



Soon, cover for docs against violence

Law To Protect Medicos From Patients' Kin

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New Delhi: Taking cognisance of increasing cases of violence against doctors by kin or attendants of patients, the government is mulling drafting a central law to ensure protection of the caregivers. Over 75% of doctors across the country are reported to have faced at least some form of violence, estimates by the Indian Medical Association shows.

Following complaints from the medical fraternity, the government had set up an inter-



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ministerial committee in 2015 to examine such issues and evaluate ways to ensure safety of those who save lives. In its recommendations, the panel has suggested the health ministry initiate the process to bring a central act on the issue.

The proposed law may have stringent provisions like making any act of violence

against a doctor, medical professional or hospital authority a non-bailable offence, a source said.

Around 18 states across the country already have such laws in place. However, in the absence of efficient implementation doctors are often left to face the wrath of unhappy kin of a patient. The committee has asked the health ministry to frame the central act in line with existing laws in different states.

A nationwide study conducted by IMA earlier showed doctors face maximum violence when providing emergency services, with as many as 48.8% of such incidents reported from intensive care units (ICUs) or after a patient had undergone surgery. The main reason behind such vio-

lence is unnecessary investigations or delay in attending to a patient. Violence against hospital authorities are often triggered from request of advance payments or withholding a deceased body until settlement of final billing. Data shows escorts of patients committed 68.33% of the violence.

"Like public servants doctors on duty also need protection from violence so that they can continue their service to sick patients," says Dr K K Aggarwal, president, IMA.

Violence against doctors varies from physical assault to threatening behaviour to mere verbal abuse. Apart from doctors and hospital authorities, doctors and paramedical staff also face rage and violence, mainly in case of patients with serious conditions.

Healing bonds

Being more social may improve patients' health

WASHINGTON, PTI: Leveraging existing relationships with friends and family may be a more effective way to improve patients' health than increasing interactions with physicians or other clinicians, scientists say.

In a new study, researchers suggest a five-step ladder to effectively engineering social engagements that promote health and to test their acceptability and effectiveness.

"Spouses and friends are more likely to be around patients when they are making decisions that affect their health - like taking a walk versus watching TV, or what to order at a restaurant," said David Asch, professor at the University of Pennsylvania in the US.

"Patients are also more likely to adopt healthy behaviours - like going to the gym - when they can go with a friend," Asch said.

"Though people are more



heavily influenced by those around them every day than they are by doctors and nurses they interact with only occasionally, these cost-free interactions remain largely untapped when engineering social incentives for health," he said.

Due to these lost opportunities, and the high costs when doctors and nurses keep tabs on their patients, the researchers said it is important to engineer social engagements that enlist the social support patients already have and allow organisations to test their acceptability.

"Concerns about privacy are often the reason doctors and hospitals avoid organising social support," Asch said.

"But while privacy is very important to some patients under some circumstances, more often patients would love if their friends and family helped them manage their diabetes, and those friends and family want to help people get their health under control," he said.

"Although we don't normally think of competition or collaboration among patients are part of managing chronic diseases like high blood pressure, heart failure, or diabetes, research shows that behaviour is contagious, and programmes that take advantage of these naturally occurring relationships can be very effective," said Roy Rosin, chief innovation officer at Penn Medicine.

The study was published in the New England Journal of Medicine.

Yes, non-smokers can get lung cancer too

By Dr Prasad Narayanan

Lung cancer once known as a "smoker's disease", is now beginning to be seen in non-smokers as well. Though the most common known risk factor contributing to lung cancer is smoking with 75-80% of the patients being habitual smokers, about 10% of patients have never smoked in their lives.

In India, lung cancer accounts for 6.9% of all cancer cases and 9.3% of all deaths on account of cancer and is the leading cancer site among men. Prevalence among Indian women including non-smokers has also been slowly rising.

The five-year survival rate of lung cancer is 15% in developed countries as against 5% in developing countries. About 75-80% of lung cancers are non-small cell lung cancer (NSCLC) and 20-25% the small-cell lung cancer, a more aggressive type than the NSCLC.

Lung cancer in smokers vs non-smokers: are they different? It is being increasingly realised that the tumors of non-smokers are different from that of smokers. Diagnosing lung cancer in non-smokers may be a challenge, as symptoms of lung cancer in non-smokers may sometimes be misdiagnosed as tuberculosis, especially as TB is most prevalent in India. This may further delay the early diagnosis of lung cancer in non smokers.

turned into no-smoking zones in recent years.

Air pollution: one of the culprits, specialists say, is the earthen chulha that millions of rural women use for cooking their meals. This is because coal smoke contains a number of carcinogenic (cancer causing) substances such as sulphur dioxide, carbon monoxide, radon gas, thoron etc. Interestingly, carbon monoxide is a major constituent of vehicle exhaust and sulphur dioxide is significantly present in the gaseous effluents of many chemical industries.

Occupational hazards: exposure to asbestos dust, arsenic and nickel over long periods, as it happens in refinery workers and smelters, is an important reason for non-smokers to be afflicted with lung cancer. In the case of arsenic toxicity, lung cancer mostly involves the upper lobe but may have origins at multiple points within the same lung.

Gene mutations: Some genetic mutations have been linked with lung cancer. These may be inherited from parents or acquired during an individual's lifetime. It is now widely believed that genes do not remain constant throughout life. They undergo changes on account of lifestyle factors such as diet and exercise, exposure to polluted air etc, and some of these changes may ultimately result in cancer.

Minor causes of lung cancer:

in non smokers.

Adenocarcinoma, a type of NSCLC, is the most common type of cancer seen in non-smokers. Also, it has been found that tumors of non-smokers exhibit specific mutation or molecular profile.

For example, it has been found that non-smokers have increased EGFR (epidermal growth factor receptor) gene mutation. Further understanding into the fine differences may help in targeted therapy for better outcome and survival.

Risk factors

There are several risk factors that contribute to lung cancer in non-smokers. They include:

Second-hand smoke: passive smoking or inhaling tobacco smoke from other smokers, when they share the same space such as home, waiting areas like railways stations or bus stands, offices cinema theatres, amusement parks etc.

As many as 7,000 chemicals are believed to be present in second hand smoke, of which at least 250 are known to be harmful. That is why many of these public places have been

Minor causes of lung cancer: a few other diseases of the lung, such as TB, asthma, emphysema and COPD (chronic obstructive pulmonary disease) appear to increase the risk of an individual person getting lung cancer. Same is the case with HIV infection, human papilloma virus infection, some types of pneumonia, etc, apart from hormone replacement therapy (used for treatment of menopausal symptoms in middle-aged women).

In a social set-up, non-smokers may face stigma such as being tagged as "closet smokers". Also, caregivers and/or young non-smokers are often confused, how someone who has never smoked or exposed to something very toxic for long-term has developed lung cancer.

It is important to understand and create awareness that non-smokers can be prone to developing lung cancer, triggered by various non-smoking reasons to genetic mutations. They need equal care and support when diagnosed.

(The writer is Senior Consultant — Medical Oncology, Cytecure)

7 ಮೆಡಿಕಲ್ ಕಾಲೇಜುಗಳ ಕೋಟಾ ಹೆಚ್ಚಳ

■ ವಿಶ್ವ ಸುದ್ದಿಲೋಕ ಕಲಬುರಗಿ

ಬೀದರ್, ರಾಯಚೂರು ಸೇರಿದಂತೆ ರಾಜ್ಯದ ಏಳು ಸರಕಾರಿ ಮೆಡಿಕಲ್ ಕಾಲೇಜುಗಳ ಸೀಟು ಹೆಚ್ಚಳಕ್ಕಾಗಿ ಎಂಸಿಐಗೆ ಪ್ರಸ್ತಾವನೆ ಸಲ್ಲಿಸಲಾಗಿದೆ ಎಂದು ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಸಚಿವ ಡಾ. ಶರಣಪ್ರಕಾಶ್ ಪಾಟೀಲ್ ತಿಳಿಸಿದರು.

ಸೋಮವಾರ ಸುದ್ದಿಗಾರರೊಂದಿಗೆ ಮಾತನಾಡಿದ ಅವರು, “ರಾಜ್ಯದ ಹುಬ್ಬಳ್ಳಿ, ರಾಯಚೂರು, ಬೀದರ್, ಹಾಸನ, ಶಿವಮೊಗ್ಗ, ಬೆಳಗಾವಿ ಮತ್ತು ಮಂಡ್ಯ ಜಿಲ್ಲೆಗಳ ಮೆಡಿಕಲ್ ಕಾಲೇಜುಗಳ ಸಂಖ್ಯಾಬಲ 100ರಿಂದ 150ಕ್ಕೆ ಹೆಚ್ಚಿಸಲು ಕೋರಿಕೆ ಸಲ್ಲಿಸಲಾಗಿದೆ. ಎಂಸಿಐ ತಂಡ ಈಗಾಗಲೇ ಈ ಸ್ಥಳಕ್ಕೆ ಭೇಟಿ ನೀಡಿ ಪರಿಶೀಲನೆ ನಡೆಸಿದೆ. ಭವಿಷ್ಯದಲ್ಲಿ ಸಂಖ್ಯಾಬಲ ಹೆಚ್ಚಳಕ್ಕಾಗಿ ಪರವಾನಗಿ ನೀಡುವ ವಿಶ್ವಾಸವಿದ್ದು, ಮುಂದಿನ ವರ್ಷ ಹೆಚ್ಚುವರಿಯಾಗಿ 350 ಹೆಚ್ಚು ಸೀಟುಗಳು ಲಭಿಸಲಿವೆ,” ಎಂದು ಹೇಳಿದರು.

“ನರೇಂದ್ರ ಮೋದಿ ಅವರು ದೇಶಕ್ಕೆ

ಅನಿವಾರ್ಯ ಎಂಬಂತೆ ಆರಂಭದಲ್ಲಿ ಬಿಂಬಿಸಲಾಯಿತು. ಆದರೆ ಇದೀಗ ಅವರಿಂದ ಇಡೀ ದೇಶವೇ ಸಂಕಷ್ಟಕ್ಕೆ ಸಿಲುಕುವಂಥ ಸ್ಥಿತಿ ನಿರ್ಮಾಣವಾಗಿದೆ. ಶ್ರೀ ಸಾಮಾನ್ಯರ ಬದುಕು ಇಂದು ಬೀದಿಗೆ ಬಂದಿದೆ. ಆರ್ಥಿಕವಹಿವಾಟು ಏರುಪೇರಾಗಿದೆ.

ಸಗಟು ಹಾಗೂ ಚಿಲ್ಲರೆ ವ್ಯಾಪಾರಿಗಳ ಅಳಲು ಯಾರಿಗೂ ಬೇಡವಾಗಿದೆ,” ಎಂದು ಟೀಕಿಸಿದರು.

“ಯಾವುದೇ ಯೋಜನೆ ರೂಪಿಸುವಾಗ ಸಾಧಕ ಬಾಧಕವನ್ನು ಗಮನಿಸುವುದು ಸಾಮಾನ್ಯ. ಆದರೆ ಮೋದಿ ಅವರ ವರಸೆ ಇದಕ್ಕೆ ವಿರುದ್ಧವಾಗಿದೆ. ಅವರ ಪ್ರತಿಯೊಂದು

ಕ್ರಿಯೆ ಏಕಪಕ್ಷೀಯವಾಗಿದೆ,” ಎಂದರು.

“ನೋಟು ರದ್ದುಪಡಿಸಿದ ಹಿಂದಿನ ಸತ್ಯವನ್ನು ಕೇಂದ್ರ ಸರಕಾರ ಬಹಿರಂಗಪಡಿಸಬೇಕು. ಇದಕ್ಕಾಗಿ ಶ್ವೇತಪತ್ರ ಹೊರಡಿಸಬೇಕು ಸೇರಿದಂತೆ ಕಾಂಗ್ರೆಸ್ 5 ಪ್ರಶ್ನೆಗಳನ್ನು ಪ್ರಧಾನಿ ಮುಂದೆ ಇಟ್ಟಿದೆ,” ಎಂದು ಸಚಿವ ಪಾಟೀಲ್ ತಿಳಿಸಿದರು.

