

### **News in Brief**

#### **Economics**

Healthy, wealthy and wise: The London School of Economics was the venue for an unusual lecture by the British Secretary for Health - the economic benefits of increasing health expenditure. He quoted a recent study published in *Science* which found that the income per person increased by 0.3 - 0.5% more in States with a life span 5 years more than another with all other factors remaining constant. About a third of the economic growth between 1780 and 1979 in Britain was due to improved health standards. According to him 250,000 man-years were lost each year in UK due to poor health. Similar losses due to any other reason would have had the business establishment clamoring for remedial measures (*Lancet* 25 March 2000).

#### **Technology**

E-medicine: In New York State 750 diabetic patients are being enrolled into a unique study where they will be given computers, internet access and telemedicine facilities to monitor and regulate their diabetes treatment. The cost effectiveness will be compared to 750 non-diabetics who receive conventional therapy. Besides online advice regarding sugar monitoring and insulin adjustment, cameras which can transmit images of skin lesions will also be hooked to the internet. The facilities will be especially useful for remote rural population which gets cut off from medical help during heavy snow in the winters. Intelligent use of technology

though initially cost intensive, is the answer to many problems due to the imbalance in health resource distribution (*BMJ* 1 April 2000).

#### **Disease Watch**

Cheers for Orissa: The people of Orissa have something to smile about. While Delhi has been the only place in the world where the incidence of polio has gone up, in Orissa last year, not a single case was reported. They have received official plaudits from the WHO for their remarkable efforts in polio eradication. The WHO has 90 monitoring units in the 8 high-risk states since 1998 to monitor OPV program. In 1998 India was reporting over 1000 polio cases, of which 100 were in Orissa, 158 in Bihar, 164 in Gujarat and 47 in Delhi. While Bihar showed a drop to 123 and Gujarat reported just 9 cases, in Delhi the cases rose to 73 in the last year. One of the special features of the pulse polio program in Orissa is said to be the co-administration of Vitamin A with OPV last year which is planned to be repeated 6 monthly. The WHO is now trying to collect scientific data to substantiate this hypothesis (*The Times of India* 29 March 2000).

#### **In Focus**

Healer watch thyself: An entire issue of the *BMJ* (18 March 2000) has been devoted to medical errors. The subject has hit the limelight in UK and USA since the publication of a comprehensive report on medical errors from the Institute of Medicine, USA. The annual deaths of Americans from preventable errors in hospitals is 100,000 which exceeds the combined number of deaths and injuries

from motor and air crashes, suicides, falls, poisonings, and drownings. Doctors and health administrators must take lessons from specialties that are extremely vigilant about errors such as the aviation industry. The first step is to acknowledge the problem and encourage the documentation of errors or near misses. Analyzing why and when they occur, having cross check measures where mistakes can be fatal and ways to mitigate the severity of

damage if an error should occur are the basic principles of error management.

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## Pedscapes

**Biology of Neonate** - [www.karger.com/journals/bon/bon\\_jh.htm](http://www.karger.com/journals/bon/bon_jh.htm). This is the URL of this peer reviewed journal on neonatal research. Access to the table of contents, abstracts and e-mail delivery of table of contents are the features that are available free. Subscribers can access the full text of the journal from this site.

**The Electronic Medicines Compendium (eMC)** - [www.emc.vhn.net](http://www.emc.vhn.net). The Electronic Medicines Compendium (eMC) website is an extensive database of the licensed medicines in use in the United Kingdom. Launched in February 2000 by the Association of the British Pharmaceutical Industry, it is approved by the Department of Health's Medicines Control Agency. It has separate entry points for drugs and the lay public. Doctors require registration. However there is no problem as on date for registration of doctors from India. The password-protected health-care professionals area provides electronic versions of Data Sheets and Summaries of Product Characteristics (SPCs) for more than 2500 prescription medicines, and by the end of 2000 will cover

all medicines licensed in the UK. The information is identical to that published in the 1800-page hard copy Compendium, but access is easier and faster. The public portion of the site offers rapid access to the patient information leaflets that accompany medicines when they are dispensed. The eMC also has a section for pharmaceutical industry professionals.

**Medic8.com** - [www.medic8.com](http://www.medic8.com). There are an increasing number of medical portals coming up on the net. Among these the Medic8 from the United Kingdom is definitely worth more than a visit. Though UK oriented, it has plenty to offer for international users also. The section on child health is quite good. The one plus point in this site is that a registration for use is not required.

**Genecards** - <http://bioinformatics.weizmann.ac.il/cards/> GeneCards is a database of human genes, their products and their involvement in diseases. It offers concise information about the functions of all human genes that have an approved symbol, as well as selected others [gene listing]. It is particularly useful for people who wish to find information about genes of interest in the context of