

**THE SCOURGE OF FAKE DRUGS**

Fake drugs abound, especially in low- and middle-income countries. The WHO has recently published reports documenting its prevalence, delineating its consequences and expounding on possible measures to contain this pervasive problem. In 2013, the WHO set up a global monitoring system to track drugs that were deliberately fraudulent, failed to meet quality standards, or had not been evaluated or authorized for market. Approximately 10% of drugs in low- and middle-income countries are substandard or falsified. They include both generic and patented molecules equally. The commonest are antimalarials (19.6%), antibiotics (16.9%), and anesthetics and analgesics (8.6%).

The WHO has proposed a three pronged strategy 'prevent, detect and respond' to tackle this deep rooted problem. The University of Edinburgh and the London School of Tropical Medicine and Hygiene have developed models to predict the impact of substandard medicines. According to this model, a prevalence of 10% of fake antibiotics will result in 72 430 excess childhood deaths annually due to pneumonia. Similarly, there are estimated 2.1-4.9% excess deaths due to malaria when fake antimalarials are prevalent.

The consequences of fake drugs encompass economic losses, social impacts and medical issues like antimicrobial resistance. (*Nature News 29 November 2017*)

**THE BETTER BIRTH CHECKLIST**

If the misery of the poor is due to the inefficiency of our institutions rather than the laws of nature, great is our sin. Childbirth remains the second largest killer of women in the child bearing age group. And the numbers do not appear to be improving much over time.

The WHO has developed a checklist for use by birth attendants in the 48 hours around childbirth. This was tested in one of the largest trials done in the area of childbirth and neonatal care that covers more than 300, 000 mothers and newborns in over two years starting in 2014. In this study, birth attendants were coached on the use of a checklist in 60 health centers of Uttar Pradesh, India. They were compared to a control group where coaching was not done. After 2 month of coaching, the adherence to essential birth practices was 73% *versus* 42% in the areas where coaching was not done.

Proper administration of oxytocin following child birth was 80% in the facilities where intervention had been done

*versus* 21% in the control group. Initiation of breast feeding (70% *versus* 4%) and skin-to-skin contact (79% *versus* 11%) was also higher in centers where birth attendants had been coached. Appropriate measurement of blood pressure (68% *versus* 7%) and newborn temperature measurement (43% *versus* 0.1%) was also higher in the study group in comparison to the control group.

As Atul Gawande says in his book 'The Check list Manifesto' – Man is by nature flawed and inconstant. The volume and complexity of what we know has exceeded our individual ability to deliver its benefits correctly, safely, or reliably. Good checklists on the other hand are precise and easy to use even in the most difficult situations. The check lists if used judiciously in medicine can yield rich dividends. (*NEJM 14 December 2017*)

**THE NATIONAL MEDICAL COMMISSION BILL**

The Government is all set to replace the Medical Council of India with a new National Medical Commission (NMC). The commission will have 25 members nominated by the Government. They will include persons from wide ranging disciplines such as management, law, ethics, research, consumer advocacy, science and technology and economics. There will be only 5 doctors in the commission.

NMC has prescribed an 'exit exam' for MBBS graduates, wherein after qualifying all examinations conducted under MCI, an extra exit examination will be mandatory for getting license. NMC would also relax criteria for establishing a new medical college. Under the Bill, no separate permission is needed for postgraduate courses after undergraduate recognition. Automatic increase in seats would also be allowed, which earlier required permission from MCI. One of the critical changes that the new law is expected to bring about is determination of fees. While the MCI did not have any power to prescribe fees, the NMC can frame guidelines for determining the fee for up to 40 per cent of the seats in private medical colleges. The NMC Bill had earlier mentioned the merger of the Post-Graduation Board and the National Board of examination in the draft version. But the clause has been dropped from the current version that was tabled in the parliament

In this 'winter of discontent' when prevailing public sentiments about medical practice and doctors is largely unsympathetic, doctors in India need to ponder deeply and participate actively in defining the direction in which health care is headed. (*The Hindu 25 December 2017*)

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