NEWS IN BRIEF

What is New in the National Health Policy 2017?

It's been 14 years since the last National Health Policy. After a rap on the knuckles by the Supreme Court last year, the Government has rolled out the new health policy. Global evidence has shown that unless a country spends 4-5% of its GDP on health, basic health care needs are seldom met. In the new policy, the government aims to increase health expenditure from the current 1.15% to 2.5% by 2025.

Some of the goals include increasing life expectancy from 67.5 to 70 years, to reduce under-five mortality to 23, infant mortality to 28, and neonatal mortality to 16 – by 2025. The government also aims to eliminate leprosy by 2018, kala-azar by 2017 and lymphatic filariasis in endemic pockets by 2017. They plan to ensure that more than 90% of infants are immunized by 2015. An important arm will be to establish disease registries for diseases of public health importance and an integrated health information architecture and National Health Information Network by 2025.

The policy also recognizes the need to revise the undergraduate and postgraduate medical curriculum. This policy recommends that the current pattern of MCQ (Multiple Choice Question) based entrance test for postgraduate medical courses – that drive students away from practical learning – should be reviewed. A clear strategy followed by determined execution may just transform the health care scenario in the country. (*The Hindu 18 march 2017, http://www.mohfw.nic.in/*)

Violence Against Doctors

"Health care work place violence is an under-reported, ubiquitous and persistent problem, which has been tolerated and largely ignored", mentions an article in the NEJM last year. In the United States, the healthcare industry is one of the industries most subject to violence (apart from law enforcement). But standard risk-reduction techniques are yet to be uniformly implemented.

Recently, there have been a string of attacks against doctors in Maharashtra, which culminated in State- and nation-wide protests by doctors. The Chief Minister of Maharashtra finally stated that 1,100 new armed guards would be posted at public hospitals across the state. Measures such as CCTV monitoring, restriction on number of visitors, and special security measures at sensitive places (eg, ICU, OT) were to be put in place immediately.

At the national level, Indian Medical Association (IMA) is all set to launch an online initiative that persuades its members to report assault cases of doctors on duty. A similar initiative has already been launched by Medicos Legal Action Group (MLAG), a Chandigarh-based non-profit organization that seeks to protect and promote the interests of doctors across India. So far, 160 cases of violence against doctors have been registered with them from across the country. The agenda behind such a directory is the creation of data-backed legal representation.

The WHO has compiled major known national guidelines and strategies for prevention and management of workplace violence (eg, US, UK, Sweden, Australia). The measures to curb violence in hospitals are classified into: (*a*) physical environment of the work place including security measures; (*b*) work practices; (*c*) training; and (*d*) staffing. Much attention is given to physical aspects such as layout and design of premises. The purpose is to create an environment that does not trigger or exacerbate a stressful situation. Good lighting and removal of hazardous furniture is part of the planning.

Only experienced staff should conduct a contact with a patient in situations where a potential risk for aggression has to be considered. Wherever a potential risk is expected, working in pairs should be made possible. Job rotation may be a means to reduce time in stressful working situations. Staff training in identifying potential risky situations and defusing and de-escalation methods is crucial. Courses on control and restraint, as well as physical self-defence training, should be provided most specifically to those staff working in high-risk areas.

Finally, we need to change the perception of doctors in the eyes of the public. A good relationship between the health services and the community in which they provide their service is finally the strongest way to prevent aggression in hospitals. (*The Economic Times Health World 4 April 2017, http://www.who.int/violence_injury_prevention/violence/interpersonal/en/WV_ComparisonGuidelines.pdf*)

Quick-Wee: A Novel Non-invasive Urine Collection Method

Collecting uncontaminated urine from young children has always been a challenge. A new way to collect clean catch urine in infants has been recently described. It has been observed that perineal cleaning in newborns often stimulates voiding. Even animals encourage their children to void by licking their newborns perigenital areas. Hence the authors hypothesized that this stimulates newborn cutaneous voiding reflexes, triggering involuntary parasympathetic detrusor contraction via exteroceptive somatobladder mechanisms. In the study, trained clinicians performed standardized perigenital cleaning with sterile water-soaked gauze, and then additionally rubbed the suprapubic area with saline-soaked gauze held by disposable plastic forceps in continuous circular motions. Thirty percent had successful voids within 5 minutes. This is certainly an improvement of previously reported 1 hour average wait for clean catch samples in newborns.

A simple technique of much value in day to day practice! (*Emerg Med J. 2017;34:63-4*)

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