antipyretics. Ibuprofen and mefenamic acid may have significant side effects [4]. The combination of these drugs with paracetamol does not offer any advantage, but increases the chances of adverse effects.

Different quantities of ingredients: Cough syrups of different brands have different quantity of dextromethorphan per 5 mL of liquid (*e.g.* 5 mg, 10 mg and 15 mg). Some doctors may not be aware of this fact, which can result in inappropriate dosage of dextromethorphan [4]. There are many formulations meant for providing relief during cough/cold, which have combinations of different ingredients in variable quantities.

It seems that in a race for 'one-upmanship' the pharmaceutical industry has turned blind eye to the science of pharmacy and safety of people. Doctors should have full information about the drug formulations which they prescribe so as to give right medicine in right dose.

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Bonding Angel Program – A Novel Initiative to Improve Early Initiation of Breastfeeding

Early initiation of breastfeeding refers to provision of mother's breastmilk to infants within one hour of birth. This is an evidence-based high-impact intervention for improving neonatal survival, and for establishing breastfeeding over the long-term. According to World Health Organization, early and uninterrupted skin-to-skin contact between mothers and infants should be facilitated and all mothers should be supported to initiate breastfeeding as soon as possible after birth, within the first hour after delivery. Despite these established guidelines and benefits of early initiations of breastfeeding, only 41.6% of neonates in India are breastfed within one hour of birth [1]. Despite 80% of the deliveries are institutional, early initiation of breastfeeding is suboptimal in the country [2].

In resource-restricted settings with high delivery rates, the reasons for suboptimal early initiation practices include lack of manpower (dedicated lactation counsellors and staff nurses) and delay in procedures like episiotomy suturing and ward transfers. Ours is a tertiary care teaching Institute in Southern India with 1500 to 1600 intramural deliveries per month. The rate of early initiation of breastfeeding in this center was only 33% as observed in a previous study [3]. In this context, Bonding Angel Program was initiated in September 2018 to improve early initiations of feeding. All stakeholders, including Departments of Neonatology, Obstetrics and Gynecology and Nursing College, were involved. Among the nursing students posted in labor room, one female nursing student was designated as the dedicated Bonding Angel for the day, and an identifying badge was provided to her. It was her responsibility to bring the mother and baby together soon after delivery, and help them to initiate breastfeeding at the earliest. She would also ensure correct position and attachment during breastfeeding. This has the potential to prevent hypoglycemia in newborn, facilitate good uterine contraction in the mother and ensure bonding between mother and the baby. All the Bonding Angels received appreciation certificates at the end of their labor room posting. The impact of this quality initiative on early initiation of breastfeeding is yet to be quantified. National Health Mission has also incorporated early initiation of breastfeeding in Laqshya – Labor room quality improvement initiative [4].

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Throwing the Baby out with the Bath Water: The Need for Reviewing Ethics Requirements

No one questions the need for ethics in medical publishing. The current norm for credible journals is on insisting on patient consent for all clinical data published, whether prospective or retrospective. Clinicians are constantly learning, whether from published studies or their own experience, and it is appropriate that we "practise" medicine all our lives, not having approaches set in stone. Published guidelines frequently change; they also exhort us to individualize care. Thus, clinicians observe patterns, or try something not quite well spelt in guidelines, and when it works well, repeat it in later patients. It is this experience, sometimes accumulated over decades, that gives us the 'tricks of the trade.'

Many of us who maintain patient records find analyses of long-term data yield useful observations and evidence, which till very recently, were routinely published. But crucially, they cannot be predicted in advance. For example, with the same management approach, outcomes may differ because of demographic, economic or other factors. These intellectually satisfying exercises throw up hypotheses, which can be developed into formal studies. But having made an observation, how does one track down patients seen decades ago to take their consent? The easy answer: when you find something works well, plan a study, take approval from the Ethics Committee, obtain patients' consent: since prospective data is better than retrospective. However, this theoretically sound approach ensures losing wisdom gleaned from experience, and burying potentially meaningful data. Imagine Fuller Albright or Harvey Cushing's papers being rejected because patients' consent forms were not available!

At this point, it is important to distinguish two situations. Where routine management has been practised, if valuable patterns emerge, there should be no ethical dilemma in publishing aggregated data, which do not impinge on patients' anonymity. Where clinician/s deviated from then-standard practices, thus affecting patients' care, the need for consent is ethically imperative. Conflating these situations because of our recent increasingly obsessive concern about ethics discourages sharing learning, which is the very purpose of journals. Worrying, they could push clinicians reluctantly into the arms of predatory journals, which are an unfortunate reality.

Journals which have built up credibility the slow and hard way, must urgently find solutions. Credible journals must re-evaluate their policies, separating the groups where ethical clearance is redundant, and where it is indeed essential. Otherwise, all this worrying about consents and ethics clearances, would amount to throwing the baby out with the bath water.

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EXPERT'S REPLY

Ethical conduct of research is essential to safeguard research participants. All over the world, research is carried out only in accordance with the country's National ethical guidelines. The author is referred to the 2017 Indian Council of Medical Research (ICMR) National Ethical Guidelines for Biomedical Research Involving Children [1]; wherein it is clearly stated that waiver of consent may be obtained in retrospective studies, where the participants are de-identified or cannot be contacted. Hence there will not be an issue in conducting retrospective studies.

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