

Patient-Doctor Relationship

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Medicine has undergone tremendous advances, including in India. Nevertheless, there continues to be a wide gap in the availability of health care service in the country. Medical tourism is rapidly growing in India, but on the flip side of it, health care, including essential health care, is still out of reach for many in the country. India has a shortage of doctors and nurses; lack of infrastructure coupled with quality and affordable health care create further hurdles in universal health care. However, the issue which has recently hit the headlines is the deteriorating doctor-patient relationship. This erosion in trust is disheartening and needs to be urgently restored.

A Round Table was organised on the eve of Doctor's Day, 30th June, 2019 to discuss the current scenario of health care system in India and give some suggestions and ways to improve it.

There are four types of patients: Ignorant, informed, empowered and enlightened. There has been a rapid shift from ignorance to enlightenment in the society. More and more patients want more time from the doctor and want to be a part of shared decision making. But this is incompatible with the present inadequate infrastructure.

Today a doctor spends less than 4 minutes per patient and most of this time is spent on explaining the deficiencies in infrastructure or non-medical counselling. The answer is posting counsellors in the establishments apart from improving the infrastructure.

The Central Government has rightly removed health services from Consumer Protection Act, but should have considered specifically excluding it.

Once a person has done MBBS, he is a qualified full-fledged doctor, then why do we call them junior doctors, trainee doctors or residents? All post-MBBS doctors up to the age of 40 should be called young doctors and not juniors for resident doctors.

One should differentiate emergent from non-emergent care.

The primary job of a doctor is to alleviate the pain and sufferings of a person without commercialising it. This is also the fundamental duty of the government under Article 21. Even in the UK, in non-emergent care, the

waiting time can be in years, but emergent care must be given without delay. All government hospitals in India should provide emergent care to all coming for the care and if no bed is available, they should be shifted to empanelled private sector with billing to the government under the respective Ayushman Bharat scheme.

To make emergent health care affordable, government should also come out with National lists of essential medicines, investigations, devices, reagents, disposables and equipments and they should be price capped.

One should remember that doctors are service providers and not service generators. They should not be made scapegoats for administrative errors, negligence or faulty treatment.

No antibiotic should be allowed to be prescribed by non-MBBS doctor.

There should be a transparent redressal mechanism for patients in every district.

Public Health Services should be added in the concurrent list so that there is a proper State-Centre coordination.

Medical Council of India (MCI)-Indian Medical Association (IMA) submitted Jacob Mathew guidelines, Parmanand Katara case guidelines and guidelines for MCI Ethics Regulation 8.6 should be immediately implemented by the Health Ministry.

The government and/or the police should put up a board (like the vigilance notice) in every medical establishment informing about the law against medical violence.

The time has come to debate to shift from Bolam's consent to informed consent, including the consent for unexpected and uninformed complications and chances of sudden death in every treatment.

One should remember that quality and quantity are inversely proportional to each other. More the number of patients seen in one hour, less will be the quality of services.

The government policy of refusing to take outside delivered newborns; patient on ventilator, BiPAP (bilevel positive airway pressure) or cPAP (continuous positive airway pressure); patients on dialysis, patients for chemotherapy or patients needing terminal care should be abolished.

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**More Than a Million People to be Vaccinated in Phase 2 of Cholera Vaccination Campaign in the DRC**

Phase 2 of the biggest ever oral vaccination campaign against cholera took place from 3 to 8 July 2019 in 15 health districts in the four central provinces of the DRC - Kasai, Kasai Oriental, Lomami and Sankuru. The second dose of vaccine confers lasting immunity against cholera, and was targeted at 1,235,972 people over 1 year of age. The 5-day, door-to-door campaign involved 2,632 vaccinators recruited mainly from local communities, who administered the oral cholera vaccine, filled in vaccination cards and tally sheets and compiled a daily summary of the teams' progress. "This cholera vaccination campaign marks the intensification of our response in the DRC," said Dr Matshidiso Moeti, WHO Regional Director for Africa... (WHO)

FDA Approves New Treatment for Refractory Multiple Myeloma

The US FDA granted accelerated approval to selinexor tablets in combination with the corticosteroid dexamethasone for the treatment of adult patients with relapsed refractory multiple myeloma (RRMM) who have received at least four prior therapies and whose disease is resistant to several other forms of treatment, including at least two proteasome inhibitors, at least two immunomodulatory agents and an anti-CD38 monoclonal antibody.

Efficacy was evaluated in 83 patients with RRMM who were treated with selinexor in combination with dexamethasone. At the end of the study, the overall response rate was measured at 25.3%, the median time to first response was 4 weeks, with a range of 1-10 weeks and the median duration of response was 3.8 months... (FDA)

Keto-like Diet may Improve Cognition in MCI, Early Alzheimer's

A ketogenic diet may boost cognition in older adults who have early signs of dementia, preliminary research suggests.

Investigators at the Johns Hopkins University School of Medicine, Baltimore, Maryland, found that when older adults with mild cognitive impairment switched their diet to a low-carbohydrate, high-fat ketogenic diet, they experienced modest improvement in memory, as measured by a standardized test. The study was published in the *Journal of Alzheimer's Disease*.