

Funding: UGC.

Competing interests: None stated.

REFERENCES

1. Lohman TG, Roche AF, Martorell R. Anthropometric Standardization Reference Manual. Chicago: Human Kinetics Books, 1988.
2. World Health Organization. Physical Status: The Use and Interpretation of Anthropometry. Technical Report Series No. 854. Geneva: World Health Organization; 1995.
3. World Health Organization. Measuring change in nutritional status. Geneva: World Health Organization; 1983.
4. Rao KM, Laxmaiah A, Venkaiah K, Brahmam GN. Diet and nutritional status of adolescent tribal population in nine states of India. *Asia Pac J Clin Nutr* 2006; 15: 64-71.
5. Venkaiah K, Damayanti K, Nayak, MU, Vijayaraghavan K. Diet and nutritional status of rural adolescents in India. *Eur J Clin Nutr* 2002; 56: 1119-1125.

Involving Private Pediatricians for Research: Great Caution Required

The article by IAP President Naveen Thacker has focused on an important issue of Pediatric Research in Office Setting(1). We completely agree that, in general, there is a great need in our country to generate accurate pediatric epidemiological data and for carrying out research for finding indigenous solutions to the health issues affecting Indian children(1). Many dissertations submitted to the University are based on retrospective analysis or have a sample size or methodology too inadequate to draw meaningful inferences. It is not surprising that most of the dissertations remain unpublished and do not make any impact on scientific community or policy decisions. Private pediatricians cater to majority of children and therefore, they can help in making an enormous contribution to research activities. Their active participation once initiated can help generate data regarding various health parameters, evolve evidence-based practice guidelines and probe for answers to our populations' problems. However, we should also be aware of the ground realities as they exist.

Today's pediatricians who are in the private practice, by and large, have not received adequate training in research methodology, research ethics, and biostatistics. This is a direct consequence of inadequate inclusion of these aspects in graduate and post-graduate curriculums. Even undertaking simplest form of research studies such as obser-

vational studies, would require the investigators to be aware of issues such as participants' rights (especially those related to autonomy and confidentiality), documentation and basic biostatistics.

Ethics committees play an important role in safeguarding the interests of research participants. As the expertise available in the country in the field of research ethics is limited, even large private hospitals may not find it easy to constitute institutional ethics committees and establishing them would be beyond the capacity of smaller nursing homes. Once research activities are undertaken by several private clinics and institutions across the country, ethics committees might find it difficult to monitor these activities and ensure that the research is being carried out adhering to the mandatory ethical standards.

Most private pediatricians have an extremely busy practice and barely have enough time to communicate with their patients and parents. Finding time for research-related activities such as getting trained, interacting with research participants, documentation and training and supervising over the research team could be difficult. They will have to be committed to ensure that the quality of their research activities is adequate.

This does not mean that pediatric research in office setting cannot be implemented in our country. Private pediatricians desirous of undertaking research will have to spare time for getting trained and thereafter for conducting research activities

without compromising on patient care. The IAP will have to take up the onerous responsibility of coordinating training activities for prospective researchers, identifying priority research areas, deciding on research sites (based on research question, availability of expertise, and patient population), monitoring data collection and ensuring quality research. IAP may be able to meet this challenge if it collaborates with Medical colleges and organizations such as the Indian Council of Medical Research (ICMR).

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REFERENCE

1. Thacker N. Research in pediatric practice: An untapped arena! *Indian Pediatr* 2007; 44: 811-812.

Evidence Based Pediatrics: A Welcome Addition

“Read not to contradict and confute; nor to believe and take for granted; nor to find talk and discourse; but to weigh and consider.”

So said Francis Bacon and in a nutshell, it summarises what evidence based medicine and EURECA is all about. I read with interest the article on role of CRP in predicting bacterial infection with fever(1) and the accompanying editorial(2) in the February 2008 issue. I welcome this initiative of *Indian Pediatrics* and agree with them on “tailoring evidence from the western world” to make it relevant in the Indian context. But this is only half the story. These evidence based reviews not only give useful information to the reader but should also serve to enhance the skills of the person doing the review. Besides improving patient care, this would lead to a gradually increasing number of Indian doctors having a good knowledge of searching medical literature, critically appraising studies and developing the art of writing reviews. This is a resource in short supply(3). A further spin off could be improving one’s biodata by getting some publications and who knows some of them may end up being Cochrane reviewers. Archimedes, the evidence based section of the Archives of Diseases in Childhood has shown to be an educational experience for the reviewers(4) and by active

participation of the readers of *Indian Pediatrics*, similar outcomes can be achieved. For this to happen successfully, there may be a need of guidance from *Indian Pediatrics* on how to carry out such reviews, a list of possible topics which need addressing in the Indian context (*e.g.*, nimuselide versus paracetamol or ibuprofen in control of fever) and support of a group of clinicians and researchers with experience in evidence-based work who could mentor first time reviewers.

A small clarification also needs to be made regarding the evidence based reviews in the Archives of Diseases in Childhood. These are based on “best available evidence” and are not limited to randomised controlled trials or meta-analysis as these are often not available or feasible. In such a scenario, the next best evidence in the hierarchy of evidence(5) becomes relevant.

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REFERENCES

1. Mathew JL. Can CRP predict bacterial infection in children with fever. *Indian Pediatr* 2008; 45: 129-133.
2. Mathew JL, Singh M. Evidence based child health: fly but with feet on the ground. *Indian Pediatr* 2008; 45: 95-98.