

## Training Pediatric Emergency Medicine Specialists in India

I congratulate the INDO-US group for advocating the need for Pediatric Emergency Medicine (PEM) as a super-specialty in India. The document states that “the concept of PEM is virtually non-existent in India [1].” I wish to share an experience that is contrary to this statement.

The 180-year-old, Madras Medical College, to which the Institute of Child Health (ICH) is affiliated, has an annual intake of 250 under-graduates and 54 pediatric post graduates. Established in 1997, our Pediatric Emergency Department (PED) was equipped by Japan’s International Cooperation Agency [2]. To sustain the project, the Tamil Nadu government sanctioned a faculty position in PEM. Over, the next 18 years, an overwhelming number of seriously ill and injured children were managed [3]. As septic shock was the commonest cause of mortality, a shock protocol was tested [4]. Lessons learnt were video-taped and conducted as the “Paediatric Emergency Medicine Course” [5]. In 2010, our University made completion of this course compulsory for house officers during their internship. Since 2011, a post-doctoral fellowship course is being conducted under the auspices of the University.

Under-five mortality due to infections is high in developing countries and emergency care reduces mortality. Despite significant differences in the morbidity profile of emergency visits in India [3], the INDO-US group reports that “PED in India is not an ED in the true sense”. Denying PEM’s existence in India is self-defeating in the pursuit of recognition of super-specialty status. Acknowledging that academic PEM in India might be different from the US, and engaging local expertise could help in achieving the much needed recognition for PEM super-specialty training.

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## Training Pediatric Emergency Medicine Specialists in India: Authors’ Reply

We applaud the efforts highlighted by the author regarding their experience in PEM since 1997 at Madras Medical College and the Institute of Child Health. They have created a well-regarded course in PEM and most importantly, their results have been validated in peer-reviewed literature — which is the ultimate test for legitimacy. Recognition of faculty post in PEM by the state of Tamil Nadu is the right step in the right direction to establish PEM as a super specialty in India. However, it is not even the tip of the iceberg of what is the actual need at the national level.

We recognize that the efforts for recognition of PEM are being made at some of the institutes in India, but these need to be done at a larger level. The intent of this white paper [1] is to provide a curriculum as the basis for creation of PEM as a super-specialty at academic institutes. The compare-and-contrast approach using the PEM curriculum in the United States, is a suggestion because in many instances we do not have to reinvent the wheel and the positives from well-established programs can be emulated. Furthermore, the curriculum has been modified based on the needs and resources of our country. There is a need to have a “standardized” curriculum across the country keeping in mind the local

epidemiology to drive the education and training. Well-established institutions with substantial resources could expose PEM trainees to education by simulators which may be impossible in resource-constrained settings. Similarly, research requirement during PEM training need not be to the tune of 12-18 months as mandated in the US.

Ultimate goal is to bring together various stakeholders in emergency medicine, pediatrics, nursing, hospital administration, compliance agencies as well as policy makers and government officials to not only create a federal office of emergency medical services but engage everyone in a meaningful manner to develop and sustain a robust infrastructure to deliver high quality PEM care to children in India.

We anticipate and indeed invite other members of the pertinent communities to be major contributors to this effort. Academic authorities like National Board of Examination and Medical Council of India will certainly help in recognition of well-structured super-specialty course.

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## Kawasaki Disease in Jammu and Kashmir

The article "Kawasaki Disease in India – Lessons Learnt over the Last 20 Years" is really a master piece regarding the diagnosis of Kawasaki disease in India, and highlights how the presence of disease in Indian children was ignored by people not accepting the views of the experts in the field [1]. Authors of this manuscript are pioneers in Kawasaki disease, and also help others in every nook and corner of the country to diagnose this disease. Being an authority on Rheumatologic and Immunological disease in children and still having to face ridicule, criticism and sarcasm, one can imagine what others might have faced when they tried to convince the people regarding the diagnosis of Kawasaki disease in their states. At our institute, we diagnosed the first case of Kawasaki disease in an 8-year-old girl in November, 1998 and subsequently diagnosed or treated only 21 patients from 2004 to 2014 [2]. This is just a tip of Iceberg as we included only those patients where treatment with intravenous immunoglobulins was given or thrombocytosis or coronary artery aneurysm were documented. There were

scores of patients where the diagnosis was refuted when second opinion was taken, or doubt was created in the parents' mind regarding the presence of disease in India and no treatment could be given. Since these patients are not under any follow-up, the status of their coronary arteries is unknown. The article just highlights the fact that mere ignorance regarding any disease does not mean that disease does not occur and many more patients would have been picked up, treated and benefitted, had negativism and rivalry not come in between. The newer generations of pediatricians in India need to be congratulated for diagnosing patients even if posted in peripheries and health centers and referring them to the apical centers in our state.

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