalid and amounts to rape. The Indian Criminal Law Amendment Act (2013), lists out details of what behaviour is tantamount to sexual harassment and stalking. Section 376C (d) states the punishment for anyone in a position of authority in a hospital, if they misuse their authority by having sexual contact with someone under their care.

6. It is obviously important for doctors to take a relevant sexual history and perform appropriate physical examination. This should be done sensitively and documented properly in the notes. If intimate examination is done, gloves should be used, a chaperone present and indication and findings documented in the notes. All this should be communicated properly to patients, to prevent any subsequent misunderstandings. The doctor should not touch a patient inappropriately in the guise of

physical examination or sexual therapy, for own sexual gratification. Doctors need to be aware that sexual boundary violations (SBVs) can occur in all gender dyads.

7. If treatment that requires the patient to be sedated is used (like electroconvulsive therapy, or any procedure that requires anaesthesia), a nurse should be present during the induction and recovery of anaesthesia. This is good medical practice, not just a deterrent to sexual abuse.

8. A minimum time frame of one year should elapse after the doctor patient relationship is terminated, after which it may be permissible for a doctor to have a sexual relationship with a patient (so long as existing laws of the Indian Penal Code are not broken). Doctors are reminded of the difficulties with defining a time frame, as ending of "treatment" does not signify the end of the "doctor patient relationship" in view of the multiple issues involved, including relapse rates of illnesses. illnesses. If, for whatever reason a doctor feels it imperative to have an emotional/ sexual relationship with a patient (and again, if it does not involve the breaking of any laws), then they should ensure the patient‟s care is „handed over‟ properly to another doctor. It is advisable that doctors discuss the issue with a senior colleague to ensure that they themselves are not entering a relationship due to own vulnerabilities which need to be addressed.

9. It is impractical to have a detailed list of do's and don'ts regarding Non Sexual Boundary Violations (NSBVs) as often it is the context which differentiates an acceptable boundary crossing from an unacceptable boundary violation. However, it would be useful to note that sometimes NSBVs can "slip into" SBVs. It would be important for all doctors to be alert to warning signals in their own (or in their colleague's) , as well as patients' behaviour in these situations.

10. Doctors are reminded to ensure that they use social media responsibly, as it can inadvertently lead to a blurring of professional boundaries.

11. As doctors are to ensure they do not exploit the doctor patient relationship for sexual gain, it would also imply that these Guidelines extend to protect the family members of patients too. (This would extend to family members who are also part of the therapeutic doctor patient/ family dynamic).

12. Any failure to follow these Guidelines, if reported to the Indian Psychiatric Society (IPS) will be referred to the Ethics Committee. It is suggested that all allegations of SBV be taken up for initial enquiry by the Ethics Committee of the IPS. If considered appropriate, they will refer the case to the local "Internal Complaints Committee" (as required by the Supreme Court mandated law on Prevention of Sexual Harassment of Women in the Workplace (Prevention, Prohibition and Redressal Act 2013... Though this law pertains to women at the workplace, many hospitals/ nursing homes have gender neutral policies which extends to patients too.If any criminal act is reported, then the appropriate process of enquiry by the police should be initiated. Doctors are reminded of their own ethical obligation to report unethical conduct by colleagues. (As listed in Section 1.7 of The Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002.). Where children are involved, reporting is mandatory or risks imprisonment (Protection of Children from Sexual Offences Act, POCSO 2012).

13. Though these Guidelines pertains primarily to patients, doctors are reminded that similar care should be extended to interactions with students, colleagues and other professionals in the multidisciplinary team- indeed anyone who is in a „power imbalanced relationship" with the doctor.

14. False allegations can occur. It is important for doctors to be alert to warning signals and risk situations. If the doctor finds him/ herself in the midst of an allegation (whether true or false), it would be important to reach out to colleagues for support. Members of the IPS should be available to support a colleague during any enquiry into an allegation. In the event of an allegation, support should not mean „covering up" the issue. If the allegation proves true on enquiry, the colleague should be supported to the face the consequences of his or her behaviour. Steps should be taken to access help to try and ensure that the behaviour does not recur and patients are protected.

15. The Indian Psychiatric Society recognizes that SBVs are not restricted to any particular group of doctors, indeed not restricted to doctors alone, but occurs in all professional groups. In endorsing this Guideline for Doctors on Sexual Boundaries, the Indian Psychiatric Society takes one step towards effective action against sexual abuse in our society.

IPS has invited suggestions/feedback on the draft guidelines. Kindly send your suggestions to Dr. Gautam Saha, Gen. Secretary at ipssecretaryoffice@gmail.com) by 2 October, 2016. IPS will then prepare the finalised version : Read more at Medical Dialogues: Draft Guidelines for Indian Doctors on Sexual Boundaries issued http://medicaldialogues.in/draft-guidelines-for-indian-doctors-on-sexual-boundaries-issued/

Exposure To HIV- Hospital Infection Prevention And Control Guidelines

(Very important)

National Centre For Disease Control, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India came out with Hospital Infection Prevention And Control Guidelines. Following are its major recommendations For Exposure To HIV.

Please see NACO 2007 Antiretroviral Therapy Guidelines for HIV Infected Adults and Adolescents Including Post-exposure Prophylaxis.

Six steps are indicated for managing occupational exposures to HIV.

1. **Manage the exposure site:**
   - **a) Do remove gloves, if appropriate**
   - **b) Do wash the exposed site thoroughly with running water**
   - **c) Do irrigate with water or saline if eyes or mouth have been exposed**
   - **d) Do wash the skin with soap and water**
   - **e) Do not panic**
   - **f) Do not put the pricked finger in the mouth**
   - **g) Do not squeeze the wound to bleed it**
   - **h) Do not use bleach, chlorine, alcohol, betadine, iodine, or other antiseptics/detergents on the wound**
2. **Establish eligibility for PEP:**

   a) Three categories of exposure can be described based on the amount of blood/fluid involved and the entry port. These categories are intended to help in assessing the severity of the exposure but may not cover all possibilities.

   i) Mild exposure: mucous membrane/non-intact skin with small volumes. ii) Moderate exposure: mucous

membrane/non-intact skin with large volumes OR percutaneous superficial exposure with solid needle

iii) Severe exposure: percutaneous with large volume

b) A baseline rapid HIV testing should be done before starting PEP. Initiation of PEP where indicated should not be delayed while waiting for the results of HIV testing of the source of exposure. Informed consent should be obtained before testing of the source as per national HIV testing guidelines.

3. Counsel for PEP:

a) Exposed persons (clients) should receive appropriate information about what PEP is about and the risk and benefits of PEP in order to provide informed consent. It should be clear that PEP is not mandatory.

b) There are two types of PEP regimens

i) Basic: 2-drug combination

ii) Expanded: 3-drug combination

c) The decision to initiate the type of regimen depends on the 63 types of exposure and HIV sero-status of the source person

d) PEP must be initiated as soon as possible, preferably within 2 hours. All clients starting on PEP must take 4 weeks (28 days) of medication.

e) If the exposed person is pregnant, the evaluation of risk of infection and need for PEP should be approached as with any other person who has had an HIV exposure. However, the decision to use any antiretroviral drug during pregnancy should involve discussion between the woman and her health-care provider (s) regarding the potential benefits and risks to her and her fetus.

Data regarding the potential effects of antiretroviral drugs on the developing fetus or neonate are limited. There is a clear contraindication for Efavirenz (first 3 months of pregnancy) and Indinavir (prenatal).

In conclusion, for a female HCP considering PEP, a pregnancy test is recommended if there is any chance that she may be pregnant. Pregnant HCP are recommended to begin the basic 2-drug regimen, and if a third drug is needed, Nelfinavir is the drug of choice.

4. Laboratory evaluation:

f) When offered HIV testing, the exposed person should receive standard pre-test counselling according to the national HIV testing and counselling guidelines, and should give informed consent for testing. Confidentiality of the test result must be ensured. Do not delay PEP if HIV testing is not available.

g) Recommended baseline laboratory evaluations within 8 days of exposure.

i) In persons taking PEP: HIV, HCV, anti-HBs, complete blood count, transaminases

ii) In persons not taking PEP: HIV, HCV, anti-HBs.

Read more at Medical Dialogues: Exposure To HIV- Hospital Infection Prevention And Control Guidelines http://speciality.medicaldialogues.in/hospital-infection-prevention-and-control-guidelines-for-exposure-to-hiv/

2-9-2016

Maharasthra Medical Council President Passes Away : Homage to a great soul

Nagpur: Former Maharashtra Medical Council (MMC) chief Dr Kishor Taori, 59, who died in city on Wednesday, was not just an eminent radiologist but also a person who never gave up what he undertook. Unfortunately, he had to give up on life due to the upper motor neuron disease that struck him last year and eventually claimed him.

Dr Taori was also former national president of Indian Radiological and Imaging Association (IRIA) and MMC chairman until a few days back when the state government dissolved the body. He was also a professor and head of the radio-diagnosis department at the Government Medical College and Hospital (GMCH).

He passed away on Wednesday afternoon at Ramdaspeth residence. Dr Ved Prakash Mishra, Medical Council of India academic council president and chancellor of Karad Institute of Medical Sciences, said he considered Dr Taori's death as a personal loss as he considered the late doctor as his brother. "He was a man of great conviction, courage and character. He was an extremely helping, dependable and committed person. He took the GMCH radiology department to great heights and it is now at par with any national institute. Dr Taori was also a very good policymaker and that is reflected in his achievements as

IRIA and MMC chief atCentre and state respectively," said Dr Mishra.

Dr Ashok Adhao, former national president of Indian Medical Association and a friend of Dr Taori, said he was a born fighter and never gave up. "He was one doctor who fought with the government staying within the government system. He always took things to a logical end, whether they went for or against him. He revived the MMC that was defunct for 12 years and dared to suspend many doctors violating radiology norms of PCPNDT," said Dr Adhao. Dr Prashant Nikhade, former IMA president stated that as IMA president and as a doctor he always fought for doctors' cause in the city, region, state and at national level. Dr Avinash Wase, IMA president, and Dr Archana Kothari, secretary, informed that Dr Taori's funeral will start from his home next to Dr Jay Deshmukh's nursing home in Ramdaspeth at 11am on Thursday for Mokshdham. He leaves behind his gynaecologist wife Dr Bharti Taori, elder radiologist son Abhijeet, a lecturer at NKP Salve Institute of Medical Sciences, and an engineer son Abhishek who works at Pune.

IMA opposes abolition of MCI, constitution of National Medical Commission

The Indian Medical Association (IMA), Mangaluru branch, and various other associations of specialist doctors have strongly criticised the Central Government's move to replace the Medical Council of India (MCI) through the National Medical Commission and said the government cannot do away self-regulation of the profession.

Speaking to presspersons here on Wednesday, IMA Mangaluru President A. Amritha Bhandary said the Centre, through the Niti Aayog, has posted the draft National Medical Commission Bill, 2016, on Aayog's website and invited objections to it. She said organisations of different specialties of modern scientific medicine have decided to oppose the proposal in totality. IMA Member Srinivas Kakkillayya noted that every profession in the country is governed through self-regulation by an Act of Parliament.

The Centre claims that MCI regulating medical profession and education amounts to conflict of interest. If that is the case, so would be the case with other professions, including lawyers and Bar Council of India, chartered accountants and Institute of Chartered Accountants of India. In a release, IMA said that the

draft Bill is based on the report prepared by a committee comprising bureaucrats who do not have any medicine background. As such, it cannot be accepted at all, the Association said.

The committee also said that the present election process of appointing regulators is inherently saddled with compromises and the system must be discarded. IMA said that if that was the case, the government should have devised a fool-proof election system instead of entirely eliminating the MCI.

Dr. Kakkillayya wondered about the reported statement of a joint Parliamentary Standing Committee which had stated that there has been unbridled corruption in MCI. If that was the case, the government should have slapped criminal cases against those concerned; eliminating the MCI is not the solution. IMA said every other country has similar self-regulation bodies, supported by Acts of legislatures concerned, to govern different professions.

MCI, governed by the Medical Council of India Act, 1956, is on a par with international practices and should not be scrapped. Satish Bhat, another member of IMA, Mangaluru, said MCI's decisions are not sacrosanct; they have to be approved by the Ministry of Health and Family Welfare as well as the Union Cabinet as the case may be. Hence, there is no truth in the allegations of corruption or nepotism. IMA is also opposed to appointment of 20 members to NMC, out of which only one would be a medical profession. Nowhere in the world such practice exists, it said. Dr. Kakkillaya said professionals have resorted to different kinds of protests, including filing objections to the Bill, online campaigns etc. If the government does not relent, doctors would be forced to take to the streets, he said.

September 1- 7 is National Nutrition week: Life cycle approach for better Nutrition

September 1 to 7 is observed annually as the National Nutrition Week (NNW) all over the country. It was conceived by the Food and Nutrition Board, attached to the Ministry of Women & Child Development, in the year 1982 as an annual event with the objective of increasing awareness about the importance of nutrition for health, which has an impact on development, productivity, economic growth and ultimately national development. Workshops, exhibitions, lectures, puppet shows, skits, films etc. will be organized during the week.

Paradigm shift in Aedes Mosquitoes over the last decade : A poetic discourse.

Then - It bites only in the day.
Now - It bites in the light. Day and night does not matter.

Then - It breeds in safe water.
Now - It breeds in stagnant water from natural sources.

Then - It breeds only inside the house.
Now - It breeds both inside and outside the house, in any discarded objects/containers with stagnant rainy water collection.

Then - Mosquito breeds in water tanks on the roof and coolers.
Now - It breeds both in small and large water collections. It can even grow in the caps of bottled water.

Then - Mosquito grows high in environment.
Now - Mosquito grows low in environment. Look for it lower in the walls.

Then - Mosquito nets are not needed to prevent dengue.
Now - When you sleep during day or night, use mosquito net during an outbreak.

Then - You only need to notify the confirmed cases.
Now - You also need to notify suspected cases

Then - Mosquito can lay eggs anywhere.
Now - Mosquito does not prefer to lay eggs on earthen utensils.

1-9-2016

NITI Aayog to meet state ministers for MCI overhaul on September 8

As a step ahead with its efforts on overhaul of the Medical Council of India , the NITI Aayog committee, is expected to meet state ministers and officials on September 8 to hold final

discussions over the proposed National Medical commission bill, following which the committee will move ahead in the process of preparing the final bill. A senior government functionary has confirmed the same to Indian Express.

“The meeting will ensure the comprehensive consultation. By the time the meeting is held, views from the public would have arrived,” the official told the newspaper. It is reported that earlier this month, NITI. Aayog had out the bill in public domain inviting comments till 31st August. With the deadline for public comments coming to a close, this will be followed by interaction with state officials to get their viewpoints.

Read more at Medical Dialogues: NITI Aayog to meet state ministers for MCI overhaul on September 8 http://medicaldialogues.in/niti-aayog-to-meet-state-ministers-for-mci-overhaul-on-september-8/

Prevention of Catheter Associated UTI in Hospitals – Guidelines

Urinary tract infections (UTIs) are one of the commonest types of HCAIs. One of the common reasons of UTI have been identified to be the use of urinary catheters. It is hence important for a practitioner to know the indications for Catheterization as well as precautions that one needs to take Prevent Catheter-associated UTI

National Centre for Disease Control, Government of India has come out with the Hospital Infection Prevention and Control Guidelines. Following are its major recommendations related to Catheter-related UTI.

Indications for Catheterization- Placement of an indwelling catheter should be performed only when indicated. It should be removed as soon as possible.

The accepted indications for catheterization are:

1. Patient requiring prolonged immobilization, such as in the setting of unstable lumbar/thoracic spine injuries, or multiple traumatic injuries including pelvic fracture For short-term (days) management of incontinence (the inability to control urination) needed to assist in healing of sacral or perineal wounds or for retention (the inability to pass urine) not helped by other methods.

2. To measure urine output over several days in critically ill patients

3. For treatment of bladder outlet obstruction

4. For post-operative management of surgical patients with impaired bladder function.

Recommendations to Prevent Catheter-associated UTI

1. Personnel- Only persons who know the correct technique of aseptic insertion and maintenance of the catheter should handle catheters.

2.Catheter Use-Urinary catheters should be inserted only when necessary and left in place only for as long as it is required. They should not be used solely for the convenience of patient-care personnel. For selected patients, other methods of urinary drainage such as condom catheter drainage, suprapubic catheterization, and intermittent urethral catheterization may be more appropriate.

3. Hand hygiene-Hand hygiene should be done immediately before and after any manipulation of the catheter site or apparatus.

4. Catheter Insertion– Catheters should be inserted using aseptic technique and sterile equipment. Gloves, drapes, sponges, an appropriate antiseptic solution for peri-urethral cleaning, and a single-use packet of lubricant jelly should be used for insertion.As small a catheter as possible, consistent with good drainage, should be used to minimize bladder neck and urethral trauma. Indwelling catheters should be properly secured after insertion to prevent movement and urethral traction.

5. Closed Sterile Drainage The catheter collection system should remain closed and not be opened unless absolutely necessary for diagnostic or therapeutic reasons eg irrigation.If breaks in aseptic technique, disconnection, or leakage occur, the catheter and collecting system should be replaced using aseptic technique and sterile equipment.

6. Irrigation– Continuous irrigation should be avoided unless indicated (e.g. after prostatic or bladder surgery).
7. Specimen Collection– If small volumes of fresh urine are needed for examination, the distal end of the catheter, or preferably the sampling port if present, should be cleansed with a disinfectant, and urine then aspirated with a sterile needle and syringe.Larger volumes of urine for special analysis should be obtained aseptically from the drainage bag.
8. Urinary Flow– Unobstructed flow should be maintained.The catheter and collecting tube should be kept free from kinking. Collecting bags should always be kept below the level of the bladder. Do not rest the collecting bag on the floor.
9. Meatal Care- Cleansing of the meatal surface during daily bathing or showering is appropriate.
10. Catheter Change Interval-Indwelling catheters should not be changed at arbitrary fixed intervals.
Read more at Medical Dialogues: Prevention of Catheter Associated UTI in Hospitals – Guidelines http://speciality.medicaldialogues.in/prevention-of-catheter-associated-uti-in-hospitals-guidelines/

29-8-2016

Gujarat: Admissions in Management and NRI quota to be Online

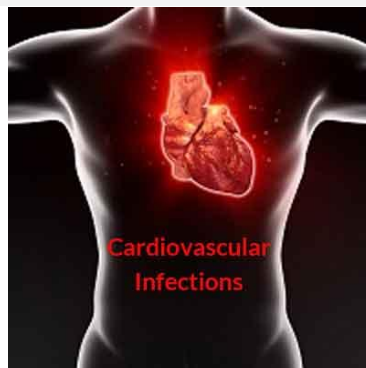
Ahmedabad: The Gujarat Government has made it mandatory that the admissions under the Management and the NRI quota in the state will be done online by a consortium of self-financed medical colleges. This pertains 15% of management quota and 10% of NRI quota within the system.
The government has also made it clear that the admissions based on these quotas will be done on the basis of the National Eligibility and Entrance Test (NEET).
According to the Minister of State for Health , Shanker Chaudhary, as told to TOI, this decision came after a meeting held between the state government and the consortium of these self-financed medical colleges in the state.
The responsible body for maintaining the one window that will be created by the consortium of the self-financed private medical colleges.
The Students aspiring for admissions under the management quota and NRI quota will now have to start afresh with

application by filling forms online and registering with the pin number provided by the banks decided by the consortium.
Concerning the Management quota only, the Minister of State for Health that, "The admission to these 15% management seats will be done from the Gujarat Medical Education and Research Society run medical college in Gandhinagar."
As per a medical dialogue report earlier, with the government announcing the abolishment of NRI quota in self finance medical colleges of the state, indeed a strong court battle had begun. With the students challenging the validity of the state government's ordinance, it seemed that the Gujrat High court had partially bought the arguments of both the sides.
Read more at Medical Dialogues: Gujarat: Admissions in Management and NRI quota to be Online http://education.medicaldialogues.in/gujarat-admissions-in-management-and-nri-quota-to-be-online/

India Antibiotic Guideline for Cardiovascular Infections

India Antibiotic Guideline for Cardiovascular Infections 0Cardiac Sciences Guidelines,

In 2016 National Centre For Disease Control, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India came out with National Treatment Guidelines for Antimicrobial Use in Infectious Diseases.
The major recommendation Cardiovascular Infections:



You can read the full Guideline by clicking on the following link :
http://www.ncdc.gov.in/writereaddata/linkimages/AMR_guideline7001495889.pdf

NITI Aayog report on medical draft bill further commercialisation: ADEH

New Delhi: Raising serious concern over the framework proposed in the National Medical Commission draft bill, an

alliance of doctors alleged that NITI Aayog's report on the matter seeks to "further accelerate" privatization and commercialization of medical education in the country rather than keeping it in check.

The Alliance of Doctors for Ethical Healthcare (ADEH) called the bill and the report a "huge disappointment" and said the treatment being suggested by the government think-think to reform and replace the Medical Council of India (MCI) is "even worse than the disease it is supposed to remedy".

"The draft bill and the report by NITI Aayog should have suggested a policy that would keep a check on growing commercialization of medical education in India, but instead the policy directions given shows that it seeks to further accelerate privatization and commercialization of medical education in the country," Dr Abhay Shukla, member ADEH, alleged.

At a press conference in New Delhi, Shukla and two other ADEH members further said that overall, protection of patients and need for strong clampdown on widespread unethical practices are clearly not a priority in the report and the bill, and the related provisions remain very weak.

"Despite recommendations of the parliamentary panel on health, the draft bill does not make provisions for a dedicated Board of Medical Ethics and this crucial function has been collapsed into a Board for Medical registration," Shukla said.

ADEH, a national network of over 150 doctors from various specialties, is a civil society that promotes ethical and rational healthcare. Dr Arun Mitra, Chairman of Ethical Committee in the Punjab Medical Council, and member of ADEH, alleged that the proposed National Medical Commission, if it comes into force, would not only lead to "proliferation of sub-standard medical colleges" but also "legitimise corruption" in the system that is already plagued with huge corruption.

"The report says there should be no ceiling or regulation of fees in private medical colleges for the majority of students. This would lead to legalisation of astronomical sums being charged by many private medical colleges in modified form," he said.

Mitra cited example of a college in Punjab that recently allegedly increased its fees. Shukla said the bill also proposes that "now 'for profit entities' including businesses and corporations would be officially allowed to open and run medical colleges, thus legitimising and legalising profiteering in medical education".

Besides, composition of the proposed commission, which is "entirely based on nominations, would ensure that this body would be tightly controlled by a section of bureaucracy", he alleged.

The four-member committee, headed by NITI Aayog Vice-Chairman Arvind Panagariya, formed in March made its preliminary report public earlier this month and has invited public comments on the National Medical Commission Bill, 2016, till August 31.

Read more at Medical Dialogues: NITI Aayog report on medical draft bill further commercialisation: ADEH http://medicaldialogues.in/niti-aayog-report-on-medical-draft-bill-further-commercialisation-adeh/

28-8-2016

RTA Fund, this is what IMA has been asking all throughout

- **The Ministry of Road Transport and Highways in its proposed amendments to the Motor Vehicles Act has provisioned for a fund that will ensure free treatment of grievously injured victims.**
- **The amendment bill introduced in Lok Sabha earlier this month has proposed setting up a motor vehicle accident fund, which will be used for medical expenses of grievous hurt persons till they stabilize.**
- **The fund can be created by collecting certain cess or tax, any grant or loan made by the central government or any other source of finance as may be prescribed by the government.**
- **The fund shall be constituted for the purpose of providing compulsory insurance cover to all road users in the territory of India.**
- **The fund shall be utilised for treatment of grievously hurt persons, for paying compensation to representatives of persons killed or seriously hurt in hit and run motor crashes.**
- **Government would come out with the maximum liability amount that shall be paid in each case.**
- **People who have medical or life insurance cover, the payment made by government shall be deducted from the claim they receive from the insurance companies.**
- **The central government shall launch a scheme for**

cashless treatment of victims of the road crashes during the golden hour (first hour of crashes).

Jairam Ramesh Might Move Privilege Motion Against MCI Chief

A privilege motion against Medical Council of India (MCI) president, Dr. Jayshree Mehta is likely by the Parliamentary Standing Committee to be moved for suggesting that MCI has not been provided a fair hearing. Jairam Ramesh, Rajya Sabha MP and committee member said that 'her statement is a clear breach of privilege and I intend [on] moving one against her,' stating this was an attempt to undermine the report of the Standing Committee.

The report has details of the committee's meetings showing that the president and office bearers of the regulator had been deposed several times before the standing committee. He further remarked 'the Committee takes note of the admission of the president of MCI that corruption is there when there is sanctioning of medical colleges or increasing or decreasing of medical seats. However, the Committee finds the inaction of the MCI enigmatic in this matter.' After the various hearing, Dr. Mehta again wrote to the chairperson of the committee to present her views to the committee after the report was presented to Parliament. This request has not been granted as the report is already tabled.

SC to hear plea against Justice Lodha Committee on MCI on Monday, 29th August,2016

New Delhi : On Monday, 29th August, 2016 , the Supreme Court will hear a plea contending that the top court appointed oversight committee headed by former Chief Justice R.M.Lodha was going beyond its mandate of monitoring the work of Medical Council of India (MCI).

Petitioner Anand Rai, who is credited for exposing the Vyapam admission and recruitment scam in Madhya

Pradesh, has contended that Justice Lodha Committee which also comprises former Comptroller and Auditor General Vinod Rai and Institute of Liver and Biliary Sciences Director Shiv Sarin has reversed the MCI and Health Ministry's rejection of a large number of applications by medical colleges without undertaking any fresh inspections.

His PIL says that Justice Lodha Committee "not only (acted) in contravention of Articles 14 and 21 of the Constitution" but took decisions not fulfil the test of reasonableness and being in larger public interest. It flagged Justice Lodha Committee's grant of recognition and increasing the intake of students including extending time schedule of admissions.

The bench of Chief Justice T.S. Thakur, Justice A.M. Khanwilkar and Justice D.Y. Chandrachud said that the matter would be heard by the bench headed by Justice Anil R.Dave.

The constitution bench comprising Justice Dave, Justice A.K. Sikri, Justice R.K. Agrawal, Justice Adarsh Kumar Goel and Justice R. Banumathi had set up Justice Lodha Committee, which, it had said, "will function till the Central Government puts in place any other appropriate mechanism after due consideration of the Expert Committee Report".

While setting up Justice Lodha Committee to monitor the working of MCI including discharge of its statutory functions, the bench had relied on a Parliamentary Standing Committee which had observed that the "MCI was repeatedly found short of fulfilling its mandated responsibilities. Qualify of medical education was at its lowest ebb, the right type of health professionals were not able to meet the basic health need of the country".

The Parliamentary Standing Committee on Health and Family Welfare which examined the existing "architecture of the regulatory oversight of the medical profession" had said in its report, that "MCI was not able to spearhead any

serious reforms in medical education. The MCI neither represented the professional excellence nor its ethos. Nominees of central government and state governments were also from corporate private hospitals which are highly commercialised and conduct unethical practices in order to extract money from hapless patients". The report was submitted to Rajya Sabha and Lok Sabha on March 8.

Read more at Medical Dialogues: SC to hear plea against Justice Lodha Committee on MCI on Monday, 29th August,2016 http://medicaldialogues.in/sc-to-hear-plea-against-justice-lodha-committee-on-mci-on-monday-29th-august2016/

27-8-2016

MCI President defends her council

Amoungst the hoards of pilling allegations against the Medical Council of India; the counsel president, Dr Jayshree Mehta has sprung in defense of council, stating that the apex body has not been 'given a reasonable opportunity' to present its side of the story.

This year MCI, drew major flak from the Parliamentary Committee on health, which called for restructuring the Medical Council of India (MCI), stating that its current composition is "biased" against larger public health goals and is an "exclusive club" of medical doctors from corporate hospitals and private practice. This was followed by the NITI aayog panel calling for dissolution of the apex body and its replacement with the National Medical Commission. At the same time, Supreme court also appointed a three-member committee, headed by former Chief Justice of India, RM Lodha to oversee and monitor all the functions of the council.

Speaking to Hindu, Dr. Jayshree Mehta, President of the council has stated the council has not been 'given a reasonable opportunity' to present its side of the story. She also called the negative attention that has dawned upon the council following the parliamentary panel report, as unfair adding that the report did not reflect reality.

"We sought time from the Parliamentary Committee but were not given any time. To that extent, the Medical Council was denied the mandatory opportunity of hearing, which the principles of natural justice guarantee," Dr. Mehta told Hindu, adding that the

Parliamentary Standing Committee did not bring out any specific complaints of corruption of any type and magnitude.

The council president has also opposed the NITI Aayog's decision to replace with the National Medical Commissing, terming it as "remedy more dangerous than the disease."

The draft Bill on the National Medical Commission, 2016, is plagued by several problems and contradictions," which would result in "complete loss of democratic character expected of a regulatory body," she said.

With regards to the oversight committee, she pointed out that this was nothing new.

"In 2001, the Delhi High Court appointed a full time administrator who supervised the MCI's functioning for a year. During that year, they could not bring even a single event pertaining to the functioning of the Council, which could be said to be contrary to the governing rules," Dr Mehta claimed.

Later a four-member ad hoc committee as formed which examined all of the MCI's decisions between 1996 to 2001. "So, we have been under scrutiny from 1996 – 2001 and then 2002 – 2009 and nothing has been found. While the Lodha Committee does not in any way disrupt the functioning of the Council, the decisions/recommendations given by MCI have remain unimplemented for the substantial period of time," she added.

Read more at Medical Dialogues: MCI President defends her council http://medicaldialogues.in/mci-president-defends-her-council/

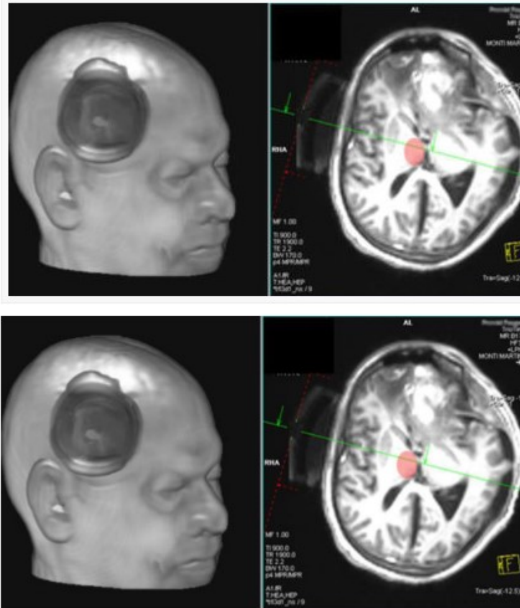
Breakthrough: Ultrasound used to wake up patient out of Coma

Los Angeles: In a first, scientists in the US have used low-intensity ultrasound to successfully jump-start the brain of a 25-year-old man recovering from coma, an advance that may lead to a portable device that can non-invasively 'wake up' patients who are in vegetative state.

The technique uses sonic stimulation to excite the neurons in the thalamus, an egg-shaped structure that serves as the brain's central hub for processing information.

The patient has made remarkable progress following a treatment, researchers said. "It's almost as if we were jump-starting the neurons back into function," said Martin Monti, from University of California, Los Angeles.

"Until now, the only way to achieve this was a risky surgical procedure known as deep brain stimulation, in which electrodes are implanted directly inside the thalamus," Martin Monti said. "Our approach directly targets the thalamus but is noninvasive," he added. Martin Monti cautioned that the procedure requires further study on patients before they determine whether it could be used consistently to help other people recovering from comas.



Left, a 3-D reconstruction of the patient's head wearing the ultrasonic device. Right, a cross-section view of the device, the patient's brain and the target (the thalamus), in red. Source: MARTIN M. MONTI/UCLA

Researchers used a device about the size of a coffee cup saucer which creates a small sphere of acoustic energy that can be aimed at different regions of the brain to excite its tissue.

They placed it by the side of the man's head and activated it 10 times for 30 seconds each, in a 10-minute period. Mr Monti said the device is safe because it emits only a small amount of energy – less than a conventional Doppler ultrasound.

Before the procedure began, the man showed only minimal signs of being conscious and of understanding speech – for example, he could perform small, limited movements when asked. By the day after the treatment, his responses had improved measurably.

Three days later, the patient had regained full consciousness and full language comprehension, and he could reliably communicate by nodding his head "yes" or shaking his head "no."

The technique targets the thalamus because, in people whose mental function is deeply impaired after a coma, thalamus performance is typically diminished.

Medications that are commonly prescribed to people who are coming out of a coma target the thalamus only indirectly. The researchers plan to test the procedure on several more people.

If the technology helps other people recovering from coma, Mr Monti said, it could eventually be used to build a portable device – perhaps incorporated into a helmet – as a low-cost way to help "wake up" patients, perhaps even those who are in a vegetative or minimally conscious state.

Currently, there is almost no effective treatment for such patients, he said.

A report on the treatment is published in the journal Brain Stimulation. This is the first time the approach has been used to treat severe brain injury.

Read more at Medical Dialogues: Breakthrough: Ultrasound used to wake up patient out of Coma http://speciality.medicaldialogues.in/breakthrough-ultrasound-used-to-wake-up-patient-out-of-coma/

How India is losing the TB Battle: Lancet Study

Toronto : India, which is facing the highest burden of tuberculosis (TB) in the world, is also the world's largest consumer of antibiotics, say researchers of Indian-origin in a study, conducted to determine whether pharmacies have contributed to the inappropriate use of antibiotics.

TB is a potentially serious infectious bacterial disease that mainly affects the lungs.

Excess usage of antibiotics has lead to significant antimicrobial resistance that threatens the effective prevention and treatment of TB, as resistant microorganisms (including bacteria, fungi, viruses and parasites) are able to withstand attack by the antimicrobial drugs.

The findings showed that pharmacies frequently dispensed antibiotics to simulated patients who presented with typical TB symptoms.

However, none of the pharmacies dispensed first-line anti-tuberculosis drugs without prescriptions.

Antibiotics and steroids (which can be harmful to individuals who actually have TB), were dispensed only when the patient presented with a lab test confirming TB, thus making the diagnosis apparent to the pharmacist, the study said.

Our study clearly showed that not a single pharmacy gave away first line anti-TB drugs (isoniazid, rifampicin, ethambutol,

pyrazinamide and streptomycin) without prescriptions," said Madhukar Pai, Canada Research Chair at McGill University, in Quebec, Canada.

However, pharmacists gave away other antibiotics and rarely referred patients with typical TB symptoms, and that means they are contributing to delays in TB diagnosis," Pai added.

This can increase transmission of the infection in the community. So, there is great potential to harness pharmacists to identify those who need TB testing in India, the researchers said.

For the study, the team used two standardised patient cases, one with a patient presenting with two to three weeks of pulmonary TB symptoms and a second with a patient with microbiologically confirmed pulmonary TB.

These trained patients then visited 622 pharmacies in three Indian cities (Delhi, Mumbai, and Patna), completing 1200 interactions with pharmacists. After each interaction, the patients remembered what was said to them, and collected all the pills that were dispensed to them by the pharmacists.

Only 13 per cent of simulated patients with TB symptoms were correctly managed, in sharp contrast to the 62 per cent of patients presenting with known TB who were correctly managed, the data showed. "Only a minority of urban Indian pharmacies correctly managed patients with presumed tuberculosis. But most correctly managed a case of confirmed tuberculosis," explained lead author Srinath Satyanarayana, doctoral student at McGill University.

The study, published in The Lancet Infectious Diseases, shows the critical importance of engaging pharmacists for reducing misuse of antibiotics, and for fighting TB.

Read more at Medical Dialogues: How India is losing the TB Battle: Lancet Study http://speciality.medicaldialogues.in/how-india-is-losing-the-tb-battle-lancet-study/

26-8-2016

The New Draft Surrogacy (Regulation) Bill, 2016

Commercial surrogacy is banned in most developed countries, including Australia, UK, Canada, France, Germany, Sweden, New Zealand, Japan and Thailand

2. Now the new bill bas it in India too

3. But the bill allows altruistic surrogacy, where women (near relative) can legally carry someone else's child if no money (other than medical cost and insurance), favour or coercion is involved.
4. Under the proposed law, only infertile Indian couples who have been married for at least five years can opt for surrogacy, while those who already have a child cannot do so.
5. The law that insists that a surrogate woman has to be a close relative of the infertile couple would be "impractical" and may also raise the risk of the surrogacy industry, driven by demand, moving underground, spawning illegal transactions. People will start making fake documents that they are near relatives.
6. The Bill has penalty provisions for those violating the law, when it comes into effect. The penalties include a huge monetary fine (ten lac), and imprisonment (ten years) and even striking down the name from medical register. This will increase paper work. The records will have to be kept for five years and not 2 years.
7. Imprisonment clause is now coming in every new bill PNDT, CEA, Health Data Bill and now surrogacy bills. To err is human. Doctors are not criminals.
8. There will be no role of brokers, agents or inter-mediators and the onus of proof in the case of negligence will be with the clinic and not surrogate or an egg donor.
9. It will effect medical tourism
10. There are more that 50 million infertile couples in the world and their desperation for a biological child has turned commercial surrogacy into a booming business. Thousands of infertile couples rent wombs from poor women for nine months so they can take a baby back home.
11. India has estimated 12 million to 15 million infertile couples
12. Big market for sperm and ova banking, embryo implantation and surrogate womb services.
13. Celebrities also rent wombs
14. An end to commercial surrogacy will be a big blow to many infertile couples. Infertile couples generally do not discuss in-vitro fertilisation (IVF) or third-party reproduction (surrogacy) with close relatives. This is kept as secret as possible, particularly from their close family members - so how are they going to find altruistic close relatives.

15. Finding women from within the close family willing to be surrogates will not be easy. Many infertile couples are likely to find themselves in distress.
16. There are medical grounds where surrogacy is justified - imagine a woman who has lost her uterus during childbirth or a woman born without a uterus
17. The proposed surrogacy law might even lead to break-up of marriages. This may lead to an increase in second marriages - if surrogacy is not allowed, some couples are likely to break up.

Sepsis is a Medical Emergency

1. 72% of patients with sepsis, a fast-moving deadly illness, are seen by doctors in recent past representing missed opportunities to catch it early or prevent it.
2. Common conditions leading to sepsis are pneumonia and infections of the urinary tract, skin and gut
3. There is no specific test for sepsis and symptoms can vary, which means it is often missed. Three is no standard definition also.
4. Preventive Flu, meningococcal & pneumonia vaccines and washing hands can help
5. As over CDC over 258,000 Americans die of sepsis annually more than deaths from heart attack.
6. Sepsis is most common among older people, the very young and those with compromised immune systems
7. The condition can rapidly advance to septic shock
8. In 2011, sepsis was the No. 2 reason for readmissions, following congestive heart failure. {BMJ]
9. When sepsis is caught early, prognosis is very good, but mortality climbs to 25 to 30 percent for severe sepsis and 40 to 70 percent if septic shock occurs.
10. “Early” can mean within a matter of hours.
11. In septic shock chances for survival decrease 7.6 percent for every hour that it goes untreated.
12. Warning signals are fever, elevated heart rate, elevated respiration, low blood pressure and mental confusion that worsens within a few hours
13. Once in sepsis address low blood pressure by administering fluids or by IV drugs to constrict blood vessels and raise blood pressure.
14. Start broad-spectrum antibiotics till cultures are available

15. Outcome depends on fluids, blood pressure, antibiotics, source control and underlying health status.

25-8-2016

Maharashtra Medical Council to be dissolved, Govt to appoint administrator

Mumbai: With the ongoing series of controversies including legal battles involving the State government and the state Medical Council, fresh reports are now coming of the orders of the dissolution of Maharashtra Medical Council.

Mumbai Mirror reports that following a meeting of the Mahrashrta CM, Devendra Fadnavis as well as Medical Education Minister Girish Mahajan, it has been decided to dissolve the MMC and appoint Dr Abhay Chowdhary as the administrator of the quasi-judicial body. The meeting between the two ministers had taken place to chose the right candidate for the post of the administrators, with the vetted names including three names – Dr Abhay Chowdhary, Dr Tatyarao Lahane, dean, Groups of JJ Hospitals, and and Dr Praveen Shingare, director, DMER.

Out of three names, Dr Abhay Chowdary is reported to have been selected. Dr Chowdhary is a professor and HOD Microbiology department at Grant Government Medical College and Sir JJ Group of Hospitals and a former director of the Haffkine Institute. The appointment letter was due to be signed on tuesday evening.

As expected, MMC is going to challenge the appointment. Dr Suhas Pingle, elected member, Maharashtra Medical Council, told Mirror, "We are not shocked by the decision. In fact, we were expecting it as the state government was not holding elections despite us sending them three reminders, asking them to conduct the elections in a free and fair manner. We will challenge the appointment."

Earlier the high court had pulled up the state government for delay in conducting the elections at MMC.

Read more at Medical Dialogues: Maharashtra Medical Council to be dissolved, Govt to appoint administrator http://medicaldialogues.in/maharashtra-govt-moves-to-dissolve-maharashtra-medical-council-to-appoint-administrator/

New plea in Supreme Court for quashing of NEET-I and NEET-II combined result

The legal battle over the single- window medical entrance test, NEET, seems to be unending, with the Supreme Court agreeing to hear a fresh plea seeking setting aside of the combined result of NEET-I and II on grounds of different "difficulty levels" of question papers.

The fresh petition alleged that National Entrance and Eligibility Test (NEET)-II was tougher than the earlier one and CBSE came out with a common result without "normalisation" or rationalisation of marks obtained by the medical aspirants in these two tests

The plea, filed by a Bihar based medical aspirant Shivangi Singh who has already been selected in the combined result, was mentioned before a bench of Justices A R Dave and L Nageswara Rao for urgent hearing.

The bench agreed to hear the matter along with the other pending petitions on the issue next week.

"Set aside/quash the combined result of NEET-I and NEET -II (UG) for Sessions 2016-2017 prepared and declared on August 16, 2016 by CBSE by combining raw scores of candidates treating the same to be a single test and direct CBSE to prepare All India Merit List/rank on percentile basis after adopting 'normalisation' method for NEET-I and NEET-II test conducted on May 1 and July 24," the plea filed through advocate Manoj Singh said.

It said that treating NEET-I and II conducted on two different dates with two different sets of questions with different difficulty level as one single exam for determining the rank of candidates without applying the "normalisation" formula, amounted to placing NEET-I candidates higher in All India Ranking vis-a-vis candidates from NEET-II with poor score due to difference in difficulty level.

The plea also sought direction for appointing an independent committee of experts to ascertain the difference in difficulty level of the questions of NEET-I and II and applicablity of "normalisation" method.

The petitioner also sought direction to CBSE to rectify the errors in answer keys in question booklet of NEET-II and quash the

wrong answers with a further direction to declare her result after making correction.

Read more at Medical Dialogues: New plea in Supreme Court for quashing of NEET-I and NEET-II combined result http://education.medicaldialogues.in/new-plea-in-supreme-court-for-quashing-of-neet-i-and-neet-ii-combined-result/

22-8-2016

Novel protein linked to diabetes identified

A protein, the lack of which can contribute to development of Type-2 diabetes, has been identified by researchers.

Absence of the PTRF (Cavin-1) protein in model organisms and humans results in a nearly complete loss of fat cells, a condition called lipodystrophy. This lack of fat cells causes fat to be mis-targeted to other tissues where it causes them to become insulin resistant and eventually Type-2 diabetes develops, said lead author Libin Liu of the Boston University School of Medicine (BUSM).

The researchers analysed normal model organisms and compared them to those lacking PTRF. They also studied fat cells grown in the lab that either had PTRF or lacked it. Cells need to respond to rapid nutritional challenges by making new proteins to efficiently store fat. In the absence of PTRF, cells were unable to make sufficient new protein to respond adequately to cycles of fasting and refeeding, the equivalent of the human dietary cycle, showed the study published in the journal eLife.

Describing the role of PTRF and gaining a better understanding of how fat can be distributed in these models may eventually offer new opportunities to treat diabetes in humans. The researchers believe that the findings could provide a possible explanation as to why most people who are obese develop insulin resistance and Type-2 diabetes.

The authors, however, cautioned that Type-2 diabetes is a complex condition and proteins other than PTRF can also contribute to the development of the disease. "Diet and exercise continue to be the first choice for preventing and treating Type-2 diabetes," the researchers said. (Times of India)

Medical Council of India launches Digital Mission Mode Project – full update

The Medical Council of India HAS launched the Digital Mission Mode Project (DMMP). The DMMP is an ambitious outreach by

MCI aimed at creating a digital network facilitating data exchange across all medical colleges in the country and converting the Indian Medical Register in the digital mode.

The DMMP solution shall enable online submission of applications for opening of new medical colleges or seat enhancement; creating a national data base of faculty in medical colleges which shall be linked with their Aadhar Card and have bio-metric verification. Every faculty will be issued a RFID enabled identity card and the attendance, salary and work status of the faculty shall be submitted to the MCI on a real time basis by all medical colleges, besides other data and information required for regulatory compliance.

The applicant medical college can also track the application processing status through this online application. The existing records of MCI shall be completely digitalised and the Indian Medical Register shall be made a live Register. The above referred solution shall be backed by a Robust Call Centre Support and "Samadhan" the Grievance Management System of MCI.

Speaking on the inaugural ceremony which was attended by representatives of all State Medical Councils, various medical colleges and representatives of Central Vigilance Commission, Prof. Jayshree Mehta, President, Medical Council of India stated that the DMMP Project is a step towards achieving the Digital India project of the Hon'ble Prime Minister and this project further enhance the transparency and efficiency in the functioning of MCI. President, MCI further stated that the long standing demand of the medical profession, civil society and Govt. of India about having a real time medical register shall be accomplished through this project in the next 6 months. The status of medical practitioners of the country shall be updated and the same could be tracked electronically, their current status especially about their Good Standing or any proceedings under the ethics regulations shall be available for view by general public in the online DMMP application at all times. She further stated that this project shall take the medical profession closure to the Society at large and enhance the outreach of MCI with all its stakeholders.

Dr. Ajay Kumar, Chairman, Administration & Grievance Committee, MCI highlighted that this project was envisaged in the year 2009 and it has taken years of sustained efforts by

members of the Administration Committee taking inputs from State Medical Councils, various medical colleges, eminent IT Professionals and this project shall bring the functioning of MCI to the best of Global standards comparable to any other country in the developed World. Dr. Ajay Kumar dedicated this project to the country.

Dr. Reena Nayyar, Secretary I/c, MCI stated that the electronic RFID registration card shall also be issued to all registered medical practitioners in the country by MCI and this shall enable the registered medical practitioners to have a documented proof of their registration at all times and facilitate working of medical practitioners across all the country – 'One Country One Registration'. Further, the availability of information on real time basis regarding pendency of penal proceedings against the medical practitioners on the Website shall be available which shall further enhance the strict enforcement of ethical code of conduct. Dr. Reena Nayyar, further stated that the submission of documents for various processes such as registration of Additional Qualification or Certificate of Good Standing shall be made online and there shall be no need of physical submission of documents to MCI office. The processing of cases of Ethics Committee shall also be greatly facilitated through the DMMP Project.

The Project has been budgeted through internal resources of MCI on a budgetary allocation of 45 crores and implemented through open transparent bidding process M/s Bodhtree and M/s Techinfy are implementing this project under the monitoring of the Management Committee of MCI. This project is a first of its kind to be implemented by a regulatory agency in the field of professional regulation and higher education. The inaugural ceremony for the project was followed by a workshop for sensitizing of the State Medical Councils and key officers associated with the project. Various members of the MCI, National Board of Examinations and medical colleges also attended the ceremony which was hosted at the head office of MCI at Dwarka, New Delhi.

For any further query please contact Dr. Reena Nayyar, Secretary, Medical Council of India at e.mail: secy-mci@nic.in; phone no. 011-25365075

Extent of CAD and development of heart failure after AMI

Heart failure develops very commonly after AMI despite of extensive acute revascularization as well as wide spread use of medicine for secondary prevention.

Whether the extent of coronary artery disease (CAD) is associated with the occurrence of HF after myocardial infarction is not known, nor is it known whether the treatment of non-culprit lesion CAD might reduce the occurrence of HF. Gerber et al sought to examine the association of angiographic CAD with subsequent HF, looking specifically at the prognostic role of CAD according to HF subtypes: HF with reduced EF (HFrEF) and HF with preserved EF (HFpEF).

In this population-based cohort study, 1,922 individuals (65% men; mean age 64 years) with incident MI diagnosed between January 1990, and December 2010, and no prior HF were followed until March 2013. The extent of angiographic CAD was determined at baseline. Those with more extensive CAD were older and presented with greater comorbidities. They were also more likely to undergo coronary artery bypass grafting and less likely to undergo reperfusion compared with patients with fewer diseased vessels.

During a mean follow-up of 6.7 years, 30.6% of participants developed HF (as ascertained by the Framingham criteria). Half of these patients had HF with HFrEF, 32% had HFpEF, and 18% had no EF assessment available.

The cumulative incidence rates of HF among patients with 0 or 1, 2, and 3 diseased vessels were 10.7%, 14.6%, and 23.0% at 30 days; and 14.7%, 20.6%, and 29.8% at 5 years post-MI, respectively ($p<0.001$ for trend).

After multivariate adjustment, the hazard ratios for HF were 1.25 for 2 occluded vessels and 1.75 for 3 occluded vessels, versus 0 or 1 occluded vessel ($p<0.001$ for trend). This increased risk for HF with increased CAD burden was found to be independent of the occurrence of a recurrent MI and was similar for the difference HF subtypes.

The investigators concluded that the study provides evidence that “the number of disease vessels, as defined angiographically at the time of the first-ever MI, is a strong indicator of both

HFrEF and HFpEF." The mechanisms behind this association require further study.

Reference 1 Gerber Y, Weston SA, Enriquez-Sarano M, Manemann SM, Chamberlain AM, Jiang R, Roger VL.Atherosclerotic burden and heart failure after myocardial infarction. JAMA Cardiol. 2016; 1: 156-162.

Read more at Medical Dialogues: Extent of CAD and development of heart failure after AMI http://speciality.medicaldialogues.in/extent-of-cad-and-development-of-heart-failure-after-ami/

21-8-2016

Academic resolutions should not be subject to union Govt's consent: MCI

Chennai: Chairman Academic Committee, Medical Council of India, Mr. Ved Prakash Mishra has urged upon an amendment being made to the Medical Council Act, Section 33 so that no prior approval is called for from the Union government on notifications related to academic resolutions.

Mr Mishra, who was delivering the keynote address at the National Conference on 'Changing Trends in Health Professions Education' at Sri Balaji Vidyapeeth here on Friday, expressed reservations about prior approvals of the union government for academic resolutions.

Mr. Mishra said that prior government approval in matters related to administration and policy regulations may be justified, but should not be the case for academic resolutions. Mishra was of the opinion that an amendment to Section 33, should be brought about for speedier implementation of academic regulations, as well as their notifications.

"There should be a national curriculum in the current context of globalisation. We should structure and ensure that the national needs and national perspective should gain importance," he said. Going back to guidelines set by the first National Education Commission, the chairman stressed upon the need of a national curriculum. He highlighted the absence of a powerful body for accreditation of medical educational institutions, as in place for technical institutions. The Indian Medical Council Act, he said merely gave recognition to medical institutions.

He also spoke about medical education not falling in the purview of the University Grants Commission Act, for sanctioning of grants. He expressed the need for creation of an authoritative body for granting accreditation to medical institutions. This he

said would bring about uniformity in higher education and also in the sanctioning of grants. He stressed upon the need of all legislation being directed towards higher education particularly in medical institutions. Speaking about the drawbacks of the National Medical Commission Bill, the chairman pointed at the fact that all its five objectives merely substituted the Medical Council Of India's objectives.

Read more at Medical Dialogues: Academic resolutions should not be subject to union Govt's consent: MCI http://education.medicaldialogues.in/academic-resolutions-should-not-be-subject-to-union-govts-consent-mci/

With price cap, 22 drugs get cheaper

1. The price cap announced by National Pharmaceutical Pricing Authority (NPPA) would bring down maximum retail price or MRP of these medicines down by 10-45%. It is likely to impact prices of nearly 220 medicine brands containing 22 formulations.
2. For instance, the price of 1ml Doxorubicin HCl Pegylated Liposomal Injection - used in the treatment of different types of cancer including blood, breast, stomach, lungs, ovaries and kidneys - has been fixed at Rs 723.93, whereas a pack of Zoledronic Acid infusion - used with cancer chemotherapy to treat bone problems - will now cost Rs 3,609.13.
3. The NPPA caps prices of essential drugs at the simple average of all medicines in a particular therapeutic segment with sales of more than 1%. (TOI)

After MCI, now demands to oversee Dental Council Of India

Noted lawyer Prashant Bhushan alleged large-scale corruption in functioning of dental regulator DCI and demanded that it be handed over to Supreme Court-appointed Justice Lodha committee overseeing work of MCI.

In a press conference, Bhushan accused top brass of Dental Council of India of seeking bribes in giving permission for setting up of new colleges and expansion of existing ones, besides involvement in "gross" financial irregularities.

He alleged that several of members of DCI, including President Dibyendu Mazumder were holding their posts "illegally".

The DCI, however, rubbished all allegations, saying it was following all laid down procedures and rules.

"Dr Mazumder is a regular professor working full-time in government of West Bengal Health Services. He misused first term of his presidentship to get his membership from one university in Jharkhand without following rules and regulations of the Dentists Act.

"Besides, DCI has only issued a congratulatory letter and till date his membership has not been duly notified by the Ministry of Health and Family Welfare," Bhushan alleged.

The allegations, made by him, range from financial irregularity to creation of bogus colleges and faculty, improper conduct of elections and harassment of those people who were raising voices against corruption.

Bhushan also claimed that seats were being increased without commensurate improvement in infrastructure, and a few persons have also been caught by the CBI taking bribe. DCI member Dr Shaji K Joseph, who was present along side Bhushan also alleged that DCI's secretary was "illegally appointed".

Bhushan demanded that a committee of inquiry be appointed and action should be taken in this regard, adding CBI cases in this connection should also be expedited. And, the DCI should be superseded and handed over to the Lodha panel.

Mazumder, reacting to the allegation said, "His appointment was legal. And, it need not be notified as only members falling in certain categories (3A and 3F) need notification, as made in the Delhi High Court verdict in a case in 1995. My appointment does not belong to that category, so the allegation is baseless."

"The allegations of corruption and financial irregularities also do not have any base," he said. The Supreme Court, early this year had appointed a three- member Oversight Committee headed by ex-CJI R M Lodha to oversee functioning of the Medical Council of India, which regulates medical practice in the country, for at least a year.

DCI monitors over 300 dental colleges across the country, and most of these colleges also offer post-graduation courses, besides bachelor programmes. Bhushan, in the press conference, also said that like the MCI, similar reforms are needed in DCI. "The situation of DCI is similar to the MCI and hence similar reforms are needed. The whole electoral system is wrong that needs to be corrected. We are saying that should be

done under an independent body like the Election Commission. Lot of irregularity happening during inspections too, and it should be video graphed," he said.

The noted lawyer said, a letter would soon be sent to Justice Lodha seeking these reforms. Bhushan alleged 1,187 Master in Dental Surgery seats in 2012-2013 (more than 200 per cent of previous academic) were alloted. And, the biometric attendance system had been scrapped by Mazumdar so as to escape irregularity being found.

"One can understand expansion in a college, but doubling of seats, point to something fishy," he said. The DCI president, however, rejected the charge and said, "biometric system is functional." Bhushan said, people who are raising voices against corruption in the system DCI are being "victimised", just like Sanjiv Chaturvedi was harassed, as has become evident after the CAT's ruling yesterday.

The Central Administrative Tribunal (CAT) has quashed orders passed by Health Minister J P Nadda and AIIMS President and its Director, indicting him for alleged indiscipline and lack of work ethics during his tenure as Deputy Secretary in the Institute. The Dental Council of India – a statutory body – was constituted on April 12, 1949 under an Act of Parliament. It is financed mainly by grants from the central Ministry of Health & Family Welfare (Department of Health).

Read more at Medical Dialogues: After MCI, now demands to oversee Dental Council Of India http://medicaldialogues.in/after-mci-now-demands-to-oversee-dental-council-of-india/

20-8-2016

MCI announces system to track faculty attendance in colleges

India's medical education regulator today announced a digitization initiative for tracking in real time daily attendance of faculty in medical colleges across the country, in a move aimed at exposing ghost faculties in institutions and making the process transparent.

Under the Digital Mission Mode Project (DMMP), the Medical Council of India (MCI) will be able to monitor attendance of faculty members in about 439 medical colleges through biometric system.

The new system also envisages 'One Country One Registration' under which doctors will be issued electronic Radio Frequency

Identification (RFID) registration card for their documentation which will enable them to practice across the country by registering with the MCI one time.

"The most remarkable thing of this project is monitoring of attendance of faculty through a biometric system and a unique identification for each and every medical practitioner across the country. There have been issues of fake and ghost faculty in many medical colleges.

"With this system, everything will now be online. There will be a server in that particular college as well. Sitting here (Delhi), we can monitor everything, the faculty's presence in college, how long they have taken a lecture and other such things," MCI president Jayshree Mehta said.

She said the DMMP project is a step towards achieving the Digital India project of Prime Minister Narendra Modi and this project will further enhance "transparency and efficiency" of MCI's functioning.

The digitisation project, apart from enabling online submission of applications for opening of new medical colleges or seat enhancement, will create a national database of faculty in medical colleges which will be linked with their Aadhar Card and have biometric verification.

"Every faculty will be issued a RFID-enabled identity card and the attendance, salary and work status of the faculty shall be submitted to the MCI on a real time basis, besides other information required for regulatory compliance," the medical education regulator said. Mehta noted that the task of having a real time medical register, issuing of IDs and other tasks under this project, which has a budgetary allocation of Rs 45 crore, will be completed in the next six months.

Read more at Medical Dialogues: MCI announces system to track faculty attendance in colleges http://medicaldialogues.in/mci-announces-system-to-track-faculty-attendance-in-colleges/

Mumbai : Woman undergoes successful kidney transplant despite incompatible blood group

Mumbai : A 29 year old woman successfully underwent kidney transplant at Global Hospitals here despite having an incompatible blood group with the donor her brother. Diagnosed with chronic glomerulonephritis an acute inflammation of the

kidney as a result of an autoimmune disorder the woman was in urgent need of a kidney transplant.

Usually, the parents are the most suitable candidates to donate a kidney. However, in this case, both mother and father had diabetic complications and did not qualify as suitable donors.

According to hospital authorities, the donation was significant because of the fact that blood groups of the siblings did not match.

"Ordinarily, an organ transplant with incompatible blood groups poses several challenges. In this case, the brother was B+ while the sister was O+. However, with our experienced medical team and meticulous pre-surgery preparation, the surgery went off smoothly with no complications," Bharat Shah, Director, Institute of Renal Sciences, Global Hospitals, said in a statement.

Commenting on their post-surgery health, the doctors stated that both brother and sister are doing well and expect a quick recovery.

Read more at Medical Dialogues: Mumbai : Woman undergoes successful kidney transplant despite incompatible blood group http://speciality.medicaldialogues.in/woman-undergoes-successful-kidney-transplant-despite-incompatible-blood-group/

Whenever Dengue or Chikungunya Case is suspected: Do the following:

. SMS to the RWAs President & Secretary who in turn should send SMS to all RWA Members.

· SMS to be sent to the local IMA Branch President & Secretary who in turn should send a SMS to all the doctors of that respective pin code area.

· SMS to be sent to all the Pathologists of that area.

· Local Councillor/MLA/MP should be informed about the outbreak of dengue in a particular Pin Code area so that necessary Vector Control Programme is under taken by the respective Municipal body.

· All the doctors should make it a point that whenever they see their patients, they do talk about Dengue prevention

Suicide among Indian doctors – High Incidence

One of the major public health problems worldwide today is suicide. Every year, there are about 1million suicides and 10 to 20 million attempted suicides. In the USA, suicide is the third-

largest cause of death in the age group of 10 to 24 years. The suicide index in India is the highest in the world, as about 21% of the total suicides committed around the world happen in India! This has only increased in the last two decades. At the rate it is increasing, there will come a day when suicide will become the number one killer in India. It is a well-known fact that doctors often do shifts that sometimes last 24 hours without any break or time to eat in between. Practicing physicians and medical students sometimes have to bear punishing workloads. They may also end up taking the blame if something goes wrong or even become frustrated with the changing work culture. There is another fact that is no longer a secret for many in the medical community - the high suicide rate amongst professionals and medical students. According to evidence, doctors are about 1.87 times as likely to commit suicide than those in other areas of work.

There has recently been an increase in the rate of suicides among medical professionals (students and doctors). In India, about 37.8% suicides happen in the age group of 15 to 29 years and 51% of these are committed by students and young professionals, the future of our country. In a study conducted in 1996, and again in 2005, it was found that the rate of committing suicide is more likely in female physicians than the males. Medical professionals are also not very comfortable seeking help for the fear of losing licenses or simply because of the feeling that patients may not trust them with their life.

A look at the factors leading to suicide :

Medical students often suffer from depression. Their training is extremely taxing and can take a toll on their mental and physical health. A student may have been a topper in school but things change when they enter medical college. Not being able to score as well can also lead to depression after a point. It is estimated that about 15% to 30% of the medical students and residents suffer from depression. In a study, it was found that a large number of students either contemplated suicide or actually attempted it! Many students resort to non-prescription drug use such as eating painkillers or antidepressants. This could be another factor.

Here is a look at some of the risk factors in various groups.

1) Students: lack of competence, poor performance and failing repeatedly in exams, problems with the medium of instruction,

use of drugs and painkillers, inability to cope with the stress of studies or practical work.
2) Residents: stress due to long working hours of residency, ragging and harassment by seniors, not getting their choice of subjects, use of drugs and painkillers
3) Senior Doctors: stress of professional life, reputation at stake, self-medication, and inability to recognize the symptoms of depression or fatigue Some warning signs It is possible to avert many a suicide attempt if the warning signs are recognized at the onset.
Here are some signs to watch out for.
1) Extreme anxiety or depression, insomnia, agitation, loss of interest in activities, a feeling of hopelessness, persistent negative thoughts, etc.
2) Isolation, self-criticism, self-hatred, despair, and no desire to live
3) Desire to make a will, sudden purchase of things like a gun, rope, pills, or anything else signifying suicidal tendencies. What can be done? It is important to address the concerns of students and healthcare professionals and identify the signs of depression, etc.
in the early stages if suicides are to be prevented.
1) Time for rest and recreation: Stress and long working hours can cause burnout. This is one of the main reasons for physical and mental attrition. There should be adequate manpower for staff to work in shifts and get enough rest and recreation.
2) Medical students and patients should take care to indulge in physical activities in order to keep fit. They should take care to eat healthy and accept support and help from peers and family. They should also not feel hesitant in asking for professional help if they suffer from depression.
3) Small groups can be made in colleges, which can meet regularly to discuss the issues that students or seniors face in their day-to-day life. Picnics can be organized to have some time off from the heavy schedule.
4) Colleges and hospitals can have Suicide Hotline / Counseling Services
5) Doctors are aware of what medications to take and this use of non-prescription drugs should be regulated through appropriate measures. Every medical professional is different. Most doctors usually will have a below-average likelihood of committing

suicide. This is because they take good care of their physical and mental health, being in the profession that they are. Having said this, it is still important for the medical students and professionals to feel empowered to voice their doubts and fears. It is good to vent feelings: be it about the sadness that engulfed you while signing a death certificate, or about an incorrect prescription made, or the embarrassment of not knowing an answer in class.

19-8-2016

Do angioplasty patients really need beta blocker drugs?

A new study by Dr. Valay Parikh, a cardiology fellow with North Shore LIJ-Staten Island University Hospital in Staten Island, N.Y, has claimed that doctors might be overprescribing beta blockers to heart patients who are not seriously ill.

These drugs do not appear to help patients who haven't had a heart attack or have heart failure, even if they did need angioplasty — surgery to clear a blocked artery that caused chest pain" said Parikh and his colleagues.

"Beta-blocker therapy should be individualized, and these medications should not be given blindly to everyone," Parikh concluded. "They should be properly prescribed, based on each patient's indications."

The study reviewed over 755,000 patients and focused only on patients who received angioplasty for recurring chest pain but who had not suffered either a heart attack or heart failure.

More than 71 percent of these patients had been prescribed a beta blocker, and the use of beta blockers for angioplasty patients increased during the eight-year study period, Parikh said."We give it to all patients with heart disease, because we assume it's going to help," he said.

However, they found no significant difference between angioplasty patients taking beta blockers and those who were not. (Adapted from the Chicago Tribune)

Give guidelines on admission to ICU,CCU:

SC to MCI, Centre

New Delhi: Taking into account the stream of medical negligence cases being filed against medical professionals and hospital, the supreme court has asked the Central Government as well as the

MCI to answer whether any guidelines are prescribed for private hospitals on providing care to patients in the Intensive Care Unit (ICU) and Critical Care Unit (CCU).

The direction sought comes in case of yet another medical negligence case, in a petition by one Asit Baran Mandal, a resident of West Bengal, who complained against a doctor for negligence due to which post-operation, he lost his daughter-in-.law.

The petitioner alleged that the treating physician should have been well-advised to ask for a Liver Function Tests (LFT) soon after his daughter-in-law was operated for her pregnancy. She died three days after the operation as her bilirubin levels touched alarming proportions. Mandal alleged that this could have been avoided had the levels been checked on day one.

The counsel for the petitioner further argued that the medical negligence is writ large in number of private hospitals and there is no check on it….neither the Union of India nor the Medical Council of India nor the State Governments are prescribing any guidelines for treatment of the patients in the Intensive Care Units (ICU) or Critical Care Units (CCU). That apart, there is no proper care at the stage of operation or post-operational stage.

In view of the aforesaid submission, the court has issued notice to the Union of India, the Medical Council of India and to all the State Governments represented by the Health Secretaries, fixing a returnable date within six weeks. The matter is now listed for 1st week of October.

Read more at Medical Dialogues: Give guidelines on admission to ICU,CCU: SC to MCI, Centre http://medicaldialogues.in/give-guidelines-on-admission-to-icuccu-sc-to-mci-centre/

Viral infections more dangerous during morning: Study

London : Our body clock accelerates the ability of viruses to replicate and spread between cells ten times faster during the morning than by the end of the day, placing people at a higher risk of catching infection, a study involving an Indian origin scientist has revealed.

Disruptions in body clock lead to increased virus replication and dissemination, indicating that severity of acute infections is influenced by circadian time-keeping.

“The time of day of infection can have a major influence on how susceptible we are to the disease, or at least on the viral replication, meaning that infection at the wrong time of day could cause a much more severe acute infection,” said Akhilesh Reddy, Professor at University of Cambridge. For the study, the team compared normal ‘wild type’ mice infected with herpes virus and influenza A virus.

For the study, the team compared normal ‘wild type’ mice infected with herpes virus and influenza A virus at different times of the day, measuring levels of virus infection and spread.

The mice lived in a controlled environment where 12 hours were in the daylight and the other 12 hours were dark.

The results showed that virus replication in those mice infected at the very start of the day, when these nocturnal animals start their resting phase, the risk of infection was shown to be ten times greater than those infected by the end of the day while they were transitioning to their active phase.

Abolishing cellular circadian rhythms increased both herpes and influenza A virus infection in the mice, the researchers said.

“Our results suggest that the clock in every cell determines how successfully a virus replicates. When we disrupted the body clock in either cells or mice, we found that the timing of infection no longer mattered viral replication was always high,” added Rachel Edgar from University of Cambridge.

“This indicates that shift workers, who work for some nights and rest for other nights and have a disrupted body clock, will be more susceptible to viral diseases. If so, then they could be prime candidates for receiving the annual flu vaccines,” Rachel noted.

In addition, Bmal1 a gene that controls the circadian rhythm also undergoes seasonal variations. It remains less active during winter, while it increases activity in summer, thus explaining the reason why diseases, such as influenza, are more likely to spread throughout populations during winter, said the paper published in the journal Proceedings of the National Academy of Sciences (PNAS).

Read more at Medical Dialogues: Viral infections more dangerous during morning: Study http://speciality.medicaldialogues.in/viral-infections-more-dangerous-during-morning-study/

18-8-2016

Lodha Panel overturns MCI decision, gives permission to 26 medical colleges

New Delhi: The Supreme Court Appointed Lodha Committee, overturning Medical Council Of India's decision, is reported to have granted permission to 26 medical colleges across the country, to begin their operations. These Medical colleges, were earlier denied permission by Medical Council of India based on infrastructural and other deficiencies found during inspection by the council.

This year, around 86 medical colleges had been denied permission by the apex council based on the inspections conducted so far.

In the month of June, providing second chance to the medical colleges who had been denied permission, the SC appointed three member oversight commitee, had granted amnesty to these medical colleges, and have given them a chance to submit their representations to the health ministry.

"The OC received 39 applications from institutions promising compliance by September 30 when the new session starts. The panel after considering these cases has granted a go-ahead in 26 cases," a Health Ministry source informs Tribune.

Now,the Lodha committee, set up to oversee MCI's functioning, has decided to keep the denial in abeyance, allowing 26 of these medical colleges to start enrollment for courses, reports TOI. The panel has sent its recommendations to the Health Ministry, paving the way for the establishment of these colleges, which will be added to the existing 400 .

Some of these institutes include

Ananta Institute of Medical Sciences,

Rajasthan NIMRA Institute of Medical Sciences Andhra Pradesh;

Saraswati Medical College, UP; Sri Sakshi Medical College, MP;

World College of Medical Sciences, Jhajjar (Haryana);

Kerala Medical College;

NC Medical College, Panipat (Haryana);

Local Medical College, Saharanpur and

Prasad Institute of Medical Sciences, Lucknow.

The committee has clearly pointed out that the permission is conditional and that it will soon revisit the issue, conducting inspections. Three major conditions have been laid down by the panel, namely

These 26 institutes will have to give an undertaking to the MCI that they won't remain deficient when the new session starts on September 30;

They will have to give to the MCI bank guarantees worth Rs 2 crore each;

The OC has reserved the right to inspect these new colleges before or after September 30 to see if they are complying with norms.

"If the OC is not satisfied, it has reserved the right to debar new colleges from admissions for the subsequent two years. This is the practice the SC has followed in granting approvals to new colleges," a Ministry official said.

MCI Response :

The decision of the oversight committee, however seems to have shocked the MCI, who had flat out denied permission to the said medical colleges.

"The decision of the MCI oversight panel can be dangerous for medical education. If any medical college is allowed to admit students this year and denied admission next year, it will be awarding degrees to students (admitted this year) from institutes found unfit by the regulators. The standard of medical education in India is already a matter of serious concern and such decisions will make it worse," an expert told TOI.

Read more at Medical Dialogues: Lodha Panel overturns MCI decision, gives permission to 26 medical colleges http://medicaldialogues.in/lodha-panel-overturns-mci-decision-gives-permission-to-26-medical-colleges/

Antibiotic Guideline for Respiratory Tract Infections

In 2016, National Centre For Disease Control, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India came out with National Treatment Guidelines for Antimicrobial Use in Infectious Diseases. The major recommendation for respiratory tract infections can be read at:

http://speciality.medicaldialogues.in/india-antibiotic-guideline-for-respiratory-tract-infections/

Regulating Regressive Health Insurance in India

With 76% of India's population lacking health insurance, J.P. Nadda, Union Health Minister, said that in May 2016 only around 24% of India's population has some form of medical insurance, taking into account both private and public insurance schemes, and RSBY.

20 Central and State sponsored insurance schemes existed in 2015, and the IRDA estimates 28.8 crore Indians were insured as of 2014-15.

Government policy has perhaps created fragmented penetration, not moving towards pooling financial resources for risk projection across social segments. If the base of such pools can be widened and merged it could help reduce classic insurance failures.

Insurance in India only covers catastrophic expenditure (e.g. cost of restricted hospital treatments) offered free, without external audits or regulation of quality. Outpatient treatment and medication is largely not covered.

Commercial insurance has experienced two major problems – 1) only those who need care are more likely to insure themselves (adverse selection) leading to a reduction in pool size, and 2) patients and hospitals build up claims without concern for cost (moral hazard) – attempts to regulate hospitals would lead to cost cutting responses that could increase patient harm.

Rural stint to earn docs marks for PG admission

NEW DELHI: The Supreme Court has upheld the regulation of Medical Council of India (MCI) to give incentive marks to doctors working in rural areas for getting admission to PG courses, saying that it would encourage medical practitioners to opt for assignments in remote areas facing acute shortage of doctors. A bench of Chief Justice TS Thakur and Justices AM Khanwilkar and DY Chandrachud said on Tuesday that the academic merit of a candidate should also reckon the services rendered for public good and there was nothing wrong in the regulation framed by MCI. It said marks obtained in the common entrance examination should not be the sole criteria for admission to PG courses in medical science. "The provision in the shape of Regulation 9 is to determine the merit of the competing candidates. Provision for giving incentive marks to in-service candidates is permissible in law; and thus the proviso to clause IV in the regulation must be upheld in larger public interest," Justice Khanwilkar, who wrote the judgement, said. "The provision has been introduced, inter-alia, also to address the deficiency and lack of response of graduate doctors to serve in remote areas. The scarcity of doctors in villages has been felt for quite some time for which the provision was necessitated," the judgement said.

Gastrointestinal and Intra-Abdominal Infections: GOI Antibiotic Guidelines

In 2016 National Centre For Disease Control, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India came out with National Treatment Guidelines for Antimicrobial Use in Infectious Diseases.
Gastrointestinal & Intra-Abdominal Infections : Read
http://speciality.medicaldialogues.in/gastrointestinal-and-intra-abdominal-infections-goi-antibiotic-guidelines/

15-8-2016

New Medical Council, New Architectural Structure

With the government appointed panel, headed by the NITI Agog Chairman, recommending the abolishment of the current MCI and its subsequent replacement with the National Medical Commission, fresh new policy changes are coming into light.
Addressing the basic lacunae in the previous IMC Act as well as lack of transparency in functioning of MCI, the National Medical Commission Bill 2016 has suggested that the apex medical regulator be broken down into independent bodies that would enhance efficiencies as well as transparency int he current system.
Given the overwhelming sentiment in favour of a new institutional set up for regulation of medical education, the following architecture has been proposed:

Creation of National Medical Commission

The National Medical Commission (NMC) will be the policy-making body for medical education and shall comprise a Chairperson, nine ex-officio Members and ten part-time members. The Chairperson and 4 ex-officio members, who shall also be Presidents of the four autonomous Boards to be created under the overall umbrella of the NMC, shall be appointed by the Central Government through an open and transparent selection process.
The Secretary heading the Secretariat of the Commission (see below) shall also be an ex-officio Member. The balance ex-officio members shall be nominated by the Central Government and represent the Ministry of Health and Family Welfare, Ministry of Rural Development and Department of Pharmaceuticals. Of the 10 part-time members, five will be appointed by the Central

Government through open and transparent selection process and would be drawn from diverse backgrounds such as Law, Management, Economics, Consumer or Patient rights Advocacy, Science and Technology. The remaining five part-time members shall be selected from amongst the members of the Medical Advisory Council representing States on a rotational basis.

The National Medical Commission, though being an apex body will function through its 4 constituent boards namely:

1. **Under graduate Medical Education Board (UGMEB)– To oversee the medical education in the country at the undergraduate level**.
2. **Post Graduate Medical Education Board (PGMEB) – To oversee the medical education in the country at the postgraduate level.**
3. **Medical Assessment and Rating Board (MARB) – For assessment and rating of medical educational institutions as standards laid down by UGMEB or PGMEB, as the case may be.**
4. **Board of Medical Registration (BMR)– For the regulations of medical professionals.B MR shall maintain a live electronic, publicly available, National Register of all licensed medical practitioners to be known as the National Register. The register shall contain the name, address, date of birth, Aadhaar ID of and all qualifications recognized by UGMEB and PGMEB possessed by the licensed practitioner**

   Each Board is to be headed by a separate President and assigned the responsibility of discharging one of the four major functions, namely, regulation of undergraduate medical education, regulation of post-graduate education, accreditation and assessment of institutions and regulation of the practice of the profession. Within the Regulations and Policies framed by the NMC, each Board will be empowered to take decision on all matters pertaining to its subject of jurisdiction. It is envisaged that NMC would coordinate the activities of the four Boards. The Commission shall also have an appellate jurisdiction over these Boards. Within the bounds of the regulations and policies set by the Commission, the Boards shall have full administrative and financial decision-making powers.

Medical Advisory Council

A Medical Advisory Council (MAC) having representation from the States and Union Territories is recommended (UTs) to articulate the national agenda for medical education. This would ensure representation of the States and UTs, which are co-equal stakeholders in providing quality medical education while at the same time also restricting the size of National Medical Commission to a 10 manageable number. Absent MAC, we would either lose representation of states and UTs in the process, which is highly undesirable, or will need to give them membership in the National Medical Commission, which would make the latter unwieldy. Creation of MAC, thus, provides a good compromise between losing representation by the states and UTs and straddling the National Medial Commission with some of the current problems of the MCI.

The Preliminary Report and the draft NATIONAL MEDICAL COMMISSION BILL, 2016 is placed for seeking public opinion. Please send comments/suggestions/feedback on the draft bill latest by 31 st August, 2016 through e-mail only at dirhealth-niti@gov.in.

Read more at Medical Dialogues: New Medical Council, New Architectural Structure http://medicaldialogues.in/new-medical-council-new-architectural-structure/

Indian Antibiotic Guideline For Eye Infections

In 2016 National Centre For Disease Control, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India came out with National Treatment Guidelines for Antimicrobial Use in Infectious Diseases.
Following major recommendation with regards of Antimicrobial use in Eye Infections : can read the full Guideline by clicking on the following link :
http://www.ncdc.gov.in/writereaddata/linkimages/AMR_guideline7001495889.pdf

Read more at Medical Dialogues: Indian Antibiotic Guideline For Eye Infections http://speciality.medicaldialogues.in/india-antibiotic-guideline-for-eye-infections/

13-8-2016

Allow Private Medical Colleges to fix up their fee: Niti Ayog Panel

With the National Medical Commission proposed to take place of the Medical Council of India, the government appointed panel has recommended, many new features that were earlier not accounted for the Indian Medical Council Act.

Fee charged by private medical colleges has been the bone of contention with students and medical colleges for a long time. With NEET coming into effect from this year, many private medical colleges were seen enhancing their fees.

After detailed deliberations and discussions, the Committee concluded that the NMC should not engage in fee regulation of Private Colleges. The conclusion was reached on three counts:

a. Micro-management could potentially encourage rent seeking behaviour in the NMC

b. A fee cap would discourage entry of private colleges thereby undermining the objective of rapid expansion of medical education.

c.Enforceability of such a regulation is doubtful and is bound to encourage the continuation of the underground economy consisting of capitation fees and payments demanded on various pretexts throughout education. Hon'ble Supreme has made a stopgap arrangement of fixation of fee for Private Colleges by a State level Committee chaired by a retired High Court Judge. This has failed to control under the table capitation fee payments and other periodic fees on various pretexts.

Once a merit-based transparent admission system (with reservations for the deprived sections as determined by State governments) is in place, there is no need to regulate the fees charged by private medical colleges. Medical institutions may be required to transparently advertise the tuition and any other fees upfront on their websites with no other fees permitted. There remains the issue of some meritorious students not being able to afford the fees prescribed by private medical colleges. Moreover, there is a longstanding practice of States filling a certain proportion of the seats in these colleges at lower than normal fees. Thus an entirely laissez faire approach to fee regulation may not be feasible. It may be recalled that both the Roy Choudhury committee and the Parliamentary Standing Committee have expressed concerns

regarding the high cost of medical education for students and in favour of capping the fees.
In view of these competing arguments and interests, a balance is required between the giving a free hand to the promoters of the institution and avoiding disruption of the prevalent practice. Accordingly, the committee recommends that NMC may be empowered to fix norms for regulating fees for a proportion of seats (not exceeding 40% of the total seats) in private medical colleges. For the rest, the institution may be given full freedom to charge the fees that they deem appropriate. This will provide for cross subsidization from the rich to more meritorious but poor students or students from disadvantaged groups.

Read more at Medical Dialogues: Allow Private Medical Colleges to fix up their fee: Niti Ayog Panel http://medicaldialogues.in/allow-private-medical-colleges-to-fix-up-their-fee-niti-ayog-panel/

Corporate Medical colleges soon to become a reality

The Preliminary Report and the draft NATIONAL MEDICAL COMMISSION BILL, 2016 has been placed for seeking public opinion.Please send comments/suggestions/feedback on the draft bill latest by 31 st August, 2016 through e-mail only at dirhealth-niti@gov.in.
With the government appointed panel headed by Niti Aayog Chairman, coming out with National Medical Commission Bill and inviting for comments, many new changes to the medical sector seem to be coming to light. Apart from recommending scrapping of the MCI and replacing it with the national medical commission, as well as calling for national exit exam for MBBS in the country, another major recommendation of the panel comes in the form of permitting for-profit entities to establish medical colleges.
Currently, only ‘not-for- profit’ organizations are permitted to establish medical colleges. The Committee deliberated whether the draft bill or the regulations issued by the government should explicitly include a provision to permit ‘for- profit’ organizations to establish medical colleges.
The preliminary report of the committee on the reform of the Indian Medical Council, 1956, stated:
Given the shortage of providers and in recognition of the fact that the current ban on for-profit institutions has hardly prevented private

institutions from extracting profits albeit through non-transparent and possibly illegal means, it was felt that any restriction 15 on the class of education providers would be counter-productive. Therefore the Committee recommends delinking the condition for affiliation / recognition from the nature of the promoter of the medical college (viz. not for Profit, Company). However, this relaxation will have to be provisioned via rules to be framed under the proposed NMC Act.

With deliberations, the committee called for allowing corporate/for-profit organisations to setup their own medical colleges. It is reported that the health ministry has already issued a direction to this effect. Read more at Medical Dialogues: Corporate Medical colleges soon to become a reality http://medicaldialogues.in/corporate-medical-colleges-soon-to-become-a-reality/

Management of arthritis in Chikungunya

The osteoarticular problems in Chikungunya fever usually resolve within 1 to 2 weeks; but, in about 20% of patients they may take longer, while they may persist for months in less than 10% cases. In about 10% patients with Chikungunya, the swelling disappears and pain subsides, but recurs with every other febrile illness for many months. Each time the same joints get swollen, with mild effusion and symptoms persist for 1 to 2 weeks after the fever is resolved. Complement mediated damage and intracellular persistence of the virus have been implicated in occasional studies. In patients with persistent joint swelling, metatarsal head may be destroyed.

The management plan may be finalized in major hospitals, but the follow-up and long-term care must be done at a domiciliary or primary care level. A short course of steroids may be useful as an immunologic etiology is suspected. Patient should be monitored for adverse events and the drug should not be continued indefinitely to prevent adverse effects. Even though NSAIDS produce symptomatic relief in majority of individuals, care should be taken to avoid renal, gastrointestinal, cardiac and bone marrow toxicity. Cold compresses may alleviate joint symptoms. Disability due to Chikungunya arthritis can be evaluated and monitored using a standard scale.

Mumbai: Urologists threaten to stop performing transplants in the state

Mumbai: The recent revelations of kidney transplant rackets has indeed taken the medical profession by the jolt. With the recent arrest of 5 doctors at the city's prestigious Hiranandani Hospital

including the CEO of the hospital, the police is now refusing to release them off the police custody till Saturday.

This comes after the report of a three-member inquiry committee instituted by the state health department to probe the racket which found doctors of the hospital negligent in terms of scanning patients for transplant .The panel report revealed that Dr Shetty and Dr Shah (surgeons) were allegedly involved in the kidney transplant racket. Their claim of never having met the donor and recipient before the scheduled surgery baffled the committee, with the committee implying that either the concerned doctors being either involved in the racket or being thoroughly negligent in their duties.

Shete refuted the allegations. “Our primary role is to evaluate the patient medically,” he said. “It’s not just the treating doctors, several others are involved in giving the final green signal for the transplant which includes a member from the government.” Shete said that he has been involved with over 300 transplants. The argument indeed points out to the fact that while the transplant surgeons have been found negligent, what about the government members of the panel?

Quick to blame the CEO and medical director of Hiranandani Hospital for allowing the kidney racket to thrive right under their noses, the Directorate of Health Services (DHS) has remained silent on the role of one of its own members who had also signed off on the illegal transplant procedure that eventually blew the lid off the scam.The health official has allegedly gone missing since then, reports Mid-day.

Read more at Medical Dialogues: Mumbai: Urologists threaten to stop performing transplants in the state http://medicaldialogues.in/mumbai-urologists-threaten-to-stop-performing-transplants-in-the-state/

12-8-2016

Delhi is in a grip of Chikungunya

Symptoms, Diagnosis & Treatment of Chikungunya

Symptoms

- Most people infected with chikungunya virus will develop some symptoms.
- Symptoms usually begin 3 to 7 days after being bitten by an infected mosquito.
- The most common symptoms are high-grade fever and severe arthralgia (joint pain).
- Other symptoms may include headache, fatigue, throat discomfort, muscle pain, joint swelling, or skin rash.

- Chikungunya disease does not often result in death, but the symptoms can be severe and disabling.
- Symptoms usually resolve within a week. But, the joint pain may persist for months in some people.
- People at risk for more severe disease include newborns infected around the time of birth, adults aged 65 years or older and people with medical conditions such as high blood pressure, diabetes, or heart disease.
- Once a person has been infected, he or she is likely to be protected from future infections.

Diagnosis

- The symptoms of chikungunya are similar to those of dengue and Zika, diseases spread by the same mosquitoes that transmit chikungunya.
- A history of travel or residence in areas where chikungunya is found in a suspected case.
- Blood tests to look for virus specific antibodies for chikungunya or other similar viruses like dengue and Zika.

Treatment

- There is no vaccine to prevent or medicine to treat the Chikungunya virus.
- Treatment is symptomatic and supportive.
- - Plenty of rest.
- - Adequate fluids to prevent dehydration.
- - Paracetamol to reduce fever and pain.
- - Avoid aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) until dengue can be ruled out to reduce the risk of bleeding).
- - If you are taking medicine for another medical condition, talk to your healthcare provider before taking additional medication.
- Patients with Chikungunya should take precautions to prevent mosquito bites for the first week of the illness.
- - During the first week of infection, Chikungunya virus can be found in the blood and passed from an infected person to a mosquito through mosquito bites.
- - An infected mosquito can then spread the virus to other people

Major Reforms to the Medical Council of India (MCI) Act Suggested by Niti Aaayog

Public Comment Invited on Draft Bill A Draft National Medical Commission Bill, 2016 has been published by Niti Aayog and public comment has been invited (send comments to dirhealth-niti@gov.in). These reforms are said to be in the spirit of the 92nd Report of the Parliamentary Standing Committee and the Roy Choudhury Committee reform, promoting a total overhaul of the regulatory and governance structure in medical education.

The Niti Aayog committee has clearly stated that the Indian Medical Council (IMC) Act 1956 should be replaced completely by a new Act, which would provide for the National Medical Commission, the apex body for regulating medical education in the country. A Medical Advisory Council (MAC) with representation from the States and Union Territories (UTs) has been suggested as a new Institutional Architecture for Regulation. The committee also proposed periodically publishing ratings of medical institutions and that the Commission would be empowered to set norms around regulation of fees for a portion of seats in private medical colleges with promoters fixing the remainder fees transparently. Any fees not clearly demarcated on the website of a medical college would not be permitted. A statutory basis for common admissions entrance examinations for undergraduate and postgraduate courses would be established in medical institutes and a Common Licentiate Examination for practice by medical professionals post completion of the MBBS degree. The entire report can be found at the following link for your perusal: http://niti.gov.in/writereaddata/files/new_initiatives/MCI%20Bill%20Final.pdf

9-8-2016

Opthalmologist versus Singer Mika Singh: Court grants time to doctor to file reply

New Delhi: A Delhi court granted two weeks time to a doctor, who has filed a Rs 50 lakh defamation suit against singer Mika Singh for allegedly slapping him and tarnishing his image at a function here, for filing his rejoinder to the composer's response.

Additional District Judge Rajrani allowed the plea of Dr Srikanth seeking time to file rejoinder and posted the matter for August 24. The court had earlier asked the doctor's advocates Rajesh Kumar and Ahmad Shahrooz to file rejoinder to Mika's statement and had fixed the matter for admission and denial of documents. In his written statement, Mika had claimed that the suit was to harass and humiliate him and it should be dismissed with exemplary cost as it was devoid of merits.

He had alleged that the intention was to extort money from him and to pressure him for achieving ulterior motives.

Amrik Singh alias Mika was earlier summoned in the defamation suit filed by Srikanth, an ophthalmologist at Dr Baba Saheb Ambedkar Hospital here, alleging that the singer had slapped him during a live concert, which was coordinated by the Delhi Ophthalmological Society as part of its three-day conference.

Mika, in his statement, had said the contents of the suit are based on media reports and the media houses have filed their own version and their act cannot be attributed to him.

He had denied that he levelled false allegations against the doctor. He had alleged that a case of sexual harassment and uttering words with an intent to outrage modesty of woman has been lodged against the doctor.

The doctor had said that on April 11, 2015, he was dancing at the venue when Mika, without any reason, started pointing fingers at him from the stage and asked him to move aside allegedly in a rude manner using abusive language.

It was alleged in the suit that when the plaintiff did not pay heed to this, the singer got angry and directed his bouncers to drag the doctor to the stage.

It further alleged that Mika slapped the doctor which led to bleeding in his eardrum. "Shocked and surprised by the illegal and unlawful act of the defendant, the plaintiff felt very hurt, anguished, humiliated and embarrassed as the whole crowd gathered at the venue, most of them were his colleagues and friends…," the doctor said in his plea.

A criminal case was lodged against Mika at Inder Puri Police Station here for alleged offences of causing hurt and wrongful restraint under the IPC.

Read more at Medical Dialogues: Opthalmologist versus Singer Mika Singh: Court grants time to doctor to file reply http://medicaldialogues.in/opthalmologist-versus-singer-mika-singh-court-grants-time-to-doctor-to-file-reply/

Serious humor – but true

Ghost Alert at Patna Medical college and Hospital, tantriks called

Doctors Ignored, Tantriks called

Patna: It might sound strange, but many a employees working at Patna Medical College and hospital are living in a state of utter fear. As per some of the college/hospital employees, the hospital staff quarters is being haunted by a ghost. The reason for this superstitious belief comes from the fact that apparently, at least four children of hospital employees have died at the campus under mysterious circumstances in the last one year . All the deaths are reported to have taken place between 12pm-4pm. Out of fear, Employees have stopped sending their children out during the said hours.

Situation of Horror prevails, since the death of a boy named Rohan, who died in his washroom under mysterious circumstances.

With superstitions reaching new heights in the hospital, staff is now looking forward works of tantriks and occultists to help their wards. When on sunday, two girls Radha and Gudiya started to feel a little uneasy, their parents looked upto a tantrik to "free them of the ghosts"

When asked about the recent incidents, Patna Medical College's superintendent Dr Lakhindra Prasad expressed shock over Rohan's mysterious death. Prasad was astonished to know that people were actually not seeing doctors but were rather going to a 'tantrik' even when they are residing in the hospital premises.

When asked about the recent incidents, Patna Medical College's superintendent Dr Lakhindra Prasad expressed shock over Rohan's mysterious death. Prasad was astonished to know that people were actually not seeing doctors but were rather going to a 'tantrik' even when they are residing in the hospital premises. **Prasad said that people are being misled by somebody and he will personally talk to them to not believe in any such rumours, reports India Today.**

Read more at Medical Dialogues: Ghost Alert at Patna Medical college and Hospital, tantriks called http://medicaldialogues.in/ghost-alert-at-patna-medical-college-and-hospital-tantriks-called/

8-8-2016

Physician to Physician: Guidelines on Referral and Delegation in clinical practice

Referral and Delegation are inherent parts of any medical practice. Treatment of any illness, today, requires a multi-disciplinary approach, with doctors across specialties working together to improve the condition of the patient.

MCI in the INDIAN MEDICAL COUNCIL (Professional Conduct, Etiquette and Ethics) Regulations, 2002 section 4 deals with the responsibilities of physicians towards each other. Its important that all physicians should be aware of these:-

4.1 Dependence of Physicians on each other : A physician should consider it as a pleasure and privilege to render gratuitous service to all physicians and their immediate family dependants.

4.2 Conduct in consultation : In consultations, no insincerity, rivalry or envy should be indulged in. All due respect should be observed towards the physician in-charge of the case and no statement or remark be made, which would impair the confidence reposed in him. For this purpose no discussion should be carried on in the presence of the patient or his representatives.

4.3 Consultant not to take charge of the case: When a physician has been called for consultation, the Consultant should normally not take charge of the case, especially on the solicitation of the patient or friends. The Consultant shall not criticize the referring physician. He / she shall discuss the diagnosis treatment plan with the referring physician.

4.4 Appointment of Substitute: Whenever a physician requests another physician to attend his patients during his temporary absence from his practice, professional courtesy requires the acceptance of such appointment only when he has the capacity to discharge the additional responsibility along with his / her other duties. The physician acting under such an appointment should give the utmost consideration to the interests and

reputation of the absent physician and all such patients should be restored to the care of the latter upon his/her return.

4.5 Visiting another Physician's Case: When it becomes the duty of a physician occupying an official position to see and report upon an illness or injury, he should communicate to the physician in attendance so as to give him an option of being present. The medical officer / physician occupying an official position should avoid remarks upon the diagnosis or the treatment that has been adopted.

Apart from the MCI code, which acts specifically in the Indian Context, one should also be aware about the guidelines laid down by the General Medical Council, UK. Following are the salient features of the said guidelines with respect to Delegation as well as Referral.

Delegation involves asking a colleague to provide care or treatment on your behalf. When delegating care you must be satisfied that the person to whom you delegate has the knowledge, skills and experience to provide the relevant care or treatment; or that the person will be adequately supervised.When you delegate care you are still responsible for the overall management of the patient.

Referral is when you arrange for another practitioner to provide a service that falls outside your professional competence.Usually you will refer to another doctor or healthcare professional registered with a statutory regulatory body.

- You should explain to the patient that you plan to transfer part or all of their care, and explain why.
- You must pass on to the healthcare professional involved: n relevant information about the patient's condition and history and the purpose of transferring care and/or the investigation, care or treatment the patient needs
- You must make sure the patient is informed about who is responsible for their overall care and if the transfer is temporary or permanent.
- You must make sure the patient is informed about who is responsible for their overall care and if the transfer is temporary or permanent. You should make sure the patient knows whom to contact if they have questions or concerns about their care.

- **You should check that the patient understands what information you will pass on and why. If the patient objects to a disclosure of information about them that you consider essential to the safe provision of care, you should explain that you cannot refer them or arrange for their treatment without also disclosing that information.**

Read more at Medical Dialogues: Physician to Physician: Guidelines on Referral and Delegation in clinical practice http://medicaldialogues.in/physician-to-physician-guidelines-on-referral-and-delegation-in-clinical-practice/

Different types of placebo effects

- The placebo effect in medicine, where getting an inert (e.g. sugar) pill has a large positive effect. It is believed that often there are large positive effects that are simply from the expectation created in the patient. If true, this is the placebo effect, where the intervention in question has no material effect, but the belief of the patient does. Although often transmitted from the doctor's expectancies, it may be independent of the doctor. The placebo effect may be particularly strongly evident in side-effects, where the number and severity of side-effects may be three times larger when patients are warned about the possibility in the study group and in the placebo group.
- The Hawthorne effect (French, 1953) or the observer effect i.e. the effect did not depend on the particular expectation of the researchers, but being studied caused the improved performance. This might be because attention made the workers feel better; or because it caused them to reflect on their work and reflection caused performance improvements, or because the experimental situation provided them with performance feedback they didn't otherwise have and this extra information allowed improvements.
- The John Henry effect (Zdep & Irvine, 1970; Saretsky, 1972) is the opposite of the Hawthorne effect. It is seen when a supposedly control group, that receives no intervention compares itself to the experimental group and through extra effort has similar effects or results. It is a type of counter-suggestibility.
- Jastrow's effect: Here an explicit expectation about performance is transmitted and turned out to change output by a factor of three. (Rosenthal & Jacobson, 1968; Jastrow, 1900.)

- The Pygmalion effect or "expectancy advantage" is that of a self-fulfilling prophecy. Teachers' expectations of pupils can strongly affect (by about a factor of two over a year) the amount of development they show. (Rosenthal & Jacobson, 1968)

Serious humor

Why Lord Ganesha Never suffered From Diabetes inspite of having pot belly obesity

Today the developing world is facing an epidemic of potbelly obesity-related diabetes and the same has been linked to eating refined carbohydrates especially refined sugar. Lord Ganesha is depicted with big tummy and sweet (laddoo) in one of his hands and yet he never suffered from diabetes. There are two interpretations of this.

The first is a spiritual interpretation and i.e. that in mythology Ganesha depicts principles of stress management and sweet laddoo means control of desires. The big tummy symbolizes retaining all information gathered from hearing with two big elephant ears.

The second is a medical interpretation where the big tummy represents the susceptibility of Indians to metabolic syndrome, the present epidemic related to abdominal obesity. Indians have a weakness for eating sweets as well as being vulnerable to developing pot belly obesity. This is shown as uncontrolled desire to eat sweets (Laddoos) and the prevention of the same is shown by all the fruits or leaves, offered to Ganesha, that have anti diabetic properties.

The main Ganesha Mantra can also be interpreted as explaining anti diabetes properties of Ganesha offerings. "Gajananam Bhoota Ganadi Sevitam; Kapittha Jambu phalasara bhakshitam; Umasutam Shoka Vinasha karanam; Namami Vighneswara pada pankajam". The Mantra means a. "Oh Elephant-faced, worshipped by the existing beings, of all living beings, tasting the elephant apple (kaith) and jambolana (jamun), the Son of Uma, destroyer of grief, I bow to the lotus feet of Ganesha who is lord of all." b. Or Gajananam (the big tummy one worshipped by all) Bhoota (Durva grass and Bilva patra used for worshipping Ganesha) Ganadi (in equal quantity) Sevitam (if consumed);

Kapittha (Kaith) Jambu (Jamun) phalasara (fruits) bhakshitam (to be consumed); Umasutam (son of Uma) Shoka (diseases) Vinasha karanam (get rid of); Namami (I bow to) Vighneswara (destroyer of grief) pada pankajam (feet of lord)" The mantra talks about four medicinal herbs: Durva grass and Bilva patra (Bel leaves) used for Ganesha worship; fruit of elephant apple (Kaith) and fruit of Jambolona (or Jamun). All four have anti diabetic properties and can be mixed in equal quantity and prepared as a medicinal juice. Medically, Durva grass (Cynodon dactylon) has been shown to possess anti diabetic, cholesterol lowering, immune-modulatory, DNA protective, aphrodisiac, male fertility, anti cancer and anti inflammatory activities. Similarly Bilva Patra has both anti diabetic and fertility promoting properties. Elephant apple (Limonia acidissima) also named as Wood Apple, Elephant Apple, Monkey Fruit, Curd Fruit, Koth Bel, Kaitha and Kath Bel, has been shown to possess strong anti diabetic properties. Jamun (Syzygium cumini) also has DNA protective, antioxidant and antidiabetic properties and is an essential ingredient of most antidiabetic Ayurveda preparations. Worth trying: Regularly take equal mixed quantity of Durva grass, Kaith fruit and Jamun fruit juices to prevent diabetes and to reduce the ill effects of metabolic syndrome. Note: This article is the author's personal interpretation based on listening to many Ayurveda experts.

IMA Safe Syringes Initiative

- Say No to injections.
- IV to oral early switch.
- Use syringes, which cannot be reused and do not lead to accidental needle stick injury.
- 16 billion injections per year world over 90% (curative care), 5% (immunization).
- 40% reused injections (21 million new HIV, 2 million new HCV and 2.6 lakh new HIV cases).
- 3 million needle stick injuries (37% of all new HBV, 39% new HCV and 5.5% of all new HIV cases
- 56% of patients receive one injection.
- Injection per person per year 1.7-11.3.
- Sterile hypodermic syringe for single use
- - Auto disposable syringe for fixed dose Immunization

- - Sterile hypodemic syringe for single use with a reuse prevention feature
- - Sterile hypodemic syringe with a sharp injury protection feature (SIPs)

7-8-2016

Radiologists threaten pan-India strike on harassment on clerical errors

New Delhi : While amendments to the PC-PNDT act are still warming the shelves in the government offices, radiologists continue to face the burden of the harsh punishments as well as harassment at the hands of authorities, even for minor clerical errors. Every now and then, cases are seen where doctors get to face the PNDT axe, sometimes for clerical errors of form F, some times non wearing of aprons. With the amendments still waiting to take shape, all these are considered gross violations of the Act and hence liable for punishments equivalent to those of the actual PNDT crime, that is sex determination.

During the Central Supervisory Board meeting held on 5th April, 2016 Shri J.P. Nadda, Union Health Minister and Smt. Maneka Gandhi, Cabinet Minister, Ministry of Women and Child Development had assured to stop the harassment to Radiologists due to:

(i) not keeping Copy of the PC & PNDT Act,
(ii) (ii) not wearing of Apron and
(iii) (iii) non display of board,
(iv) (iv) minor clerical errors in filling Form F etc.

An Expert Committee was formed on the proposed amendments received on the PC & PNDT Act and solve the matter within two months. However, even after 5 months, doctors claim that no measures have been taken for their protection and harassment in the name of the Act still continue across the country.

"The innocent Radiologists are being harassed by the Appropriate Authorities for minor clerical mistakes, which are being considered equal to sex determination. The highly qualified Doctors who are one of the pillars of the society are being treated as culprits as though they have done blunder mistake in choosing the Ultrasound in Radiology specialty,

which is life saving in fact," said Dr O.P Bansal, President Indian Radiological and Imaging Institute, IRIA.

IRIA has written to the Health Secretary asking immediate intervention of the Ministry, in resolving the matters of the PC-PNDT Act, threatening that if these harassments are not stopped and amendments proposed in 24th CSB meeting are not implemented, then the members of IRIA will be constrained to go on strike from 1st September, 2016.

"In first phase we shall not do any ante natal Ultrasound and then indefinite stoppage of all Ultrasound procedures till solution of our problems and justice is served. We do understand our duties and responsibilities but not at the cost of lives of our colleagues who continue to suffer," added Dr OP Bansal.

Read more at Medical Dialogues: Radiologists threaten pan-India strike on harassment on clerical errors http://medicaldialogues.in/radiologists-threaten-pan-india-strike-on-harassment-on-clerical-errors/

Petition In Supreme Court demanding NEET II retest

Petition field in view of NEET II paper leak rumors New Delhi- A fresh petition has been filed with the apex court, asking for re-examination of the NEET-II examination in view of the alleged paper leak that happened right before the day of the exam. This came in light the of the arrests that were made by the Uttarakhand Police, just the night before the NEET exam was conducted.

Read Also : Uttarakhand: NEET-2 question paper allegedly leaked, 3 arrested

CBSE had immediately issued a statement denying any leakage of the exam paper. "The material seized by the Uttarakhand police from persons involved in cheating was provided to CBSE and the same was matched by the board with the original question paper of NEET-II. It was found that the seized material is entirely different from the original question paper. This was an attempt made by some unscrupulous elements to cheat the candidates on false promises," the board had said in a statement.

The Petitioner, NEET aspirant Anshul Sharma, while alluding to a similar situation that had occurred with the AIPMT 2015 exam,

has appealed for a re-examination of NEET II exam this year based on the conduct of the police. Last year, when the AIPMT paper had leaked, CBSE had to re-conduct the exam within 4 weeks, as per directions of the court reports India Today.
Read more at Medical Dialogues: Petition In Supreme Court demanding NEET II retest http://education.medicaldialogues.in/petition-in-supreme-court-demanding-neet-ii-retest/

No Exit Exam (Demands IMA)

- **The Centre's plan to conduct an exit exam for MBBS students is being opposed by Indian Medical Association (IMA). Such a move will belittle the scope of the MBBS exam. Why have another exam when students anyway write the final-year MBBS exam? Does it mean the degree is invalid?**
- **Only the Medical Council of India (MCI) can decide what students should study and how to certify them, not the government.**
- **IMA is also opposing the 6-month training exam under PC PNDT Act.**
- **It is also against registration every 5 years based on an exam or credit hours CME.**
- **India already is facing a shortage of 4 lakh doctors and 10 lakh nurses. Any such rule will demotivate students as it will degrade MBBS as a degree.**
- **The government can if they want conduct a single final year exam combined with the NEET equivalent to certify medical graduates and select them for postgraduate seats.**
- **Re-registration of doctors once in 5 years can be done to maintain accurate data by the medical councils of the state but not linked to passing exam again. The purpose of re-registration is to maintain data. Even now, the councils have data on doctors who are dead. We need to streamline the process to update data. But CME attendance score and credit hours cannot be made mandatory.**
- **What counts in a doctor's profession is experience and not theory. Many councils are making it mandatory for doctors to submit certificates showing 30 points gained by attending CMEs and gaining credit hours.**

- **Many Supreme Court judgments have said that one is supposed to possess an average degree of skill and knowledge to practice. One is not expected to excel in his profession. The passing marks are 50% and not 90%. A fifty percenter is a good doctor. MBBS degree means that the person is qualified enough to practice medicine.**
- **Accreditation, like NABH, also are not mandatory as they are for excellence in health care and not getting NABH does not mean the hospital is negligent or of B grade category.**

One doctor per 893 patients: Health Minister on WHO report

India has one doctor for every 893 patients in the country if allopathic doctors and those practising Ayurveda, Unani and Homeopathy streams are considered together, Lok Sabha was informed. In a written reply, Minister of State for Health Faggan Singh Kulaste said there as 9.59 lakh registered allopathic doctors in the country and 6.77 lakh Ayurveda, Unani and Homeopathy (AUH) doctors.

“Assuming 80 per cent availability of doctors, it is estimated that around 7.67 lakh (allopathic) doctors may be actually available for service. It gives a doctor is to population ratio of 1:1681. If the allopathic and AUH streams are considered together, it gives a doctor population ratio of 1: 893,” the Minister said replying a question on whether the government has taken note of the World Health Organisation (WHO) report which stated that large number of allopathic doctors in the country do not have medical qualification and lower national level of density of all doctors, nurses and midwives.

He said that as per Indian Medical Council Act 1956, only the practitioners enrolled on the state medical register can practice medicine and any person who acts in contravention is liable to be punished with imprisonment and fine. Kulaste said there were 7,89,796 Auxiliary Nurse Midwives (ANM) and 17,93,337 registered nurse and registered midwives (RN&RM) in the country.

“Assuming 80 per cent availability of ANMs and 60 per cent availability of RN&RMs, there would be 17.10 lakh nursing personnel in service in the country which gives a nurse population ratios of 1:748,” the Minister said.

Read more at Medical Dialogues: One doctor per 893 patients: Health Minister on WHO report http://medicaldialogues.in/one-doctor-per-893-patients-health-minister-on-who-report/

Govt. revises regulations for conducting clinical trials

The Central Drug Standard Control Organization (CDSCO) has revised rules for conducting clinical trials in the country.

· The CDSCO has done away with the earlier restriction of three clinical trials per investigator at any given period of regard states: “As regards restriction that no investigator shall conduct more than three trials at any given period of time, it has been decided to remove this restriction and it is further decided that Ethics Committee after examining the risk and complexity involved in the trial being conducted/proposed shall decide about how many trials an investigator can undertake.”

· Regulations for hospitals conducting clinical trials have also been eased. In its circular File No. 12-01/14 – DC (Pt. 47) dated 3.8.16, the CDSCO said, “As regards requirement of NOC from DCGI for addition of new clinical trial site or investigator in clinical trial, it was decided in the meeting that the respective Ethics Committee after due diligence can approve proposals for addition of site(s) and investigator(s) and no NOC from DCGI in normal course, should be necessary. However, the applicant would inform DCGI about any such addition / deletion and thereafter, if no objection was received from DCGI, it would be deemed to have concurrence of CDSCO.”

· A minimum number of beds is no longer a requirement for hospitals seeking to conduct a research. The CDSCO has revised this restriction vide a circular File No. 12-01/14 – DC (Pt. 47) dated 2.8.16 as follows: “As regards condition that no clinical trial shall be conducted at site having less than 50 bedded hospital, it has been decided to revise this condition and it is further decided that Ethics Committee shall examine and decide whether the clinical trial site is suitable for trial or not irrespective of number of bed. However, it was also suggested that site shall have emergency rescue and care arrangements along with all other necessary facilities required for that particular clinical trial.”

Digital Mission Mode Project by Medical Council of India : An appeal by M C I

· This is to bring to your notice Medical Council of India (MCI) has initiated the process of implementing e-governance through Digital Mission Mode Project (DMMP). As part of the DMMP, MCI through open transfer process, selected a System Integrated M/s Bodhtree Consulting Ltd & M/S Technify Solutions Pvt. Ltd. To design, procure/develop, supply, implement, operate, and maintain MCI-DMMP solution for e-governance purpose.

· MCI e-governance project thereby achieving majorly the following amongst others: ·

· Provide an online channel for application to avail the services of MCI ·

· Provide application progress status available online to the applicant ·

· Reduced cost to avail services by the applicant due to reduction in physical travel, availability of e-payment, etc ·

· Monitoring of attendance of faculty of medical college · Improved complaint and grievance redressal ·

· Workflow based processing · Enhanced and user friendly document management ·

· Availability of MIS and dashboard for management

· During the integration process we shall also be interacting with all the medical colleges in India time & again for quick and fool proof e-governance system. We are also in process of creating details of mandatory & desirable requirements with time lines from the Medical Colleges. As the project will be driven under strict time & continuous monitoring of MCI e-governance team by the Office of the Council will elicit your cooperation.

Chennai: Another doctor faces suspension for affiliation to two medical colleges

CHENNAI: Taking a strong stance against association of medical faculties with more than one medical college in an academic year, the MCI has directed the TNMC to suspend another doctor in this issue.

This time, the suspension has been ordered for Dr Mannam Rama Rao, who according to sources was associated with two medical colleges, namely as a professor of psychiatry at MNR

Medical College and Hospital, Andhra Pradesh on October 7, 2013, and again appeared as a faculty and head of psychiatry at Shri Sathya Sai Medical College and Research Institute, Kancheepuram on March 3, 2014. The issue came to light when a sub committee of the council scrutinized the declarations forms of colleges for the academic year 2014. The ethics committee ordered disciplinary action against the
doctor, after recording the statements of Mannam Rama Rao along with the principals of the two colleges.

Confirming the news to Express, sources from Tamil Nadu Medical Council said that the doctor would be suspended for a year and a resolution would be passed at the next disciplinary committee meeting of the council.

Read more at Medical Dialogues: Chennai: Another doctor faces suspension for medical colleges http://medicaldialogues.in/chennai-another-doctor-faces -asfufislipaetinosni oton -tfworo affiliation-to-two-medical-colleges/

Lesser land requirements for setting up of medical colleges: Nadda

To enhance private participation , Nadda announced reduced land requirements for setting medical colleges in country New Delhi : Health Minister, JP Nadda, has announced various amendments in the Establishment of Medical College Regulations 1999 with the aim to overcome doctor shortage in the country. The move is aimed introducing ease in establishment of medical colleges, especially in populated areas.

Mr. Nadda has announced the waiver of the 10 acre campus area stipulation for establishing a medical college, by introducing 60,000 sq.meters of floor space, to house a medical college and also lowered the population criterion from 25 lac to 10 lakhs. With the present amendment, a medical college can be set up in a city with a 10 lac population and the college initiator possessing 60,000 square meters of area to set up a medical college, hospital, and staff quarters. Prior to the amendment, in October 2012, the clause stated -“the institution was be housed in a unitary campus of at least 20 acres of land except in mega cities where the permissible FAR/FSI was the criterion, provided that the total built up area for college, hospital, hostel, residential quarters etc was made available “in an area of not less than 10 acres”.

The entire exercise of decreasing land allotments in shrinking city spaces and changing of nomenclatures from urban agglomerations/ cities with population of 25 lakhs-plus to metropolitan areas is considered as an attempt to finally shoot up the numbers of medical practitioners. The present doctor

patient ratio being 1:2000.
The Health Minister has also amended' eligibility criterion' to enable "all companies registered under the Companies Act 1956" to set up medical colleges, and become profit making enterprises. It was when companies and private organisations went knocking
the government's door requesting to be allowed private participation for establishment of colleges as business ventures that the MCI initiated amendments of this nature.

Read more at Medical Dialogues: Lesser land requirements for setting up of medical colleges: Nadda http://education.medicaldialogues.in/lesser-land-requirements-for-setting-colleges-nadda/ up-of-medical-

3-8-2 016

August 1-7 is World Breastfeeding Week

World Breastfeeding Week is celebrated every year from 1 to 7 August in more than 170 countries to encourage breastfeeding and improve the health of babies around the world. It commemorates the Innocenti Declaration made by WHO and UNICEF policy-makers in August 1990 to protect, promote and support breastfeeding. The WHO recommends exclusive breastfeeding until a baby is six months old, and continued breastfeeding with the addition of nutritious complementary foods for up to 2 years or beyond. This year's WBW theme is 'Breastfeeding: A key to Sustainable Development'. The World Breastfeeding Week 2016 theme is about how breastfeeding is a key element in getting us to think about how to value our wellbeing from the start of life, how to respect each other and care for the world we share.

MCI Replacement Proposal Opposed by MPs

The proposal by the Niti Aayog panel met some resistance on Monday from a section of Rajya Sabha MPs. Rather than dividing into four parts, Naresh Aggarwal, a Samajwadi Party member, asked JP Nadda, Health Minister to take full control of the MCI. The suggestion by the Niti Aayog Panel was to create one board each for undergraduate medical education, postgraduate medical education, medical assessment/accreditation, and ethics and registration. An advisory council that would be independent with representatives from all states and UTs was also proposed in order to guide the 20-member commission, picked through a search-cum-selection model. Satish Chandra Mishra, BSP leader, said no pending cases existed against former MCI president Ketan Desai, arrested by the CBI on graft charge. TDP Member, CM Ramesh also questioned where any

evidence exists on corruption in MCI. Jairam Ramesh, congress leader pointed out corruption was widespread in MCI, with a nexus between the political establishment and MCI officials. Before initiating any changes in the MCI, Nadda pointed out the government would not succumb to vested interests and would take all parties into confidence.

Over 40 pc Delhiites diabetic, Mumbai, Ahmedabad close behind: Study

New Delhi: Over 40 per cent of Delhiites are diabetic, a new study claimed as it placed the national capital in the first position among cities closely followed by Mumbai and Ahmedabad. "The study reveals that about 42.5 per cent of Delhi's population suffers from this disease, which in the case of Mumbai is estimated at 38.5 per cent of its total population. In Ahmedabad 36 per cent people are diabetic. In Bangalore 26.5 per cent, while in Chennai the percentage is estimated to be 24.5 per cent. "In Hyderabad and Kolkata, the number of diabetic patients is estimated at 22.6 per cent and 19.7 per cent of the total population, respectively. Even in rural areas, people are increasingly becoming victims of diabetes," an Assocham study 'Diabetes on the Rise in India' said. The study also found that if changes in lifestyle and food habits are not made, 125 million Indians are likely to become victims of Diabetes by 2035. Besides the cost burden imposed by the disease, the impact on quality of life and productivity of individuals is particularly severe, especially in later years, it said. It said that Delhiites consume high amount of oil, ghee or butter in various cooked products which has evidently led to increase in the number of obesity and hypertension cases, pushing up the figures with regard to diabetics. The Assocham study said the increase in diabetes cases among men grew by 25 per cent, while among women by a whopping 42 per cent. It said around 55 per cent of the respondents covered were in the age bracket of 20-29 years, followed by 30-39 years (26 per cent), 40-49 years (16 per cent), 50-59 years (2 per cent) and 60-69 years (approximately 1 per cent). The study was able to target private employees from 18 broad sectors, with maximum from IT/ITes sector (17 per cent). The study included major cities like Delhi-NCR, Mumbai, Bangalore, Kolkata, Chennai, Ahmedabad, Hyderabad, Pune, Chandigarh, Dehradun and others. A little over 500 employees were selected from each city on an average.

Read more at Medical Dialogues: Over 40 pc Delhiites diabetic, Mumbai, behind: Study
http://medicaldialogues.in/over-40-delhiites-diabetic-mumbai -aAhhmmeeddaabbaadd-ccloloosseebehind-study/

1-8-2016

77 million newborns globally not breastfed within 1st hour of life: UNICEF

Some 77 million newborns or 1 in 2 newborns are not put to the breast within an hour of birth, depriving them of the essential nutrients, antibodies and skin-to-skin contact with their mother that protect them from disease and death, UNICEF said. “Making babies wait too long for the first critical contact with their mother outside the womb decreases the newborn’s chances of survival, limits milk supply and reduces the chances of exclusive breastfeeding,” said France Bégin, UNICEF Senior Nutrition Adviser. “If all babies are fed nothing but breastmilk from the moment they are born until they are six months old, over 800,000 lives would be saved every year.” (UNICEF, 29 July 2016)

Patterns of chronic liver disease differ by ethnicity

Patterns of chronic liver disease and cirrhosis and their underlying causes differ by ethnicity as evident by from the results from the Multiethnic Cohort (MEC) study published July 17, 2016 in Hepatology.

The study identified more than 5000 cases of chronic liver disease, 3,575 without cirrhosis and 2,208 with cirrhosis.

- The prevalence of chronic liver disease ranged from 3.9% in African Americans and Native Hawaiians to 4.1% in whites, 6.7% in Latinos and 6.9% in Japanese.
- Nonalcoholic fatty liver disease (NAFLD) was the most common cause of chronic liver disease in the entire multiethnic cohort (52%), followed by alcoholic liver disease (21%).
- NAFLD was the most common cause of cirrhosis in the entire cohort.
- By ethnicity, NAFLD was also the most common cause of cirrhosis in Japanese Americans, Native Hawaiians, and Latinos, accounting for 32% of cases.
- Alcoholic liver disease was the most common cause of cirrhosis in whites (38.2%), while hepatitis C virus was the most common cause in African Americans (29.8%).

According to Dr. Veronica Wendy Setiawan, lead author of the

study, these findings highlight the need to implement improved screening, diagnostic and management approaches to face this growing epidemic.
The MEC is a prospective cohort of more than 215,000 men and women, aged 45-75 years, enrolled between 1993 and 1996.
strengthening the programme for Blood Transfusion Services where efforts are directed towards promotion of voluntary non remunerative blood donation in partnership with NGOs and Voluntary organizations and through IEC activities, component separation, coordination and networking of blood transfusion services.
The efforts are also directed towards streamlining blood collection and storage facilities in order to ensure optimum Blood banks i n the country The Government under National AIDS Control Programme-IV is
utilization of collected blood in the country.
Blood having been classified as a Drug, Blood Bank activities are regulated under Drugs & Cosmetics Act & Rules. Every Blood Bank is required to obtain/timely renewal of the license from DCG(I) for operation under this Act & Rules, and follow the conditions of license for conduct of its activities.
National Blood Transfusion Council (NBTC) has constituted a ''National Blood Transfusion Services Core Coordination Committee", chaired by the Director General of Health Services, Govt. of India, (Member, NBTC) to review the functioning of blood banks in the country (PIB, 29th July, 2016) MCI orders suspens3io0n-7 -o2f0 M16e dical College Dean for Impersonation, fake documentation
Chennai: Just a day after the reports came out that Medical Council of India has ordered TN Medical Council to initate action against a faculty for false declaration and showing association with two medical colleges in the same academic year, it is reported that the MCI has now ordered suspension of a medical college dean on account of presenting fake documents as well as impersonation. The case is that of Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research in the Kancheepuram district of Tamil Nadu, where the dean may be facing suspension of three years for fake documentation.
This came after a sub-committee formed by the MCI, scrutinised the declarations of the faculty members of various medical colleges, for the purpose of assessment of 2015-16.
The committee found the name of Dr Nookala Sunil Kumar listed

as faculty member of Narayana Medical College, Nellore, in an inspection on September 27, 2014, and as a member of the Melmaruvathur college the next month. As reported by MD team earlier, a faculty cannot be associated with two medical colleges for the same academic year, leading to a violation of the medical ethics.

Further investigation into the matter, revealed that the faculty had no association with the said college, and his name had been used and documents forged for the purpose of investigation.

" As the head of the institution, the dean of the college would be held accountable and liable for the violation of Medical Ethics," explained Dr Senthil, President, Tamil Nadu Medical council As per the MCI directions, the dean is now facing a suspension of upto three years.

While the MCI has now written to the Tamil Nadu Medical Council, for initiating the action, the state medical council is expected to make a move in the coming few days.

Read more at Medical Dialogues: MCI orders suspension of Medical Impersonation, fake documentation http://medicaldialogues.in/mci-or dCeorslle-sgues pDeenasnio fno-ro f-medicalcollege-
dean-for-impersonation-fake-documentat ion/

Government to ask doctors to prescribe generic medicines

New Delhi : The government is planning to modify the rules of the Medical Council of India to make it compulsory for all physicians to prescribe medicines with generic names, Chemical and Fertiliser Minister Ananth Kumar said.

In response to a calling attention motion in the Rajya Sabha, the minister said the Ethics Committee Regulation of the Medical Council of India (MCI) is proposed to be modified to make prescribing generic medicines compulsory. Under the amended regulation, "every physician should prescribe
drugs with generic names legibly and preferably in capital letters and he/she shall ensure there is a rational prescription and use of drugs".

The minister also said the issue has been taken up with the health ministry to make it mandatory for doctors to prescribe generic medicines and to allow pharmacists to substitute generic medicines for branded medicines. Ananth Kumar said availability of good quality medicines at
reasonable price is a high priority area for the government and steps taken include bringing out a revised National List of Essential Medicines and inclusion of more medicines in the list. "The price of medicines included in the NLEM have gone down in the

recent past as a result of the downward trend in the wholesale price index," the minister said. He also said the Department of Pharmaceuticals is aiming to open 3,000 'Jan Aushadhi' outlets to market generic medicines at fraction of the MRP.

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29-7- 2016

Diphtheria Resurfaced, Urgent Vaccination Drive Initiated

Until recently, cases of diphtheria among children started making the rounds in a district of Kerala. It was believed that the ailment was eradicated but it has surfaced again leading to the implementation of the immunisation programme for children around the panchayat blocks of the district. This article gives a brief insight into the matter.

According to the data, around one lakh children were vaccinated against diphtheria in the district of Malappuram in Kerala. The immunisation programme was implemented after two cases of diphtheria had come into the light. Therefore, the health authorities decided to start the programme around the Panchayat blocks of the district.

It is noted that the number of children below sixteen were either not immunized or partially immunized before. Based on the data published by the authorities, the number of vaccinated kids are 93,553 on 9th July of this year. They are expecting that this figure would eventually cross to more than hundred.

The immunization drive was decided upon because the report of two suspected diphtheria cases were found in Malappuram district's panchayat blocks. That made total 27 cases in June if previous cases the year are included; the disease was confirmed in five, out of which two children had died.

In concluding note, the district medical officer addressed that 3 lacs Tetanus Diphtheria vaccine would reach Malappuram soon.

Source: TOI

Even one hour of daily activity reduces health risks from prolonged sitting

A meta-analysis of 16 trials involving more than 1 million men and women has yet again found in favor of physical activity as against a sedentary lifestyle, as reported in a study published online 27th July 2016 in The Lancet.

This is the first meta-analysis to use a harmonized approach to directly compare mortality between people with different levels

of sitting time and physical activity.
According to the study, prolonged sitting enhances all-cause mortality, with most deaths being due to cardiovascular disease and cancer (breast, colon, and colorectal). And, high levels of moderate intensity physical activity, about 60–75 min per day, may eliminate mortality risk associated with prolonged sitting time, but not the high risk associated with high TV-viewing time.
· Daily sitting time was not associated with increased allcause mortality in those in the most active quartile of physical activity.
· Compared with the referent (<4 h of sitting per day and highest quartile of physical activity [>35•5 MET-h per week]), there was no increased risk of mortality during follow-up in those who sat for >8 h/day but who also reported >35•5 MET-h per week of activity.
· Those who sat the least (<4 h/day) and were in the lowest activity quartile (<2•5 MET-h per week) had a significantly higher risk of dying during follow-up.
These are results that may have significant implication for hundreds of office workers, who have sedentary jobs and have to sit for long hours at their work place … that it is important to be physically active, even if it is for only an hour in a day. Brisk walking is the simplest and most inexpensive form of exercise.

28-07-2016

EWS reservation is being implemented in all the professional and higher educational courses following a notification issued by the state government after the demand for reservation by the Patidars.
The Gujarat High Court Tuesday orally instructed the advocate general to see that admissions are stayed till the disposal of the two petitions — while one petition pertained to the 10 per cent reservation for candidates belonging to the economically weaker sections (EWS) of nonreserved category, another was about dropping NRI quota seats in selffinanced medical colleges. In the HC, during a hearing on the petition challenging the scrapping of NRI quota, the lawyer argued that there should be stay on admissions till the outcome of the petition.
The chairman of the Admission Committee for Professional Medical Educational Courses (ACPMEC) Dr Bharat Shah has said that admission process for admission to medical courses in the state would begin only after the court orders. He said the admission was getting delayed this year due to two petitions pending for adjudication in the court.
EWS reservation is being implemented in all the professional and higher educational courses following a notification issued by the state

government after the demand for reservation by the Patidars. But some people have challenged the notification on the ground that reservation of seats could not exceed 50 per cent and if the notification is implemented, it would take reservation to 60 per cent. The state government also scrapped 15 per cent NRI quota seats from state's self-financed medical institutes from the current academic session.

According to sources, government took the decision because overseas Gujaratis were not benefitting from the NRI quota. Sources said that 30 per cent of NRI seats went to pure NRIs settled permanently abroad and very few of them were of Gujarati origin. The rest of the seats went to NRI candidates with origin in states other than Gujarat.

NRI quota seats would now be merged with management quota seats, thus raising the management quota to 25 per cent. All these seats would now be available to local students only.

There are no NRI quota in state-run six medical colleges where the total number of seats are 1,080. There are a total of 2,000 seats in 14 selffinanced
medical colleges.

While 75 per cent of medical seats in SFIs this year would be filled through the Gujarat Common Entrance Test (GUJCET) and 25 per cent of management quota seats through NEET. In government-run medical colleges, 85 per cent of seats would be filled up by students from Gujarat through Gujcet and remaining 15 per cent from candidates from all over the country through NEET. From the next year, the entire seats would be filled up through NEET as per Supreme Court orders.

304 A should be applied only when medical negligence is gross: Calcutta High Court

Rise of Medical Negligence cases, with their criminal as well as civil liabilities, have indeed created an environment of fear among the medical professionals. With the medical negligence cases considered as a criminal act under the relevant section of IPC creates a greater terror that prevent many professionals from taking any difficult cases in hand. In particular, one such section that creates jitters amoung doctors is 304A of the IPC. The section deals with causing death by negligence. Whoever causes the death of any person by doing any rash or negligent act not amounting to culpable homicide, shall be punished with imprisonment of either description for a term which may extend to two years, or with fine, or with both. Recently, the Calcutta High Court, in a judgement on 20/07/2016,
while ruling in favour of medical professionals made some very

important observations regarding the applicability of section 304A on medical professionals. In particular, the hon'ble court was found stating that Section 304A of Indian Penal Code although does not bear the word 'Gross', but while dealing with such case Court must consider it, as 'Gross' . Moreover, the court also made an important observation stating that causa causans should to be there for invoking 304A, clearly implying that this section should only be invoked when the death/damage to the patient has been clearly identified as due to the act of negligence .

Facts of the Case in brief.

Patient S.N.Thakur (deceased) was admitted in pollo Gleneagles Hospital on 07.04.2012 at 11:15 p.m. with complaints of multiple black patches on skin and bleeding from mouth. The victim patient was immediately taken to the emergency ward, where the doctor along with the nurse present, made an initial observation that the patient was suffering from ecchymoticpatches and bleeding from oral cavity. Condition of deceased patient was highly alarming and the doctor on duty had made a diagnosis that he was suffering from Chronic Myeloid Leukaemia and for immediate management they have administered injection Raciper and Zofar as the patient complained of nausea and vomiting.The consultant Dr. Soumya Bhattacharya over telephone advised the doctor on duty to admit the patient and also advised a series of tests.

On the next morning when the patient was found unconscious, consultant Dr. Soumya Bhattacharya was informed and he advised for infusion of four units of platelets and also for shifting the patient to ICU. CT scan of the patient revealed cerebral haemmorage and blood report showed a platelet count of 17,000/cmm, neutrophil- 6%, blast cell-34%, RBC Morphology-Normocytic and Hypchromic. Unfortunately the patient was declared dead at 3.40 p.m in the afternoon.

The family of the deceased /petitioners contended that there is serious medical negligence on the part of the doctors as well as the hospital authority and for their such rashness and negligent act caused untimely departure of his kith The learned high court while ruling that there is no merit in this application under Section 401, 482 of the Cr.P.C. read with Article 227 of the Constitution of India on the doctors concerned, made some important observations

Perhaps one of the most important observation was made in respect to the application of section 304A of the IPC to medical professionals

“it is perhaps needless to say that indiscriminate prosecution of medical professional of medical negligence is counter productive to the object and scheme. If during a surgical operation hands of a surgeon begins to tremoring due to apprehension of medical negligence and that ‘Sword of Damocles’ is on his neck, he cannot render his best to carry on life saving scalpel to perform an essential surgery. In case of administering treatment with medicine, if two views are accepted by medical science, In my humble view, Section 304A of Indian Penal Code although does not bear the word ‘Gross’, but while dealing with such case Court must consider it, as ‘Gross’. It must be the causa causans otherwise doctor concerned would always be under the dangling fair of facing a prosecution and to refuse to treat the patient by referring the patient to some other hospital/nursing home, clinic, which eventually would lead to disservice to the society. Court should not encourage this approach”

Read more at Medical Dialogues: 304 A should be applied only when medical negligence is gross: Calcutta High Court http://medicaldialogues.in/304-a-should-be-medical-negligence-is-gross-calcutta-high-court/ applied-only-when-

. 25-07-2016 MCI may be scrapped, High Powered Committee to submit its report

Medical Council of India, the apex medical regulator of the country, may just meet its end, as the government appointed committee fourmember
committee headed by NITI Aayog Vice-Chairman Arvind Panagariya is ready to submit its recommendations. Through preliminary discussions, sources have pointed out towards the committee’s strong inclination towards scrapping MCI and replacing it with another regulatory body.

What is also important to note is that it is likely to recommend that no member from the MCI’s staff be appointed to the new medical education commission being proposed “for building a modern education system, ” reports the Hindu

A committee headed by NITI Aayog Vice-Chairman Arvind Panagariya would submit its report on scrapping Medical Council of India (MCI) to the government next week in view of the poor regulation of medical education by the body. Prime Minister’s additional principal secretary P K Mishra and Niti Aayog CEO Amitabh Kant are also on board of the committee to look into the issue of poor regulation of medical education by MCI.

“The committee on MCI has finalised its report after several rounds of

deliberation on the issue with stakeholders and experts. It is likely to submit its report next week," a source said
The panel has firmed up the view that MCI should be scrapped to increase the number of medical colleges in the country for producing more doctors in view of growing demand for healthcare services, the source said.
A source at the Aayog further told The Hindu that another recommendation is likely to be that the new medical education commission comprise three verticals, each headed by eminent working professionals in the field of health, including from the private sector. "The committee will not like these professionals to be asked to give up their professional commitments to take up the responsibilities at the new regulator," the source said. The separate verticals proposed are for overseeing curriculum, ethics and accreditation. The three-member committee has proposed to set up an altogether new body with three pronged approach – career, enterprise and ethics. Earlier this year, a parliamentary committee had called for revamping
the MCI saying, it has failed in its role as a regulator which has led to a downfall in India's medical education system.
The committee even asked the government to exercise its constitutional authority and take decisive action to restructure and revamp the regulatory system of medical education and practice.
"Due to massive failures of the MCI and lack of initiatives on the part of the government in unleashing reforms, there is total system failure due to which the medical education system is fast sliding downwards and the quality has been hugely sidelined in the context of increasing commercialisation of medical education and practice," the report had said.
MCI has failed to create a curriculum that produces doctors suited to Indian context, specially in rural and poor urban areas, the panel had said. It also failed to maintain uniform standards of undergraduate and postgraduate medical education. "There is devaluation of merit in admission, particularly in private medical institutions due to prevalence of capitation fees, which make medical education available only to the rich and not necessarily to the most deserving," the Committee said. MCI failed in setting up medical colleges in country as per need,
resulting in geographical mal-distribution of medical colleges, with clustering in some states and absence in several others, acute shortage of medical teachers and abysmal doctor-population ratio, the panel said. Also, the Council has failed to oversee and guide the continuing medical education in the country, leaving this important task in the hands of the commercial private industry.

It also failed to instill respect for a code of ethics in medical professionals and take disciplinary action against doctors found violating the code, the report said.

Read more at Medical Dialogues: MCI may be scrapped, High Powered Committee to submit its report http://medicaldialogues.in/mci-may-be-scrapped-high-powered-committee-report/ to-submit-its-

Fasting is not routinely required for lipid profile :Expert Consensus statement

Traditionally it is practised that a lipid profile obtained only after 12 hrs fasting and the random lipid profile may not be reflective of daily average plasma lipid and lipoprotein concentrations and their associated risk. On the scale of evidence there is a lack of evidence indicating that
fasting lipid profiles are superior to non-fasting when evaluating cardiovascular risk. As such, several societies and guideline committees have endorsed non-fasting lipid testing. At the joint consensus statement, representing the European
Atherosclerosis Society and European Federation of Clinical Chemistry and Laboratory Medicine offered a critical evaluation of the use of non-fasting lipid tests, and provide guidance for the laboratory reporting of abnormal non-fasting or fasting lipid profiles. Extensive observational data, including data from Denmark where
non-fasting lipid testing was first recommended in 2009, indicate that the maximal mean changes at 1-6 h after habitual meals are not clinically significant for triglycerides, total cholesterol and LDL cholesterol. For concentrations of HDL cholesterol, apolipoprotein A1, apolipoprotein B, and lipoprotein(a), fasting status does not affect the values. The authors made 4 key recommendations:

1) Fasting is not routinely required for assessing lipids;
2) When non-fasting triglycerides are >5 mmol/L (440 mg/dL), consider repeating the test in the fasting state;
3) Laboratories should flag abnormal values based on desirable concentration cut-points; and
4) Life-threatening concentrations should trigger an immediate referral to a lipid clinic or lipid specialist—for the risk of pancreatitis when triglycerides are >10 mmol/L (880 mg/dL), for homozygous familial hypercholesterolemia when LDL cholesterol is >13 mmol/L (500 mg/dL), for heterozygous familial hypercholesterolemia when LDL cholesterol is >5 mmol/L (190 mg/dL), and for very high cardiovascular risk when lipoprotein(a) >150 mg/dL (99th percentile). The expert consensus group of the European Atherosclerosis Society and European Federation of Clinical Chemistry and Laboratory Medicine concluded with a recommendation that non-fasting blood samples be routinely used for the assessment of plasma lipids, with

limited but important caveats. Laboratory reports should flag abnormal values based on cut-offs, defined by guidelines and consensus statements, while life-threatening values should trigger immediate action.
You can read the full article by clicking on the following link :
Nordestgaard BG, Langsted A, Mora S, et al (Langlois M, senior author). Fasting is not routinely required for determination of a lipid profile: clinical and laboratory implications including flagging at desirable concentration cut-points-a joint consensus statement from the European Atherosclerosis Society and European Federation of Clinical Chemistry and Laboratory Medicine. Eur Heart J. 2016; April 26.

Read more at Medical Dialogues: Fasting is not routinely required for lipid profile :Expert Consensus statement http://speciality.medicaldialogues.in/fasting-is-not-routinely-required-forlipid-profile-expert-consensus-statement/ 21-07- 2016

Admissions to Private medical colleges through NEET only: Bombay High court

Mumbai: Putting a rest to the petition filed by students in the
state on the purview of Maharashtra CET on private medical colleges, a division bench of Justice SC Dharmadhikari and Justice Shalini Phansalkar have made it clear that students applying to unaided private medical colleges in Maharashtra this year will have to take the NEET route only.
With a petition filed with the court, students had challenged the interpretation of the state government of the recent NEET judgement. Following the NEET judgment, the state education minister had announced that unaided private medical colleges across Maharashtra will not be permitted to go ahead with their own pre-scheduled tests for admissions for the academic year 2016-17 reports HT.
The ordinance clarified that only state government seats in government medical colleges and state government seats in private institutions will be exempted from NEET for the current year—the admissions to such colleges are secured through the state's own CET exams.
The students had claimed that since admissions to unaided private medical colleges and allocation of their seats, regulation of fees and so on were to be carried out by the state government this year, seats in such colleges should be considered as government seats. With the filing of the petition, the state government had left it on the honorable court to decide on the interpretation of the judgment. During the proceedings 6 medical aspirants who had challenged the exclusion of private colleges from the purview of a common medical entrance test, (CET)

conducted by the Maharashtra Government, was asked by a Bombay High Court about how the exclusion goes against their interests. However, the student's counsel Mihir Desai said that the students were not opposing CET, they were questioning its non-application to private medical colleges.
Besides that Counsel, Desai also said that competing through NEET meant contending and competing on a larger plane, which was how they saw prejudice come into play in the matter.However, with the Supreme Court's latest judgement making it compulsory for all private college entrants sitting for NEET to get admissions has come at a short notice and is in all likelihood going to create tensions for students who were preparing for other entrance examinations for the current year. The Court, after listening to both the parties, upheld the interpretation of the state, holding NEET as the sole entry point to admission to private medical colleges in the state.
It is reported, however, the court responding to one point in the petition on extra marks being awarded to Sports and NCC quota etc, has decided in favour of the petitioner, calling for abolishment of the same Read Also : No More extra weightage to Sports, NCC in Maharashtra CET quota etc, has decided in favour of the petitioner, calling for abolishment of the same
Read more at Medical Dialogues: Admissions to Private medical colleges through NEET only: Bombay High court http://education.medicaldialogues.in/court-asks-students-interests/ how-cet-prejudices- 20 July 2016 Norms for starting medical colleges being eased:
NEW DELHI: Admitting shortage of doctors across the country, government said it is working on easing the policy norms for starting medical colleges and increasing seats to address this problem.
During the Question Hour in Rajya Sabha, Health Minister J P Nadda said the number of medical colleges in the government sector was being increased so that the shortfall of medical professionals can be met. Addressing the shortage of doctors cannot be done "overnight" and for this "we will have to go for policy changes," he said. "We have reduced space requirement for opening medical colleges," Nadda said adding that norms were being looked at so that hospitals in towns can also start colleges. Regulations in this regard are coming, the health minister said, adding that the specifications regarding staff required in medical colleges were also being eased.
Nadda said the government was working on increasing Post Graduate seats, besides opening more medical colleges to produce more MBBS doctors.
Earlier Congress member Viplove Thakur had asked the Health

Minister about a medical college in Himachal Pradesh where super-speciality services could not be provided to patients due to non-availability of specialist doctors. In his reply, Nadda said that that providing super-speciality doctors in a particular medical college was the responsibility of the state government.
Read more at Medical Dialogues: Norms for starting medical colleges being eased: J Nadda http://education.medicaldialogues.in/norms-for-starting-medical-colleges-being-eased-j-pnadda/

Experimental malaria vaccine offers long-lasting protection: Researchers have developed a malaria vaccine that has been found to offer mice protection against the disease for more than a year. By identifying and deleting one of the genes of Plasmodium, the parasite responsible for the disease, the scientists enabled it to induce an effective, long-lasting immune response in a mouse model, showed the study published in the Journal of Experimental Medicine.

The team led by Salaheddine Mecheri from Pasteur Institute in Paris, France decided to take an original approach to attenuate parasite virulence for effective vaccine development.The scientists genetically modified strains of the Plasmodium parasite by deleting the gene that codes for the HRF (histaminereleasing factor) protein. The resulting mutants, which no longer expressed HRF, proved to be highly effective in triggering a potent immune response. The absence of HRF boosted the production of the IL-6 cytokine, known for its ability to stimulate the immune response, in the liver and the spleen.

This conferred mice with protection from any potential reintroduction of the Plasmodium parasite, including highly virulent strains. This protection was long lasting as it was maintained for more than a year, suggesting that a long-term immunological memory had been established, the study said.

The protection was also effective against all stages of the parasite's life cycle. Use of this target gene, or a similar strategy to stimulate immunity, could lead to the development of effective, long-lasting and and wide-ranging protective effect," Mecheri noted.

Despite increased prevention and eradication efforts over the years, especially targeting mosquito vectors, malaria remains the parasitic disease that poses the biggest threat for the world's population. Approximately 214 million cases and 438,000 deaths from malaria were recorded in 2015, mostly children under the age of five and pregnant women, according to the World Health Organisation. Read more at Medical Dialogues: Experimental malaria vaccine offers long-lasting

protection http://speciality.medicaldialogues.in/experimental-malaria-vaccine-offers-long-lasting-protection/

July 2016 New Delhi : As a culmination to the policy confusion to the NEET examinations for this year, the day saw The Indian Medical Council (Amendment) Bill, 2016 and the The Dentists (Amendment) Bill, 2016— sAecet,k in1g9 4t8o abmeienngd itnhtero Idnudciaend Mine dtihcea l Cpaorulinacmile Anct t, t1o9 5r6e palancde thteh eD eNnEtiEstTs ordinances that was earlier enforced by the government .

A significant bill aimed at putting in place a single common examination for medical and dental courses, the bill was passed by the Lok Sabha, with the government saying even private colleges will be under its ambit. (TAhme eInnddimane nMt)e Bdiiclla, I2 C0o1u6n pcirlo (vAidmeesn ad mCeonnt)s tBituillt,i o2n0a1l 6s atantdus t hteo Tthhee NDaetniotinstasl Eligibility-cum-Entrance Test (NEET) examination" which is intended to be introduced in the academic session next year. The Bill seeks to amend the Indian Medical Council Act, 1956 and the Dentists Act, 1948 and replace the Ordinances and provides for the following, namely:—

(a) to insert a new section 10D in the Act for conducting of uniform entrance examination to all medical educational institutions at the undergraduate level and post-graduate level through such designated authority in Hindi, English and such other languages in such manner as may be prescribed;

(b) to insert a proviso in the said section so as to provide that notwithstanding any judgment or order of any court, the provisions of this section shall not apply in relation to the uniform entrance examination at the undergraduate level for the academic year 2016-17 conducted in accordance with any regulations made under this Act, in respect of the State Government seats (whether in Government Medical College or in a private Medical College) where such State has not opted for such examination; and

(c) to amend section 33 of the Act so as to enable the Council to make regulations for all matters connected with the conduct of uniform entrance examination. Read more at Medical Dialogues: THE INDIAN MEDICAL COUNCIL (AMENDMENT) BILL, 2016
passed by Lok Sabha http://medicaldialogues.in/the-indian-medical-council-amendment-bill-2016-passed-by-lok-sabha/

HEALTHY UPDATE

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