



Medical and dental seat allotment process postponed

Admit OCI category students to institutional seats: HC

STAFF REPORTER
BENGALURU

The Medical Education Department on Wednesday night decided to postpone the ongoing seat allotment process for all medical and dental seats as the Karnataka High Court, in the afternoon, directed the authorities to admit students belonging to Overseas Citizens of India (OCI) category to institutional seats.

With this, all students will now get an opportunity to redo their option entry.

V. Manjula, Additional Chief Secretary, Medical Edu-

The numbers

- Total no. of seats: 8,698
- Medical seats: 6,390
- Dental seats: 2,308

cation Department, said the publication of results of the first round will now be on July 29. She said all candidates will also be given the opportunity to change their options till 7 p.m. on July 28.

A total of 8,698 seats – 6,390 medical and 2,308 dental seats – were to be allotted using the National Eli-

gibility cum Entrance Test (NEET) ranks through the common counselling process, which was scheduled to take place on Wednesday.

As many as 36,591 students from Karnataka and 20,071 from outside the State are vying for seats.

According to the calendar of events, the first round of allotment of seats for medical and dental colleges was to be announced on Wednesday afternoon by the Karnataka Examinations Authority (KEA).

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OCI students also eligible for institutional seats: HC

'Govt. action of excluding them from any other quota is breach of court order'

SPECIAL CORRESPONDENT
BENGALURU

The High Court of Karnataka on Wednesday directed the State government and the Karnataka Examinations Authority (KEA) to conduct counselling for admission to undergraduate medical and dental courses by issuing a clarification that students belonging to the Overseas Citizens of India (OCI) category are eligible for admission even under institutional seats – under the private quota and the management quota in private colleges.

A Division Bench comprising Justice Jayant M. Patel and Justice S. Sujatha issued the direction while observing that the State government's action of excluding OCI students from any other



quota except the NRI quota in the consensual agreement signed with managements of private medical colleges "ex-facie" runs not only counter to the court's order but was in breach of the order and may also be termed as "over-reaching the judicial order."

The Bench passed the order after preliminary hearing of a contempt of court petition, filed by Trupthi V. Reddy and other OCI students, who have alleged that

the State government has disobeyed the High Court's July 7, 2017 order that had said that OCI students shall be considered for admission under "all such categories of seats if they are eligible for admission as per relevant laws."

Warning

Also, the Bench made it clear that the declaration, made by the State in its July 17 and 19 notifications that the OCI students "will not be eligible for admission to any other category of seats [other than NRI quota], should not be considered, and warned that not following this direction "would aggravate the contempt" against Manjula V., Principal Secretary, Department of Medical Education,

and Manjunath D., Executive Director, KEA.

The Bench also observed that once the court, in its July 7 order made observations for consideration of the cases of OCI students for eligibility on the other category than the government and NRI quota, "it was neither permissible nor open to the government to enter into such [consensual] agreement, which would frustrate the enforcement and implementation of the order of this court, more particularly when the order was passed by this court after hearing the government..." After considering the OCI students for institutional seats, the authorities may consider them for NRI seats subsequently, the Bench said.

State govt. hopes to amicably resolve INC recognition issue

STAFF REPORTER
BENGALURU

The State government is looking at ways to amicably resolve the divide between two factions of nursing college managements on the issue of recognition from the Indian Nursing Council (INC).

Earlier this week, after a section of managements approached the High Court, the court declared that the INC had no authority to grant recognition to institutions imparting nursing courses. The court had restrained the INC from publishing on its website that institutions have to obtain recognition from it.

However, another section of nursing college associations is insisting on INC recognition.

Speaking after a meeting with chairman of the INC, Medical Education Minister Sharanprakash Patil said: "We are hoping to arrive at a common ground to resolve the issue as per law as students are anxious. We do



If our colleges do not have INC approval, students will not have a degree that is valued globally. Their job prospects may reduce

VINU THOMAS
General secretary,
Karnataka Pravasi Congress

not want confrontation."

Vinu Thomas, general secretary of the Karnataka Pravasi Congress, who is part of another nursing college delegation, said that they would approach the apex court against the verdict of the High Court. "We cannot let the interests of students suffer. If our colleges do not have INC approval, these students will not have a degree that is valued globally. Their job prospects may reduce," he said.

Dr. Patil, however, said they would evolve a formula so that the job prospects of these nursing students are not affected.

Policy boosts care for blood disorders

Under Centre's move, people with thalassaemia, sickle cell anaemia to be part of registry

AFSHAN YASMEEN
BENGALURU

People living with thalassaemia, sickle cell anaemia and other haemoglobin disorders can now look forward to better screening and treatment, based on the Union Health and Family Welfare Ministry's new policy.

The Ministry recently released a policy on the Prevention and Control of haemoglobinopathies in India.

Supported by the National Health Mission, Blood Cell and the Rashtriya Bal Swasthya Karyakram, the guidelines provide for screening of pregnant women during antenatal check-up, pre-marital counselling at college level and one-time screening for variant anaemia in children.

The Minister of State (Health and Family Welfare) Anupriya Patel stated this in a written reply in the Rajya Sabha on July 18.

Thalassaemia and sickle cell anaemia are the most frequently encountered 'rare blood disorders' in the country and impose a significant economic burden on families.

The policy aims at creating treatment protocol benchmarks, to improve the quality of life of patients.

It is also a guide on prevention and control, which includes antenatal and prenatal testing to reduce the incidence of live haemoglobin disorder births (currently pegged at 10,000-15,000 live births a year).

Using public health awareness programmes and education, it highlights various haemoglobinopathies. The guidelines include the creation of a national registry to plan future patient services. The registry will also collect useful data, such as the location of patients to identify areas of high concentration, ethnicity or other characteristics, age distribution, records of deaths and their cause.

Shobha Tuli, president of the Federation of Indian



The killer blood cells

A look at the two haemoglobin disorders that can turn fatal if not managed properly

A new policy has been announced for the prevention and management of the blood disorders

THALASSAEMIA AND INDIA

1,00,000

thalassaemia majors of which 50% will not survive beyond the age of 25

₹1 lakh

is the average amount a patient spends per year for treatment

₹15,000 crore

is the amount India spends for thalassaemia care every year

35-40

million carriers across the country

95%

of treatment expenses are borne by the patients

THALASSAEMIA

Red blood cell



White blood cell

Deformed red blood cell



White blood cell

• Thalassaemia is a genetic blood disorder characterised by

the abnormal production of haemoglobin

• The abnormality leads to improper oxygen transport and deformation of RBC

• It has wide-ranging effects like iron overload and bone deformities. It can even cause heart diseases

• The disease has no cure and patients require regular blood transfusions to prolong life

SICKLE CELL DISEASE



Normal red blood cell



Sickle cell

• Sickle Cell Disease is a inherited haemoglobin

disorder that requires lifelong management

• The disease gets its name because red blood cells of the patient look like a sickle

• It is caused by a problem in the haemoglobin-beta gene • found in chromosome 11

• If both the parents carry the defective gene, their child has a 1 in 4 chance of inheriting it



Testing cannot be made compulsory and people should voluntarily opt for it. A concerted effort by people as well as the government will help

— CECIL REUBEN ROSS, St. John's Medical College Hospital, Bangalore

Thalassaemics, who contributed to the policy, said it was a big step to prevent haemoglobinopathies.

'Provide all drugs'

"Since not more than 20% of patients can afford treatment, the government should ensure that all patients get it free. Such free treatment is given in States such as Rajasthan, Uttar Pradesh, West Bengal, Odisha and Karnataka besides Delhi, and others should follow suit. All chelation drugs should be made available free because one drug does not suit all," she said.

The policy, however,

makes no reference to carrier testing for relatives of patients.

Namitha A. Kumar from the Centre for Health Ecologies and Technology (CHET), who is also living with thalassaemia said people with the genetic disorder unknowingly pass it on to their children, as preventive checks are not the norm in India.

"In Pakistan, a law making carrier testing compulsory for relatives of thalassaemia patients was passed in February. A similar system is in place in Dubai, Abu Dhabi and Saudi Arabia. I wish it could be made compulsory here too," she said.

Cecil Reuben Ross, Head of the Department of Medicine and Haematology in St. John's Medical College Hospital, hailed the policy but said testing had to be voluntary.

"There is more awareness about the condition now, especially after the Indian Council of Medical Research took up screening of 50,000 antenatal mothers and 50,000 college students a few years ago.

"Testing cannot be made compulsory and people should opt for it. A concerted effort by people as well as government will help," Dr. Ross said.

Issue clarification on OCI students: HC

TIMES NEWS NETWORK

Bengaluru: The Karnataka High Court on Wednesday observed that the July 14, 2017 consensual agreement entered into by the government and the secretary of Karnataka Professional Colleges Federation (KPCF) and the corrigendum issued by the authorities three days later (July 17) limiting Overseas Citizens of India (OCI) students to NRI category run counter to the July 7 order passed by a division bench on OCI students.

A division bench headed by Justice Jayant Patel made this observation while directing the Karnataka Examinations Authority (KEA) to issue a clarification that the students who have applied in the capacity of OCI cardholders or PIOs are also to be considered, in accordance with the July 7 order, for admission under categories other than government and NRI seats.

The bench warned KEA that if the clarification is not issued, it'd further aggravate the contempt case against accused no. 2 (D Manjunath, executive director of KEA) apart from accused no. 1 (Manjula V, secretary, higher education, medical education wing).

"Such corrigendum on the part of the government ex facie runs not only counter to but is in breach of the order of this court and it may also be termed as overreaching the judicial order. The second reason is that the so-called consensual agreement was entered into on July 14, after this court passed the order on July 7. The third reason is that once this court had made observations for consideration of the cases of OCI cardholders for eligibility under categories other than government and NRI seats, it was neither permissible nor open to the government to enter into such an agreement which would frustrate the enforcement and implementation of the order of this court," the bench observed.

Advertisers get week's time to pay up dues

In one last chance, the high court granted a week's time to assessee advertisers and advertising agencies, both petitioners before it, to pay up dues to BBMP.

Justice Vineet Kothari gave this direction while allowing BBMP to take steps, including coercive methods like attachment of properties, in case the 67 defaulting petitioners fail to clear the dues by August 2. The judge directed BBMP authorities to give, by August 30, a separate list of advertisers or agencies, who are not before the court and who have not paid taxes.

Noting that only Rs 42.51 crore tax dues have been recovered as against the estimated Rs 331 crore due since court took up the issue in December last year, and only 1,170 unauthorized hoardings out of 2,439 hoardings have been removed and the process is very slow, the court said it'd initiate action against the assistant revenue officers if there's no improvement in removal of hoardings and recovery of dues.

During the hearing, additional advocate general A S Ponnanna informed the court that the government has entered into a consensual agreement as per Section 4A of the Karnataka Professional Educational Institutions (Regulations of Admission and Determination of Fee) Act, 2006. "As per the said agreement, OCI students aren't eligible to be considered for any other seat," he submitted, while seeking time till Thursday for consultations with the secretary (higher education) on the issue.

Trupthi V Reddy and others have filed the contempt petition alleging the July 17 corrigendum and the July 19 order issued by the government violated the order passed by the court on July 7.

KPME Act: Ensuring high-quality and affordable healthcare to all citizens a must

Karnataka is the go-to destination for quality healthcare in India. The close synergy between public and private players, enabling regulatory encouragement and progressive initiatives has put Karnataka on the global map.

Some examples are incentivizing National Accreditation Board for Hospitals & Healthcare Providers

MY OPINION



O V NANDIMATH,
REGISTRAR OF NATIONAL
LAW SCHOOL OF INDIA
UNIVERSITY



DR ALEXANDER THOMAS,
PRESIDENT OF ASSOCIATED
HEALTH PROVIDERS
OF INDIA

(NABH) NABH-accredited hospitals for patients, seeking NABH accreditation for government hospitals, and more recently, a first in the country — training doctors in district hospitals to manage critical paediatric surgical conditions, in collaboration with CMC Vellore and the Royal College of Surgeons, England.

The Yeshasvini scheme, a private initiative adopted by the state, stands testimony to the fact that without true public-private partnership, it is impossible to ensure the fundamental right to health of any individual. The ambitious universal health coverage project of our government can only be realized by such a synergy, as nearly 70% of healthcare is being provided by private establishments. This success in Karnataka that was achieved over the last quarter century, if harnessed well, can lead to global recognition and the development of an Indian model to be replicated by other states.

However, the latest move to amend the Karnataka Private Medical Establishment Act (KPME) 2007, makes one skeptical of this progress and raises the question of whether our policy practitioners are missing the focus. In 2016, a committee headed by Justice Vikramajit Sen, was constituted to amend the 2007 KPME Act. The committee, bearing in mind that the Act would be Karnataka's roadmap for development in healthcare over the next 10 years, built upon the complemen-



Photo for representation only

CARE FOR ALL

tary nature of the government and private setup to the best advantage of citizens. It placed its initiative in the context of the recommendations of the Karnataka Task Force on Public Health Policy and inputs from NITI Aayog, WHO, etc. It was envisaged that all sections would have access to cost-effective, high-quality healthcare and benefit from the modern advances in medical science, with accountability of the healthcare providers.

As per the committee, government institutions were included under the purview of the Act, thereby providing an opportunity for them to improve their services and helping the disadvantaged sections of society. However, the tabled bill left government hospi-

tals out of the ambit of the Act. The Sen committee also recommended that every medical establishment make available its schedule of charges payable for different treatments, including package charges for various procedures, and that no additional charges would be billed except when explained to, and with prior consent of the patient. The bill, however, introduced a clause on price fixation. This attempt is counter-productive and detrimental to the progress of healthcare in our state and may lead to serious compromises on patients' safety.

The lack of communication and the haste shown by the government raised many eyebrows resulting in protest, which led to the bill being referred to the joint select committee. The reasons for these and other unacceptable deviations from the panel recommendations are not known nor have they been discussed with stakeholders. As the matter now rests with the committee, it is only hoped that they will take a rational view and ensure affordable healthcare is available to all citizens.

Survey detects 837 new TB cases in a week in 11 districts

Bengaluru Region Reports 99 Cases of Tuberculosis

Sunitha.Rao@timesgroup.com

Bengaluru: Eleven districts of Karnataka registered 837 fresh tuberculosis cases in a week starting July 17 this year, revealed data from the state government's ongoing Active Case Finding initiative, part of the move to make India TB free by 2025.

"This is worrying as these are confirmed cases. We went to people's doorsteps and screened those

showing symptoms. According to an analysis of quarterly figures collected from all government hospitals, the weekly per district average of TB cases reported is 20 to 25," said officials from the health and family welfare department, which is spearheading the initiative.

MOST CASES IN BELAGAVI, LEAST IN RAMANAGARA



It may be recalled that Karnataka had recorded a total of 42,869 tuberculosis cases in 2016, of which 24,070 were new pulmonary tuberculosis cases. The death rate for overall tuberculosis cases was 6%.

Mobile teams of health workers carrying out the survey are equipped to perform sputum tests for suspected cases. Persons with cough, fever, weight loss over the past two weeks and unresolved pneumonia are identified during the survey. The workers also screen cases where sputum tests are negative, but tuberculosis is still suspected. In such cases, smear tests are done.

The workers are conduct-

District	Total target population	Screened for symptoms	TB cases diagnosed
Bengaluru Urban	3,48,353	2,66,204	28*
Bengaluru Rural	1,16,589	84,337	19
Bengaluru City (BBMP)	13,51,692	7,87,367	52
Bagalkot	1,92,162	1,42,084	30
Vijayapura	2,40,390	2,06,993	82
Belagavi	5,42,048	4,62,821	218
Ballari	2,86,547	2,50,216	129
Koppal	2,60,995	2,23,530	128
Raichur	2,31,830	1,82,971	80
Ramanagara	1,77,518	1,03,553	11
Kalaburagi	4,79,597	2,92,970	60
Total	42,27,721	30,03,046	837

*July 17 to July 24 | Source: Health and family welfare department, Karnataka Govt

TIMES VIEW

Detection of 837 fresh tuberculosis cases in a week from 11 districts in Karnataka is a cause for worry. Many cases in private hospitals also go undetected as they are not legally bound to inform the government, despite a relevant WHO mandate. A government notification, to be issued soon, in this regard is likely to address the issue. The stigma attached to the disease also makes determination of exact figures impossible. The need of the hour is to follow up with TB patients, which is not possible without adequate cooperation from public and private players. Intensive campaigns making people aware about the disease and its signs will also be of immense help.

Belagavi accounted for the

WORRYING STATS

highest number of cases (218), and Ramnagara the least with only 11 cases. Bengaluru city reported 52 tuberculosis cases. About 5% to 6% of the cases detected were are children, officials said.

Six districts of Karnataka — Vijayapura, Bidar, Ballari, Belagavi, Bagalkot and Koppal — are among the 50 declared tuberculosis prone across the country. Besides these six districts, the state government initiative is covering five districts.

The survey, focused on pulmonary tuberculosis cases, identifies TB symptom cases in rural areas through door-to-door survey, and focuses on high risk and high priority places such as slums, hostels, old age homes, prisons, asylums and night shelters among other places in urban areas. The survey concludes on July 31.

“This is worrying as these are confirmed cases. We went to people's doorsteps and screened those showing symptoms. According to an analysis of quarterly statistics of TB cases reported from government hospitals, each district in Karnataka on average reports 20 to 25 TB cases every week

An official | HEALTH DEPT

“Many patients fail to complete the six-month first line of treatment and stop taking medicines after one or two months. They end up becoming potential transmitters of the disease. The need of the hour is to follow up patients, and that requires cooperation from private players and public

R Raghunandan | JT DIRECTOR, TB WING, HEALTH DEPT

Six districts of Karnataka — Vijayapura, Bidar, Ballari, Belagavi, Bagalkot and Koppal — are among the 50 districts declared tuberculosis prone across the country

ing CB-NAAT (Cartridge-Based Nucleic Acid Amplification Test), the preferred first diagnostic test for children and persons with HIV. The survey aims to cover a population of 42,27,721 people in the 11 districts. As on July 24, as many as 39,93,046 people were screened for tuberculosis symptoms, of which 837 tested positive.

“Many patients fail to complete the six-month first line of treatment and stop taking medicines after one or two months. They end up becoming potential transmitters of the disease. The need of the hour is to follow up patients, and that needs a lot of cooperation from private players and public at large,” said R Raghunandan, joint director, tuberculosis wing of the department of health and family welfare.

According to the Union health ministry's recent estimate (2015), there are at least 217 positive cases of tuberculosis in a population of 1 lakh people in a year.

A source in the health and family welfare department said that in Karnataka, 101 cases are tracked in a population of 1 lakh as not all cases come under the official radar.

Govt clueless about TB patients in pvt hospitals

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Among the major hurdles faced in the battle against tuberculosis is the stigma attached to the disease, making it impossible for the official machinery to determine the total number of patients in private hospitals.

Though the World Health Organization mandates that all medical facilities must report and notify governments about the number of tuberculosis cases they are handling, Karnataka has no data on TB patients being treated in private hospitals.

The government, however, will soon issue a notification to address the issue, officials of the health and family welfare department said.

Private hospital doctors, on the other hand, say that patients suffering from tuberculosis might as well stop coming to hospital for treatment if their records are made public. While some hospitals are sharing data on TB patients with the govern-

“Notifying tuberculosis cases is not legally binding. TB carries a stigma with it. In many cases, the patient's family members don't even let close relatives know about the disease. It's a sensitive issue and has to be dealt with carefully **”**
A senior pulmonologist

ment, some are yet to do so.

“We are not just dealing with statistics, but anxious patients,” a senior pulmonologist said. “Notifying TB cases is not legally binding. TB carries a stigma with it. In many cases, the patient's family members don't even let close relatives know about the disease. It's a sensitive issue and has to be dealt with carefully,” he said.

“It's crucial to share data on TB cases with the government, and we will welcome the notification,” said Dr Vasunetra Kasargod, consultant pulmonologist, Vikram Hospital. “Of the 100 pulmonary cases that come

to our OPD every month, 10 are TB cases. Skipping even a single dose of medicine can delay a patient's recovery. Hence counselling is needed for every TB patient,” he added.

A person suffering from tuberculosis in a congested place such as a slum can potentially spread the infection to multiple people, said Dr Om Prakash, pulmonologist, St Martha's Hospital. “The most crucial and highly infectious period is the first four weeks. A patient should not go out for 2 to 4 weeks. Of every 100 chronic bronchitis cases we see, at least three have tuberculosis,” he said.

Dr Ranjith Mohan, consultant, internal medicine and infectious diseases, Manipal Hospitals, said the notification regarding TB patients is a legal mandate but it's up to hospitals to follow it. “The problem lies with smaller clinics in rural areas where active TB follow up is non-existent. They don't adhere to the standard protocol and prescribe own medicines,” he said.

KARNATAKA IN LAST 5 YEARS



SIGNS TO WATCH FOR

- Coughing for more than two weeks
- Blood in sputum
- Fever lasting for two weeks
- Sudden weight loss
- Loss of appetite

ROTARY PLEDGES TO SCALE UP SUPPORT

Governors from all Rotary Districts, along with the Rotary National TB Control Committee, met health ministry officials and pledged to scale up support for elimination of the disease in India. The organization has helped the country move from having half the world's polio cases in 2009 to being certified “polio free” in 2014. Rotary will be conducting awareness campaigns among other initiatives.

HC warns KEA to comply with orders on seats for OCI students

BENGALURU: The High Court of Karnataka on Wednesday directed Manjunath D, executive director, Karnataka Examinations Authority to strictly comply with the court directions to consider Overseas Citizens of India (OCI) students for medical and dental admissions under categories other than government and NRI seats.

Hearing a contempt petition filed by two OCI students, a division bench comprising Justices Jayant Patel and S Sujatha said that if court orders are not complied with, the court will aggravate the contempt against the executive director of the KEA.

The students have questioned the government notification dated July 19 which states that 15% of the total intake of medical colleges will be filled by students including NRI children, OCIs, PIO (Person of Indian Origin) and foreigners. These students will not be eli-

gible for admissions in any other category of seats.

The students have contended that when the court had earlier passed an order directing the government to allot seats in all categories to OCI students other than NRI and government quota, the government through a notification is insisting OCI students to take up NRI quota seats.



Petitioners' counsel Ajoy Kumar Patil said that first round of counselling concluded on

Wednesday and OCI students are not allowed to choose the institutional seats in private medical colleges, which has resulted in students losing out seats on the best medical colleges.

Additional Advocate General A S Ponnanna said that the government has entered into a consensual agreement with medical colleges where in OCI students are not eligible to apply for other seats besides those under the NRI quota.

The bench observed that the government entering into consensual agreement after the court orders is breach of its or-

Bantwal case: Suspects seek FIR quashing

Five persons, accused of causing disturbances amid prohibitory orders during the funeral procession of RSS worker Sharath Madiwala in Bantwal, Dakshina Kannada district, have moved the High Court of Karnataka seeking directions to quash the FIR filed against them. Sathyajit Surathakal, Harish Poonja, Murali Krishna Hasanthadka, Sharan Pumpwell and Pradeep Kumar have approached the court. Justice Aravind Kumar ordered a notice to the state government in the matter.

ders. The court in the order said that the government is creating a situation which is frustrating it in enforcing the judicial order. The bench has directed the state government to clarify its stand in the matter and adjourned the hearing to Thursday.

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