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Docs run for insurance cover to tackle litigation

Sutirtho Patranobis
New Delhi, June 17

CHASED BY angry patients to the nearest consumer court, city doctors are scampering for insurance covers. Doctors say filing cases against the medical fraternity is a US trend fast catching up here, and that they are left with no alternative but get insurance against, often, sentimental and whimsical accusations.

A South Delhi-based ophthalmologist, for one, has a medical indemnity insurance worth Rs 1 crore to tackle litigations slapped against him under the Consumer Protection Act (CPA).

He doesn't mind shelling out the high premium every four months. "The policy is called the 'Doctors' Protection Shield.'

Frivolous cases are being slapped against us all the time and I didn't want to take any chances," he says.

Across town, Dr Anupam Sibal of Apollo Hospi-

tal, says insurance against mindless litigations is a "necessity" and has gone in for a Rs 20 lakh cover.

"Since, doctors fall under the purview of the Consumer Protection Act, we have been advised to get an insurance cover to meet any eventuality. One can be dragged to the court for no apparent fault," he says.

Though more than 450 cases are pending against doctors in the consumer court in Delhi, there are not many instances where a doctor had to pay up.

An exception was the case between Mohammad Ishfaque vs Martin De Souza where the doctor was directed by the National Consumer Dispute Redressal Commission (NC-DRC) to pay a fine of more than Rs 5 lakh in 2001.

Incidentally, doctors at government hospitals, who treat patients free-of-cost, cannot be dragged to the consumer court. A complaint against them can only be filed at the Indian Medical Council or any of

the state councils.

Most private practitioners, however, are not willing to take the risk. "Doctors cannot risk it any more.

Any doctor who is charging money for treatment -- those working for partly charitable institutes included -- can be dragged to the court according to the whims of the patients," said Delhi Medical Association president, Dr S.C.L. Gupta.

Advocate Rajesh Mahna, who is on the lawyers' panel of many hospitals and is also fighting cases against doctors, says medical negligence cases does take place.

"In the Martin De Souza case, for example, the patient had become deaf after treatment, Mahna says.

He adds that some cases, however, are filed without substance.

"Treatment might not necessarily go wrong because the doctor is incapable; at times it goes awry in spite of his good intentions," Mahna says.

PARENTAL CONCERNS

'MY BABY WAKES UP AT NIGHT AND NEEDS FEED'

Q. I have an eight-month-old baby. How long should I continue breast-feeding him? My baby wakes up two to three times and sleeps only after breast-feeding. What should I do?

A. Every baby is different. While some parents get uninterrupted sleep, others have to be content with waking up till their baby is one year or older. You can try a different feed late at night.

Q. My eight-month-old baby has been suffering from a urinary tract infection (UTI) for three months. Bacteria klebsiella and proteus were responsible. But now, the infection has been cured. Our doctor insists

on a urethrogram to investigate further. Please suggest whether I should undertake this test.

A. It would be helpful to know whether the baby is a boy or a girl, and whether there was high fever accompanying UTI. Klebsiella and proteus are not the usual bacteria in uncomplicated UTI. A micturating cystourethrogram is essential to exclude any abnormality in urine flow and other prob-

lems. It should be done as soon as convenient, at an expert centre, with all aseptic precautions and under antibiotic cover.

— Dr RN Srivastava, Sr Paediatric Nephrologist, Apollo Hospital

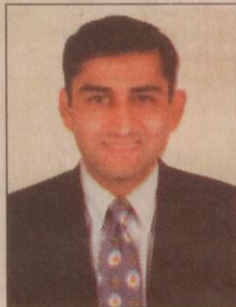
Q. My one-year-old son was advised to undergo CT scan owing to his enlarged head. The scan was reported

as communicating hydrocephalus with dilated ventricles with generalised cerebral atrophy and subdural hygromas. Does he need surgery in the form of a shunt?

A. It seems from the CT scan report that even though the ventricles are

large, they are not pressurising the brain. As such, shunting the fluid may lead to serious complications. If he is otherwise active, just maintain a head circumference chart and follow up with your paediatrician or neurosurgeon. Only if there is an increase beyond his present percentile curve would he need treatment.

— Dr Rajendra Prasad, Sr consultant neurosurgeon, Apollo Hospital



DR ANUPAM SIBAL,
SR CONSULTANT PEDIATRIC
GASTROENTEROLOGIST,
APOLLO HOSPITAL

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NEW DELHI



www.hindustantimes.com RAIPUR METRO

'Awareness among parents must to prevent liver diseases in children'

HT Correspondent
Raipur, September 21

SENIOR CONSULTANT paediatric gastroenterologist and hepatologist of Indraprastha Apollo Hospital, New Delhi, Dr Anupam Sibal opined that various state governments should make available Hepatitis B vaccines free on the lines of Delhi and Goa.

Speaking to the Hindustan Times here on Saturday, Dr Sibal said there are 100 different liver diseases that affect children - the most common being Biliary atresia. In Biliary atresia, age at diagnosis is crucial. In case of infants operated within 60 days of birth, results are significantly better than those operated after two months of birth.

In babies who are diag-

nosed later, the only option available is liver transplantation, which is a very costly affair. And hence, the screening for Hepatitis B in blood banks is the need of the hour.

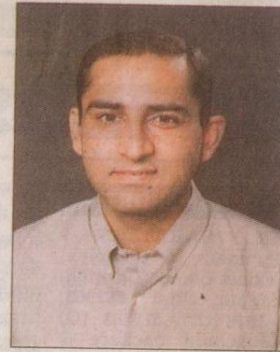
In India, Dr Sibal said, liver transplantation facility is available only at Liver Transplantation Centre, Delhi. The cost involved is about Rs 18 lakh to Rs 20 lakh. The Liver Transplantation Centre at Indraprastha Apollo is the only centre between Israel and Singapore.

So far in India, liver were transplanted in 36 patients, including four foreign nationals. And, reference is from nine foreign countries. The patients from foreign countries prefer liver transplantation at the centre only because the cost involved in the surgery is

comparatively less than in the USA and England. The success rate in India is 77 per cent while in the west it is 90 per cent.

Dr Sibal informed that on an average 2,000 Indian children require liver transplantation and therefore, awareness among the parents for timely diagnosis is essential.

To a query, he said Biliary atresia is a condition in which inflammation develops within the bile ducts about the time of birth. This leads to bile damage and reduces the flow of bile, which subsequently causes scarring (fibrosis) of liver. The bile ducts outside the liver are always irreversibly damaged preventing any bile flow into the gut. The gall bladder is also affected. The cause is unknown.



Dr Anupam Sibal

Jaundice persisting beyond two weeks of age along with pale stools is the only features, which are present early on.

He said the initial treatment for Biliary atresia is a surgical operation called the 'Kasai' procedure. The aim of 'Kasai' procedure is to allow the bile to drain from the liver into the gut. But if the operation is not successful the only treatment available is liver transplantation.

18 July 02

The Indian EXPRESS

EXPRESSNEWSLINE

Not just pork, vegetables cause for worry too

TOUFIQ RASHID
NEW DELHI, JULY 16

WITH the searing heat making people pine for more raw vegetables and fruits, doctors warn that their consumption can do more harm than good if rules of proper hygiene are not followed.

Soiled with eggs of tapeworm, the raw vegetables and fruits can be the underlying reason for brain damage, loss of eyesight and partial paralysis — symptoms of neurocysticercosis, a disease of central nervous system.

"Studies have stated that pork consumption might lead to growth of tapeworms. However, latest medical research reveal that vegetarians are equally at risk. The larvae of the

tapeworm reaches the body when consumed with vegetables soiled with its eggs. From the intestines, the larvae enter the bloodstream and through it into soft tissues, especially of the skin and the brain," says Dr Anupam Sibal, Consultant Hepatologist and Paediatrician at Apollo Hospital.

Experts add that the disease, said to be affecting nearly 50 million people in the world every year, has been on a gradual rise in the last decade in India. The condition is seen more in children than adults. The annual data review at the Department of Paediatrics at AIIMS, reported about 200 cases of the disease alone last year. And all these cases were of those who consumed unwashed veg-

etables, mostly as salad.

"A study conducted by us a few years back, revealed that 38.6 per cent of the children above the age of three years and who had had a convolution for the first time, suffered neurocysticercosis," says Dr Veena Kalra, professor and

Head of Department, Paediatrics, AIIMS.

Though the disease can be prevalent in any age group, the incidence is high in children as they do not follow hygiene norms. "There is more hand to mouth activity in children. They are less careful about hygiene and tend to eat more raw food," says Dr Kalra.

Experts say that tapeworm larvae

from pigs, which find hosts in humans and are found in human excreta, are mostly used as manure. "The tapeworm eggs cling to the leafy vegetables like cabbage. Once they enter the body, the stomach juices uncover the coating of the eggs, thereby releasing the larvae which further lodge themselves in soft tissues," says Dr Anil Arora, Consultant Gastroenterologist at Sir Ganga Ram Hospital.

"The larvae survive in the form of fluid-filled cysts and go undetected till the body immune system starts to react and gives an inflammatory response. The result can be loss of eyesight, partial paralysis, severe headaches, sensory disturbances or even speech impairment," says Dr Arora.

TAPEWORM

ALERT

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Docs, parents misuse drugs to cure kids
TOUFIQ RASHID
NEW DELHI, OCTOBER 6

- ▶ Seven-year-old Anjali had diarrhoea, lost weight, and was excessively irritable. After prescribing a heavy dose of antibiotics, doctors started treating her for Tuberculosis. Months later a biopsy revealed celiac disease (wheat allergy).
- ▶ Three-year-old Suman had 'simple' pneumonia. There was no relief even after proper regimen for the disease. According to the doctor, Suman had developed multiple-drug resistance after being on antibiotics for long.
- ▶ A five-year-old boy complained of viral diarrhoea minus dehydration. Doctor prescribed oral fluids, and no antibiotics—the child's parents switched to another doctor. The child was 'cured' in three days with a heavy course of antibiotics—the first doctor was flayed by angry parents.

WHILE the first two cases are of irrational prescription to children, the third is that of

parental pressure to see the child being cured in a few days, with antibiotics.

Experts lament an indiscriminate use of medicine to cure minor illnesses and both parents and doctors restore to shorts cuts rather than waiting for the natural immune response.

According to a study conducted by the Delhi Society of

According to a study, antibiotics are freely prescribed for dry cough, common cold and intestinal problems. About 90 pc of these are from viruses with very little probability of serious bacterial infection

Promotion of Rational Use of Drugs, antibiotics are freely prescribed for all upper respiratory infections such as dry cough, common cold, and also intestinal problems. About 90 per cent of these are from viruses with very little probability of serious bacterial infection, and therefore do not need a heavy antibiotic regimen.

While Amoxycillin is the

most prescribed initially, it is followed by erythromycin, ciprofloxacin and cephalixin. Antipyretics are also given to children, though experts say mild fever is a protective mechanism triggered by body's immune system. "WHO does not recommend the use of antibiotics in respiratory infections except pneumonia and lower res-

piratory infections," says Dr Sangeeta Sharma, technical coordinator, India-WHO Essential Drugs Programme. Doctors further say that prolonged use of antibiotics can harm the gut flora-bugs (which help in digestion) and also affect the auditory functions in a child. "The good organisms (antibodies) get suppressed causing prolonged diarrhoea. To normalise

things, medication has to be stopped and pro-biotics like curd have to be given," says Dr Anupam Sibal, senior consultant, Paediatrics at Apollo. There also seems to be an excessive use of concomitant vitamins and other nutritional supplements with little emphasis on adequate diet. "Overdose of nutritional supplement, mostly iron, can cause toxicity in the body. Though beneficial for children with low birth weight, they cannot be prescribed to those who look weak and are not eating properly," says Dr Veena Kalra, Head of Department, Paediatrics, AIIMS. While some blame the primary care physicians for being irrational, other experts claim the medicines are mostly prescribed under parental pressure. "Both parents and doctors have to be patient. Parents insist on fast relief. And in these times, a doctor doesn't want to loose the patient," says Dr Naresh Chawla, vice-president, DMA.

Viral Hepatitis: Prevention is better than (no) cure

The term "hepatitis" means inflammation of the liver. Viral hepatitis is inflammation caused by a virus. Viral hepatitis infections are among the most infectious diseases in the world and are a serious health problem. Hepatitis viruses are categorised into types A to E.

In general, all hepatitis viruses attack the liver, destroy liver cells and disrupt liver function. While hepatitis A and E produce acute illness, hepatitis B, C and D could cause chronic infection and are responsible for severe morbidity and mortality worldwide. Regardless of the exact type of virus involved, many of the clinical signs and symptoms of acute hepatitis infections are the same.

These are fever, dark coloured urine, a bloated stomach that hurts, loss of appetite, extreme tiredness, yellow tinged skin and eyes (jaundice).

Hepatitis A:

This is the commonest type of viral hepatitis seen in India. It is a highly contagious disease which, in some cases, could cause serious illness.

Hepatitis A is mainly spread through fecal contamination and then hand-to-mouth contact. Direct contact with an infected person's feces or indirect contact (due to contamination of food, water, hands or cooking utensils) may result in the virus being ingested, causing infection.

The severity of a hepatitis A infection is usually age-related. Hepatitis A infections usually lead to benign symptoms in infants. With increase in age, the severity of the symptoms also increases.

Acute symptoms of hepatitis A last from four weeks to three months and may be debilitating, requiring complete rest and occasional hospitalisation.

A paradox presented in this disease is shifting of the risk of infection to higher age groups, usually accompanied by improvement in living standards. Normally, one infection by the hepatitis A virus builds an immune response towards it, giving protection against a second attack. With improved levels of sanitation and hygiene, it is seen that more and more individuals pass through childhood without contracting the disease, thus rendering themselves more at risk during adolescence and adulthood.

Treatment includes supportive therapy in the form of nutritional supplementation and symptomatic treatment (where you treat symptoms like high fever).

Prevention can be achieved by maintaining high levels of hygiene and avoiding eating or drinking in unsafe areas. Hepatitis A is now preventable by vaccination. A single dose of the vaccine gives protection for a year, and a booster administered after six months from the first injection provides protection for at least 20 years.

Hepatitis B:

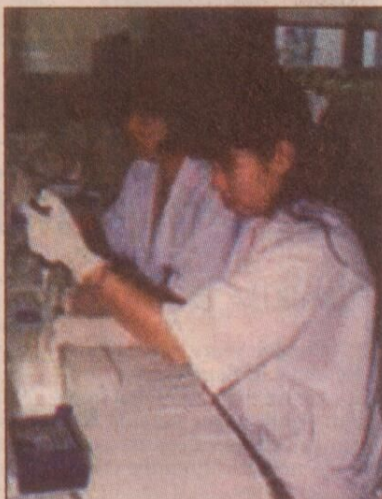
Four crore Indians carry the hep-

atitis B virus. Those infected could develop serious consequences — such as cirrhosis/liver cancer. Hepatitis B is at least a 100 times more infective than AIDS. It spreads like AIDS, is 10 times commoner than AIDS and 90 per cent of babies infected under the age of one year will become carriers, compared with six per cent of children older than seven years, and adults.

About two lakh babies are infected at birth every year. Complications could take 10 to 40 years to develop. It is therefore a silent killer. A safe, effective vaccine is available. Three doses are needed.

WHO recommended in 1992 that all countries should include the Hepatitis B vaccine in their national immunisation programmes by 1997. More than 90 countries have. India however has not.

Treatment is available but is expensive, prolonged and effective in only 50 per cent of cases.



Hepatitis C:

Two crore Indians carry the virus. Eighty per cent of those infected become carriers. About half the carriers will suffer from consequence such as cirrhosis/liver cancer. Hepatitis C spreads like AIDS. There is no vaccine against the virus. The only method of prevention therefore is avoiding contact with the virus.

Hepatitis D:

Hepatitis D needs the hepatitis B virus for survival. Therefore, if hepatitis B infection is prevented, hepatitis D does not develop.

Hepatitis E:

It is generally thought to be transmitted through food and water contamination (as in the case of hepatitis A). The clinical manifestations of hepatitis E are also similar to that of hepatitis A, but generally more severe. Hepatitis E normally produces acute disease.

At present, no vaccine is available and prevention is possible only through proper hygiene and sanitation.

—Dr Anupam Sibal, Senior Pediatric Gastroenterologist, Apollo Hospital

24 DEC 2002

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TUESDAY DECEMBER 24, 2002