

gangrenous. The gangrenous part of the gut was excised and an end to end anastomosis performed. Post-operative recovery was uneventful.

Close tying of the umbilical cord in the neonates with umbilical defects especially umbilical hernias and examphalos can be dangerous. This does not find a mention in the standard books in preventive medicine and obstetrics(1,2). The precautions mentioned while clamping and cutting the cord are: (i) Distance for cutting varies from 2.5 to 4.5 cm in different books; (ii) Attention to maintain sterility and to look for postoperative hemorrhage from the umbilicus; (iii) A delay of about 30 sec in tying to allow cord blood to flow back to the newborn; (iv) The umbilical cord should be cut and tied when it has stopped pulsating (1-4). The World Health Organization manual for the Primary Health Workers has not mentioned anything regarding the distance at which the umbilical cord must be tied(3).

In India, domiciliary outreach is a major component of perinatal care. Most of the deliveries will have to be conducted in the home with the aid of female health worker or trained dais. Hence it is important to emphasize that umbilical cord must be tied far away, *i.e.*, about 5 to 6 cm away from the visible margin of umbilical swelling in the umbilicus. This precaution can avoid a lot of unnecessary morbidity.

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Pediatrician : The Custodian of the Child Consumer

“Primum Non Nocere” is the guiding principle for all doctors while taking care of their patients. This is more true for pediatricians, whose patients are too small to complain regarding any wrong being done to them. The pediatrician is not only the healer but also the custodian of the child consumer. It is his/her duty to see that his/her patient does not fall prey to irrational therapy. Medicines have been the mainstay of therapy for all disorders and act as a double edged sword. If they are used with discretion, they save lives but if abused, may lead to drastic consequences.

In recent years there has been a revolution in the therapeutic armamentarium. Innumerable drugs with various trade names are flooding the market. It is not

feasible for a practicing pediatrician to keep update with all this new information and he/she has to rely on the medical representatives who may take our colleagues in an undesirable direction(1,2). It is difficult to escape the hospitalities and gifts showered by drug companies. But it is rightly said that charity begins at home. We should all join hands in educating each other about proper and judicious use of medications and protect our patient from their ill effects. We have to stop the buck and act.

Role of Doctors

What is the role of doctors in protecting the child consumers and what can we possibly do about it is the question which comes immediately to our mind. We have a few suggestions to make to our august seniors and fellow academicians. We look forward for a feed back from them on these issues, so that a consensus statement could be drawn.

1. Use of the right drug, in right dosage for the right duration of time. We should try to use a single drug with which we are familiar, rather than resorting to polypharmacy. Use of drugs of a standard company with which you are familiar rather than buying the latest one. Do not use a drug just for the sake of prescribing even if it is harmless. There is very little role of tonics, B complex of which most of us are aware but still do prescribe *ab lib*. If you are not sure about a drug, confirm with standard text books or colleagues who have experience with it. Do enquire from medical representatives regarding authenticity of what they claim. Ask for reprints and clips on clinical trials.

2. Insist on proper measures with the

drug. A number of studies have proved that the home measure is not accurate. Discourage and do not write products without adequate measures and proper literature(3-7).

3. Form a habit of prescription audit. This can be done by a peer in whom you have faith or by yourself. This will definitely help you to see retrospectively the minor errors which may have been committed and help you to take corrective measures(8).

4. Educate the patient to take the drugs as per advice. Tell him the importance of doing so and also regarding minor side effects which may occur. He has to report to you regarding problems if any with the drug and not stop it empirically. They should not fall prey to advertisements of drugs on radio, TV, newspaper, etc. and should take drugs on medical prescription only. The communication with patient should be open. Adequate time must be given so that the patient develops confidence in you and follows your advice. Let the patient ask questions regarding the drug being prescribed(9,10).

5. The chemists and druggists should be advised to give medication as per prescription only and not replace/change the medicine without the permission of the doctor. Minimal drugs should be available over the counter (OTC) without medical prescription. In case your chemist is doing so report to the local drug inspector. The chemist can also be black listed by all the doctors in the vicinity by consensus(11).

6. Doctors and drug industry exist for the welfare of the child and both should coordinate for better child care. The drug industry is in business for profits but their greed should not increase to the extent that basic moral and ethical values are set apart. The doctors can act as a regulator to

curb the misuse of drugs and set the industry on the right path. This can be attempted through various forums, such as the Indian Academy of Pediatrics, Government of India, Local Doctors' Associations and consumers' societies(12,13).

7. Disseminate knowledge—both positive and negative to the patients and to each other through letters, newspapers, journals, talks, formal and informal get-togethers etc.(14)

8. Other areas where pediatricians have a role to play are the approval of age appropriate toys and books for children, clothing, furnishing, bathing soap and other accessories and safety measures for children at home, on the roads and at school.

We pediatricians have a very big responsibility to shoulder and it can be adequately performed by co-operation, co-ordination and just action of all our colleagues. In our enthusiasm to protect the child consumer, let us not forget the goodness of judicious use of medication. We appeal to one and all to formulate a common code for use of Medication something akin to the "Code for breast milk feeding". Our academy brethren have always stood together at times of need and we are sure that they will do so in the protection of the child consumer.

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