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## NEWS IN BRIEF

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### THE PERSONHOOD DEBATE

A rather esoteric debate is on in the US about “who is a person”? One of the most famous cases in US courts has been “Roe vs Wade”. In 1969, this case was filed by a third time pregnant woman who wanted an abortion. Since abortion was then illegal she went to court under the alias of “Jane Wade”. Though she had delivered a baby by the time the judgement was given in 1973- abortion then became legal in the US. However in many southern states of the US there is still much religious anti feeling against abortion by so called pro-life activists. Since then there have been several attempts to overturn this judgement. The critical question now is whether the fetus is a person. If the “personhood” of the preborn is established, the case for right to abortion collapses. Now the State of Mississippi has raised the question of who should be defined as a ‘person’ and held a series of public hearings on the question. “Should a person be defined to include every human being from the moment of fertilization, cloning or equivalent thereof?” The issue has wide spread ramifications since if passed it would effectively ban abortion, many forms of birth control, some forms of fertility treatment and also interfere with stem cell research. However the controversial amendment failed

when on 8th November’ 2011, nearly 60% of voters voted against it. The fertilized egg for the present is not legally “a person” in the US and its rights are still in limbo. (*The Hindu* 24 November 2011).

### THE NEW ROAD MAP FOR INDIA’S HEALTH CARE


A breath of fresh air is wafting through the dusty corridors of Public Health Planning in India. The High Level Expert Group of the Planning Commission on Universal Health coverage chaired by Dr K Srinath Reddy has laid out clear plans on how public health care in India should evolve. The key principle is to provide free and universal health care to all, a user fee can perpetuate and widen inequalities in poor and middle income settings. Funding will be the responsibility of the government mainly by general taxation. Public health expenditure needs to be pushed up from the pathetic 1.2% of GDP to 2.5 % by the end of the 12<sup>th</sup> Plan and 3% in the subsequent 5 years. The expert group estimates this will reduce out of pocket spending from 67% of total health expenditures to 47% by 2017 and 33% by 2022. (*The Hindu* 18 November 2011).

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## CLIPPINGS

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 **Helium-oxygen therapy for infants with bronchiolitis** (*Arch Pediatr Adolesc Med.* 2011 Dec;165(12):1115-22)

This study conducted on infants with bronchiolitis that nebulized racemic epinephrine delivered by helium-oxygen (70:30) followed by helium-oxygen inhalation therapy delivered by high flow nasal cannula was associated with a greater degree of clinical improvement compared with that delivered by 100% oxygen.

 **Babies sleep better following afternoon vaccines** (*Pediatrics* 2011; 1100 -1108)

The study showed that babies who received vaccination after 1:30 in the afternoon slept an hour and a half longer, on average, than the day before, while infants who were

vaccinated before 1.30 pm slept only a half hour longer than the preceding day.

 **Daily steroid treatment not required for wheezing toddlers** (*NEJM.* 2011;365:1990-2001)

Daily inhaled steroid therapy is recommended for children younger than 5 years having positive values on the modified asthma predictive index and at least 4 wheezing episodes in the previous year. This study demonstrated that the frequency of exacerbations, severity of asthma, and adverse effects were not different between two groups of children with asthma, receiving daily or intermittent steroid therapy.

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