

Quest for Doctors in a Dodoland

Almost every day, we hear about violence on doctors and health establishments from different parts of India. The violence against doctors in India is often vicious, violent and mob directed, and not infrequently claiming the life or limb of the doctor concerned [1,2]. This violence not only physically harms the doctor but also mentally and often socially jeopardize the career of the doctor. Moreover, costly hospital instruments and furniture are often damaged, vandalized or looted by the irate mob. Surprisingly many of these violent instances are politically motivated; small time goons or politicians take the advantage of patients and their relatives' distress and incite violence for financial or other ulterior motives.

Doctor, if they escape the violence of the patients' relative or the murderous mob, they may have to face consumer – and criminal courts. In West Bengal, they have to face another organization that can take action considering every practice as a malpractice on the basis of West Bengal Clinical Establishment bill of 2017.

In spite of all the laws against violence, both state and central governments have been inefficient in bringing the perpetrators of violence to justice. Normally justice in India is a slow long and tedious process and that itself has been thought of one of the reason for increasing violence against doctors [3]. Doctors often expect that medical and professional organizations at least will stand up against outrageously illegal and unlawful instances of

violence. However these organizations appear to be helpless and toothless.

No doctor in this world wants to harm his/her patients, and whatever they do, most of them do it with best of the intentions in their mind. Many times doctors in this country are working under impossible circumstances. Whether we consider the violence as a class war [4], or a consequence of rise of pseudointellectuals in the society [5] or reflection of tremendous medical advances coupled with our failure to ensure immortality of human being or reflection of protest against abject corruption in the society; we have to act to stop it. If we do not act now, the day may not be far away when we will have severe death of doctors in this country to treat our ailments – like the Dodos which vanished from Dodoland because of human violence and greed.

KANJAKSHA GHOSH

*Director, Surat Raktadan Kendra and Research Centre
Surat, India*

kanjakshaghosh@hotmail.com

REFERENCES

1. Anand T, Grover S, Kumar R, Kumar M, Ingle G. Workplace violence against resident doctors in a tertiary care hospital in Delhi. *Natl Med J India*. 2016;29: 344-7.
2. Pai S. Violence against doctors . *Natl Med J India*. 2015;28:214-5.
3. Nagpal N. Incidents of violence against doctors in India: can these be prevented? *Natl Med J India*. 2017;30:97-100.
4. Mishra S. Violence against doctors: The class wars. *Ind Heart J*. 2015;67:289-92.
5. Mishra S. Our intellectuals have failed us – system of a Down. *Indian Heart J*. 2017;69:133-5.

Human Milk Banking in India: Still in Infancy

Human milk banking is an absolute necessity to provide full benefits of breast milk to all babies. All mothers must be counseled and encouraged to breastfeed their babies as it is the greatest gift a mother can offer to her baby. A large number of preterm infants are not fortunate enough to get sufficient amounts of their mothers' own milk due to many reasons. Human milk banks can play very important role in such conditions. Donated human milk by other eligible lactating mothers can fill this gap.

Greatest beneficiaries to such an arrangement will be preterm babies who are at risk of necrotizing enterocolitis and neonatal sepsis – diseases well known to be

associated with high mortality and morbidity. It also helps them to reach full enteral feeds earlier than without human milk by strong trophic effects on gut. A meta-analysis of trials comparing formula feeds *versus* donor milk has shown significant protective effect of donor milk compared to formula in preventing necrotizing enterocolitis (RR: 2.46, 95% CI 1.19, 5.08) [1].

With better availability and improved quality of care of neonatal intensive care units (NICUs) in India, more and more extremely preterm babies are surviving. A recent survey of NICUs in India concluded median (IQR) survival of 44% (18%, 60%) in those <28 weeks of gestation [2].

First human milk bank of Asia '*Sneha*' was founded in 1989 in Mumbai, but there is still insufficient number of milk banks in India (around 22; most in private hospitals)