Health e-Letter

Letter from the Editor

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Eighteen months back my eight-year-old was admitted at one of India's premier medical institutions with a severe, unexplained stomach ache. As I stretched myself on the edge of my son's hospital bed, surrounded on all sides by extremely sick children, my one comforting thought was that we were in the finest medical hands. What I did not realize that night was that the most competent doctor would fail in a hospital setting where there was no water for washing hands. The one basin in the ward had no water in the taps.

The experience was stored away in my mind's corner as another sad reflection of the state of the finest public hospitals until my visit last month to the Institute for Healthcare Improvement, a not-for-profit organization based in Cambridge, Massachusetts, working towards improving the quality of healthcare. Various expert sources, including the US Centers for Disease Control and Prevention, link negligence in hand hygiene to the deaths of eighty thousand patients from avoidable infections in the US each year.

However, close to 50 per cent of the time health care workers do not follow the recommended procedures on hand hygiene. In the nearly two million hospitalized patients who develop infections in the US each year, the most common mode of transmission of deadly pathogens are contaminated hands of health care workers.

IHI's idea is not finger-pointing or shaming anyone but creating enabling systems that help health care providers redesign processes to avoid harming patients, explains its communication director Madge Kaplan. IHI was founded in 1991 by Dr Donald Berwick, a pediatrician who also earned his masters in public policy from the Harvard School of Public Health and became a leading advocate for a patient-centered, safe, health care system.

Some of IHI's suggested improvements for health systems to reduce complications and prevent unnecessary deaths have focused on vastly ignored small details that could potentially avert major tragedies. For example, there's now sound evidence that hospitals can dramatically reduce cases of ventilator-associated pneumonia by placing the head of the patient's bed at a 30 to 40 degree angle. Inspired by IHI's Campaigns, hospitals often come up with their own innovations to deliver reliable care. For instance, at one institution, music is played on certain floors at specific times to remind nurses to turn patients in their beds so that they do not develop pressure sores.

Sadly for us, years of neglect of the public health system has made several doctors so insensitive to the plight of the poor that they do not wince while exploiting them in their vulnerable state. Our two stories from UP point to an utter state of hopelessness in the health system as doctors are no longer available to join government-run hospitals and those who are there want to use it as an extension of their private consultations.

Yet the hope and inspiration comes from people such as late lavni dancer Vithabai Narayangaokar, who we profile in our story. Such people provide the inspiration to keep us going.

We would urge you to keep us going too with your feedback.

Kalpana Jain
Editor
Health e-Letter

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Lavni Dancers: Happy feet but unhealthy bodies

By Shekhar Deshmukh

Late Vithabai Narayangaokar's name would be well known among those who watch Maharashtra's famous lavni dance. She not only would mesmerize audience with her power-packed performance but had an indomitable will that could keep her dancing even under extreme pain and injury. As folk tales go, this one recounts the time when she was eight months pregnant and started to have labour pains during her performance. She went backstage; delivered the baby; cut the umbilical chord by striking it with a piece of stone; tied a piece of cloth around her abdomen and returned to dancing.

Vithabai seems to have passed on her qualities to her daughter Sandhya Mane as well. Once Sandhya stepped on a sharp nail during a performance but she carried on unmindful of the pain and bleeding. The infection festered and three months later the entire leg had to be amputated. This was no deterrent for the determined dancer who carried on dancing with plates inserted in her leg.

Lavni or Tamasha dance is an inseparable part of Maharashtrian culture. The intense gyrations of this dance accompanied by raunchy folk music give a certain zest to the occasion where the dance is performed. The dancers, on their part, forget their pain, personal trauma or any injury to deliver the ultimate power performance. The state government organizes festivals to encourage and promote this form of dance and Mumbai University has established the Lok Kala Academy to take the dance to the next generation.

However, while the government focuses on the art, it has not really addressed the issue of these traditional artistes who belong mostly to the economically weaker sections of society. Maharashtra has about 5,000 tamasha artistes who find it hard to earn a good living with this dance form. They use the cheapest form of transport to travel from one place to another, are unable to afford nutritious food and suffer from numerous health problems.

A few non profit organizations have looked at their health issues from time to time but no sustained campaign has been initiated. Recently, Mukta Project of Pathfinder International organized a workshop in which around 250 tamasha artistes shared their health problems. Pathfinder has initiated programmes in Pune, Nagpur, Nasik, Beed, Parbhani and Latur districts. The organization creates awareness among these artistes, especially the younger ones, about growing up changes and sexually transmitted diseases such as HIV/AIDS.

Senior project director at Pathfinder International Amita Abichandani says the organization started the Mukta Project to check the spread of HIV in the lower economic strata of society. During this work they learnt about the health related problems of tamasha artistes.

"Initially they were reluctant to talk about HIV/AIDS and thought that we would inject the virus into their body," says Abichandani. However, "as time passed we felt before talking to them about HIV/AIDS, we should talk to them about basic health issues. So we organized a health camp at Narayangaon."

There are a few schemes for extending small financial help to these artistes, says Abichandani. But there is nothing that

SHIRISH SHETYE

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addresses their health issues. For instance, the state government has launched financial aid schemes under which they are given a monthly stipend between Rs 500 to Rs 700, she says.

A majority of these artistes either live with the owner of their group or have relationships with landlords. Initially, they were reluctant to listen to us, and did not take our advice seriously that they need to protect themselves from HIV infection. They were adamant that they couldn't get an infection, as they were loyal to their partners. "We repeatedly tried to counsel them that they could not know whether their partners too were loyal to them," she said.

Executive director of the state cultural department Ajay Aambekar said improving the financial condition of tamasha artistes is top priority of the government. He said they need to get better work and better payment and the government is extending all its help in this direction. After receiving financial aid, these artistes can take care of their health, "as we have good health infrastructure."

Pathfinder has given a health information booklet to these artistes. It is also extending health services and various other health related assistance to them. Lack of availability of hard data makes it difficult to find which disease is more prevalent amongst tamasha artistes, said Abhichandani, adding that a combination of poverty and illiteracy puts them into the vulnerable section of society.

Head of department of Marathi at Science and Commerce college of Narayangaon, Dr Milind Kasbe, who has researched on tamasha artistes, is critical of the state government. Kasbe said mere allocation of a package of benefits do not resolve all problems being faced by these artistes.

He said their health problems need more attention than ever as they are also getting infected by HIV and women artistes have been suffering from several stomach, liver and skin-related ailments. They don't want to make their health problems public so they avoid going to government hospitals. Various financial aids and schemes would not resolve the problem, Kasbe said.

Rajshri Nagarkar, a women tamasha artiste, admitted that they probably live with more ailments than an average woman. Despite a constant pain in her knee she has been performing continuously for the last few years, she said.

A clear no to private practice in UP has docs running for cover

By Sudhir Mishra

Lucknow: The doctor-patient relationship at the century-old Chattrapati Sahuji Maharaj Medical University has been quite strained for the past few months. Doctors here are looking suspiciously at patients to check if they are carrying hidden cameras. The concern among doctors is whether officials from the LIU (Local Intelligence Unit) are posing as patients to identify those among them who are asking people to come home to seek private consultation.

The fear amongst doctors arises from a recent order of the Lucknow high court directing the state government to probe into private practice of government doctors.

Medical University rules do not allow private practice by its faculty members. However, several leading doctors have been doing so in defiance of rules. Now, both the Mayawati-led state government and the high court have taken a tough stance. More than half of the 240 faculty members are unhappy with this move. In reaction, over three dozen senior professors, who earn several times their salary at the Medical University through private practice, have applied for voluntary retirement.

However, university

POOR PATIENTS BEING EXPLOITED BY DOCTORS

A recent high court directive forced the state government to enforce the ban on private practice. Following were the reasons for enforcing the ban:

Doctors involved in private practice turned the hospital into a centre for finding easy patients for their nursing homes, private hospitals, or private clinics. Patients coming to the hospital were harassed so much that they were left with no option but to visit the private clinics.

Privately practicing doctors exploited patients not just for fees, but also for their diagnostic and radiology tests such as CT scans and MRIs. Poor patients had no choice but to sell their land and homes for the treatment.

Private practitioners were prescribing costliest of medicines from companies through which they were getting personal benefits. Pharmaceutical companies would pick up marriage expenses of those doctors' children and also take them on foreign tours.

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authorities are in no mood to let them go through the profitable voluntary retirement scheme. Vice chancellor S K Aggarwal says only resignation can be accepted in such cases. This has left doctors in a complete quandary, as most of them have denied any private consultations for a fee before the court.

Many are finding innovative means of coming out of any legal tangles. According to an LIU inspector, a doctor has started private practice in the name of his wife. Some doctors are taking help from their assistants in writing out the prescriptions.

The medical university has both clinical and non clinical faculty. And it is the non clinical faculty, teaching subjects such as physiology, pharmacology, anatomy and biochemistry, who started the initial protests against the ongoing practice. As they do not have clinical expertise, this group has been asking for a non practice allowance as compensation.

The state government failed to resolve the issue as both sides were adamant. The non clinical group has been demanding implementation of the recommendations of the Nityanand Committee, constituted in 2005, which stated that doctors who wanted to carry on with private consultations should not be employed as permanent staff but on a limited contract term. The committee suggested that these doctors should not be given a regular salary and additional allowances but provided with a fixed amount. However, this report was not accepted by the clinicians.

Privatisation fallout: No teachers for medical colleges

By Manish Srivastava

Lucknow: Uttar Pradesh's Chattrapati Sahuji Maharaj Medical University (CSMMU) had a strange experience few months back. An advertisement was published for recruitment of seven teachers for this college's cardiology department but only four turned up for the job interview. Out of these four, two were selected. Only one joined the college. Another teacher, who was appointed in nephrology department, has not joined till date. In the dental college, 23 posts have been lying vacant for a long time.

The reason for this is quite clear. Government medical colleges, which were most sought after place for medical teachers, are no more an attractive place to work. Thirty doctors from this college alone and 31 from Sanjay Gandhi Postgraduate Medical Institute have left.

The condition has deteriorated so much that out of the six government medical colleges in the state, five are being run without permanent principals. There is no permanent vice chancellor for the Chattrapati Sahuji Maharaj Medical University. Even homeopathic, ayurvedic and unani medical colleges are granting degrees to medical graduates without having a principal.

In fact, a fear of cancellation of recognition has been hovering over some colleges for last few months due to lack of teachers. In allopathic medical colleges, 177 seats out of 334 are being filled up without getting the recognition. Radiology and microbiology departments at the CSMMU too have not been recognised by the

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Medical Council of India.

There seems to be no solution to the problem arising out of the shortage of teachers. First let's have a look at allopathic colleges. The position of principal at Agra Medical College continues to be vacant since Dr D N Sharma's quitting to move to Delhi. The Principal of Jhansi Medical College, Dr Kamal Sahani, is practising at the Kanpur Cancer Institute. The post in Jhansi is being looked after by a stand-in principal, while at Gorakhpur Medical College, Dr Lalit Mohan has been appointed as a temporary principal after Dr Saudan Singh left for Delhi.

Meerut Medical college is being run under a provisional principal following the retirement of Dr Usha Sharma. Allahabad Medical College is now under the Central Government, but yet it has no regular head, while Dr S K Katiyar, Principal of the Kanpur Medical College is scheduled to retire next year. Of all these, only Dr Kamal Sahani was selected through Public Service Commission.

Even the state's only medical university has a temporary chancellor in DR S K Aggarwal.

The condition is no different in Unani, homeopathic and ayurvedic medical colleges. Out of seven homeopathic colleges only two have regular principal, while just one ayurvedic college out of eight has permanent principals. UP has two unani medical colleges and both of them are being run by stand-in heads.

THE VACANCIES

	Allopathic Medical Colleges		Ayurvedic Dept	
	Positions	Vacant	Positions	Vacant
Professors	137	26	35	20
Readers	194	50	55	45
Lecturers	325	267	130	37

If we put some light on the shortage of teachers, we will find that at allopathic medical colleges, out of the required 137 positions, only 111 have been filled. There are 194 positions for Reader, of which, 50 are lying vacant, while out of 325 positions for lecturer, mere 58 seats have been filled. In ayurvedic department, there are 35 positions for professor, of which 20 are lying vacant. Only 10 readers are there as against the requirement of 55, while there are 93 lecturers, whereas the requirement is of 130 lecturers.

Experts feel that if this shortage is not taken care of soon, then the recognition of these colleges may be withdrawn.

The director general of medical education, Dr M C Sharma, says that all medical colleges are suffering from the dearth of teachers, adding that efforts are on to fill the vacancies at allopathic medical colleges. For this, he says, the required position will be advertised through the Commission. He further says that the selection of medical university chancellor will be done by the Governor.

Commenting on the diminishing interest of medical teachers towards government colleges, Dr S C Tiwari, a senior doctor at the CSMMU, says that the prime reason for this has been the handsome package being offered by the corporate colleges and the government medical colleges of other states. A good doctor at a corporate hospital can easily earn about one to two lakh rupees per month. Recently, the Garhwal Medical College in Uttarkhand issued an advertisement in which a professor's pay scale was fixed at Rs 75,000, while a medical college in Karnataka pays Rs.65, 000 to a professor. In contrast, teachers at the medical university and colleges in Uttar Pradesh are paid between Rs.35, 000 and 40,000.

In such a scenario, why would a medial teacher want to teach in Uttar Pradesh?

In 21st century India black magic cures for epilepsy

By Manish Srivastava

Lucknow: Every evening a strange scene is enacted at a shrine in Katauli village in Malihabad block in Lucknow. A few people are brought here in an odd physical condition and froth coming out of their mouth. A man wearing a white dhoti and kurta checks them out; touches their ears and suddenly pierces an ear to insert a black thread. The crowd gets denser as the evening advances.

These people are suffering from epilepsy and this is their treatment.

The scene is no different at Bansa area of Barabanki. Here too epilepsy patients assemble at an old shrine. One of the caretakers of this place treats them by putting kajal (kohl) in their eyes.

Lakhs of people believe that epilepsy can be cured by such means of treatment. One Ramsaran, who comes to Bansa for treatment, says that such treatments start showing results within minutes. However, most patients eventually turn to proven medical treatments after these mystical cures fail to provide them long-term relief.

Doctors at the neurology out patients department at the Chhattrapati Shahuji Maharaj Medical University say that a month or so after trying out these "treatments" epilepsy patients come to the hospital searching for good doctors. At least four to five such patients come to the hospital daily.

Professor in neurology department Dr. Atul Aggarwal says he became curious after he saw a black thread in the ears of many of his patients and decided to visit that shrine.

The picture then became clear to him. Such treatments appear to be working as a person recovers from an epileptic fit even if no medicine is given within a few minutes.

Epilepsy is related to brain, he explains. The level of electromagnetic waves sent from one part of brain to the other and to the rest of the body or chemical balance is disturbed. As a result waves and chemical stay in a part for a longer period causing a disturbance.

Many people consider epilepsy to be a kind of mystical problem and not a disease. Even the educated in cities bring a black shoe near a patient's nose whenever he gets an epilepsy attack. An epileptic attack lasts for two to three minutes. Some last for even shorter duration. By the time a shoe or black thread is used the person recovers and people think the trick worked. There are certain cases in which hot iron rods were used to cure epilepsy patients.

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According to Dr Aggarwal, there are two types of epilepsy. One could be genetic, while the other is caused by a head injury, tumour, haemorrhage, meningitis, or encephalitis. During an epileptic attack, a person loses consciousness, collapses, froth starts coming out of mouth and his arms and feet get stiff. In another type, a patient loses sense for a few moments. Sometimes, the attacks can occur even while watching television due to various colour combinations. Some children suffer from absence epilepsy, in which they become senseless for sometime in classroom.

It is important for parents to know such things as early as possible so treatment is started at an early stage. Dr. Aggarwal suggests that one should not panic when someone is down with an epileptic attack. Instead, one should help the patient by removing any tight clothing. Nothing should be put in the mouth at that time and the head should be kept down. Epilepsy can be brought under control.

Medical experts say it is now possible to cure epilepsy through surgery as well. Between 70 and 80 percent epilepsy patients improve through drugs. Of the remaining 10 to 20 percent three to four percent could be cured through surgery. By operating on epilepsy patients, doctors remove those parts of the brain that causes problem in magnetic waves and chemicals. This cures epilepsy completely. At present, this facility is available at some selected centres. Some pace-maker like devices have also been invented which help in controlling the attacks within the brain.

Arunachal has the highest load of TB cases; Manipur comes next

By Manoj Ojha

New Delhi: Among all the Indian states, the more sparsely populated Arunachal Pradesh has been identified as

having the largest number of cases of tuberculosis. The National Family Health Survey released recently showed that 1, 111 per 100, 000 persons in Arunachal Pradesh have TB against a national average of 445 TB cases per 100, 000.

Neighbouring Manipur, which has a high prevalence of HIV, comes a close second with the number of medically treated TB cases estimated at 804 per 100,000. The other state with levels above 700 per 100,000 is Bihar at 735.

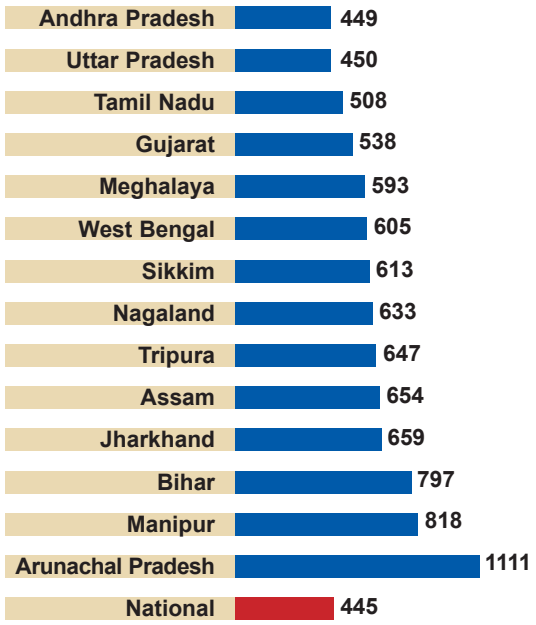
Seven states that have prevalence between 500 and 700 per 100,000 are Gujarat (525), Tripura (545), West Bengal (577), Sikkim (583), Nagaland (585), Jharkhand (598), and Assam (605). In addition to Jammu and Kashmir, three other states that show levels below 200 per 100,000 are Karnataka (136), Goa (166), and Himachal Pradesh (171).

While the reasons for the large number of tuberculosis cases in Arunachal Pradesh are not clear, experts believe it could be due to the poor socio-economic conditions in the state. Deputy Director at Tuberculosis Research Center, Chennai, Dr Soumya Swaminathan, agrees that a higher HIV prevalence in a state could lead to an increase in tuberculosis cases due to compromised immunity. However, she adds "It is not necessary that more HIV cases would mean as many more of TB patients. TB spreads regardless of HIV status."

Commenting on NFHS-3 estimates, Dr Swaminathan said: "Our estimate at Tuberculosis Research Center was around 8.5 million cases including the medically treated ones; the NFHS-3 data, however, indicates lesser number of cases."

HIGH TB PREVALENCE STATES

Number of TB Case per 100,000



Experts believe that prevalence of active TB in India could be reduced by 51 per cent if everyone used cleaner fuels. There is a great deal of variation in prevalence of TB according to the type of cooking fuel the household uses. Its prevalence in households using electricity, LPG and natural gas or biogas is 217 per 100, 000, while in households that use straw, shrubs, or grass for cooking it is 924 per 100, 000.

Despite being a curable disease, TB is still a stigmatizing illness, mainly due to people's ignorance. About 85 percent of women and 92 percent of men aged 15-49 yrs have heard of TB. However, they do not have sufficient knowledge about its spread, says the NFHS.

This lack of knowledge also manifests itself in stigmatizing behaviour. The stigma and taboo attached to TB is so much that even states with high levels of literacy have a sizeable percentage of their population who would not like to disclose the status of a family member with TB to their neighbours.

The NFHS-3 also points out that the risk of TB is much higher for men (526/100,000) as compared to women (309/100,000). The reasons for this are not clear. According to Dr Swaminathan "it might have something to do with hormonal protection."

In the tenth Plan Rs 6.5 billion were allocated for the National Tuberculosis Control Programme (NTCP). The government has now asked for Rs 14.5 billion. Dr Swaminathan says tuberculosis funding needs to be increased so as to bring into the progamme public education, advocacy and awareness programme such as being done for HIV/AIDS. In addition, she said "We need to focus on drug resistant TB."

She said drugs to control Multidrug Resistant TB (MDRTB) are toxic and more expensive than first-generation medicines. Moreover, compliance needs to be ensured so that the TB bacteria do not develop resistance to medicine if the patient does not take proper dose or proper combination of four drugs, she said.

DEADLY FACTS

In India two people die every three minutes of tuberculosis.

India accounts for 30 per cent of the global burden of TB.

In terms of population coverage, India now has the second largest DOTS (Directly Observed Treatment, Short course) programme in the world.

Amidst rising incidences of tuberculosis in Britain, senior doctors in London want all immigrants from the Indian sub-continent to be screened for TB.

HIV now gets on NH 31 to go into Bihar

By Kumar Jitendra Jyoti

National Highway 31, which connects Barahi to Guwahati covering a distance of 1125 kilometres, is the road that takes trucks on a long journey till the north-eastern border of the country. On this stretch of the 'rough' road falls Begusarai, so far known as an industrial district of Bihar.

These days, Begusarai and its neighbouring Khagariya district are also under the threat of spread of HIV. This highway, which touches Patna at Bakhtiyarpur, is now becoming the easy route for HIV to enter into the interiors of these districts.

These two districts boast of several roadside hotels, some of which are favoured by many truck drivers crossing this stretch of the highway. Forty-five-year-old Rajnath (name changed), who is undergoing treatment for HIV at one of the big government hospitals in Patna, says this is where he contracted the infection.

Narrating his story, Rajnath said, he would go to a roadside hotel for a cup of tea every evening, which was about two kilometres from his shop. As he started becoming a familiar face in the area he learnt about the sex workers visiting the hotels. Soon he became a customer. Unaware of HIV and its consequences he indulged in unprotected sex.

Predictably, the road side hotels do not accept that any kind of sex work goes on in their premises. However, the increased activity in the area around sunset tells the tale. If Kishan bhai, who transports goods of businessmen from Patna to Kishanganj almost every week, is to be believed, there are several hotels between Barraoni and Begusarai and around Khagaria which allow sex work.

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According to Jagmahto, who works at a petrol pump near Begusarai, truck drivers and their lifestyle is often a topic of discussion. In fact, those running shops near the Baraoni zero milestone for several years feel that this has now started affecting local people also.

While people living around the NH 31 understand what HIV is and how it spreads, no one is quite ready to participate in the campaigns.