



WHO: 10% of drugs sold in developing world dubious

Estimates
Annual Sales
At \$30bn

TIMES NEWS NETWORK

Two WHO reports released on Tuesday estimated that roughly 10.5% of medicines being sold in Low and Middle Income countries (LMIC) could be substandard or falsified. Hence, they concluded, the size of the dubious drugs market in these countries at about \$30 billion. However experts slammed the basis for these estimates and said they were grossly exaggerated.



While substandard medicines have been a matter of concern in many countries, several LMIC members are expressing concern with the findings

While substandard medicines have been a matter of concern in many countries, several member states are expressing concern with the findings, especially the estimation of prevalence of substandard and falsified medical products in LMIC using an "unscientific methodology", said a statement issued by Third World Network, a transnational alternative policy group aimed at strengthening cooperation among co-

untries of the Global South.

Of the two reports, one was on the cases reported to the WHO's Global Surveillance and Monitoring System (GSMS) for dubious drugs launched in July 2013. The cases reported between 2013 and 2016 were categorised under various heads such as "falsified", "suspected falsified", "substandard", "diverted", "stolen" and "unlicensed" medical products.

However, after the World Health Assembly decided in

2016 to categorize compromised medicines as "substandard" and "falsified" and adopted working definitions for the same, the GSMS cases appear to have been automatically categorized as one of these two, said TWN. It pointed out that no break up was provided of the data captured by GSMS according to the original categories.

Of the 1,500 products reported to the surveillance system in the first four years of its operation, antibiotics and anti-malarial drugs account for about 37%. In the second study, which was based on medicine quality surveys, medicines for malaria and antibiotics accounted for 64.5% of the samples.

Full report on www.toi.in

The Karma Of Cancer

Cancer leaves us wordless. That's why we come up with clumsy metaphors to explain it

Amulya.Gopalakrishnan@timesgroup.com



Himanta Biswa Sarma, Assam health minister, struggled to explain his recent throwaway remarks about cancer and karma. Only karmic justice could make sense of why cancer strikes one tobacco-chewing person and not another, he said, finally backing off and apologising.

But really, Sarma's explanation was no worse than any of the other random words we use to make sense of cancer. We don't speak about cancer in a matter-of-fact way, because we don't know all the facts yet. It's the way people once spoke of the plague and pestilence, or of tuberculosis as consumption – what we don't fully understand is fertile ground for fear and fantasy.

Cancer is still a bewilderment to many patients and their families. It is not a single capital-C disease, neither its causes nor its cures have comprehensive answers yet. It covers a range of different situations, against which medical science has made big breakthroughs in terms of understanding, lowering mortality and targeting therapies.

But to the person diagnosed with cancer, there simply aren't enough authoritative answers. You're left wondering about your life, your errant genes, the things that might have stressed you.

Cancer covers a range of situations. There is really no moral to the story. But through the years, we have obscured it with our own clumsy analogies. Because there was no satisfying explanation, it was all about description, for centuries.

It's called 'cancer', Latin for crab, because a tumour had dug its claws into you. The kind of cancer you got was supposed to be meaningful; Freud was said to be undone by his own eloquence when he got cancer of the mouth. It was seen as life itself betraying you, rampantly growing inside you – a "demonic pregnancy". It is insulting to a cancer patient, and those who love them, to have it made into other people's worst fears.

What's worse are psychological theories of cancer. Like leprosy once,



cancer was blamed on the victim. It was cast as a disease of repressed emotions and "melancholy blood", something that stalked childless women or bitter men.

Occasionally cancer itself becomes a glib metaphor for a disease in the body politic. When politicians compare racism or corruption or certain religions to cancer, they're usually suggesting some violent treatment – wrench it out, irradiate it, destroy everything in the vicinity. If you or someone you love has cancer, these metaphors are jarring.

The writer Susan Sontag did her best to demythologise cancer in her essay 'Illness as Metaphor', having experienced it herself. She detailed the ways TB was also dreaded and romanticised, before medicine found a way to treat it.

Diseases thought to be multi-determined (that is, mysterious) have the widest possibilities as metaphors for what is considered socially or morally wrong, she pointed out. So every era brought its own anxieties to bear on cancer: the Victorians blamed over-

Diseases thought to be mysterious have the widest possibilities as metaphors for social or moral wrongs. So every era brought its own anxieties to bear on cancer

crowding and cities, rather than tobacco. Recently, we've viewed it as a disease of consumer capitalism run amok, worrying about non-stick pans and artificial sweeteners and hair dye and microwaves and cellphones.

This is not to say that known carcinogens don't exist, but their effects seem horribly inexact. Without concrete knowledge about cause and effect, avoiding cancer is a hazy, mazy, fear-filled affair.

We still don't know enough about how our genetics and surroundings interact, the reasons driving a renegade

cell, what determines metastasis. Cancer research talks of genes and cellular mechanisms going awry, but cannot exactly identify what environmental agents cause what change. The picture is clarifying, but very, very slowly.

These advances are happening off-stage anyway. When it comes to the lived experience of cancer, it is a play of perspectives. An oncologist, a surgeon, a geneticist, caregivers and patients – they all see different parts of the thing itself. It depends on your social and economic resources; if you're poor with no insurance, cancer spells an entirely different fate than for those who can access any treatment.

People often complain about the military metaphors for cancer; when it is a battle to be bravely fought, when tumours are invaders, when chemotherapy is warfare. This language may energise some, but really, it is not a victory of will-power, and those whose bodies lose this 'fight' are not losers. Others compare cancer to a journey; an unexpected turn, the road to recovery, forking choices, etc; that's an altogether different mental approach.

For all the lazy metaphors out there, many cancer patients describe their own experiences in vivid, urgent ways. There's a rich genre of cancer memoir; storytelling seems to be a natural response to illness. The critic Anatole Broyard wrote his brilliant book 'Intoxicated by my illness' as a counterpoint to his cancer, a way to resist "dying in clichés".

Many, many patients have searched for words to pin down something essential. Cancer seemed to make them more fully themselves, "italicise them", as someone put it. The writer Susan Gubar rejects the medical jargon she calls "cancerese", and makes up her own expressive words like "scanxiety" (the dread before a test result).

Cancer touches us all. As life expectancy increases, so do the odds of cancer. Karma may even be a kind of comforting thing to say, to the "why me" feeling that it induces. Or it may be maddening.

Either way, as long as its workings remain mysterious, it will also be a struggle for words.

ಎಂಡಿಗೆ ಸಮನಾದ ಡಿಎನ್‌ಬಿ ಕೋರ್ಸ್ ಶುರು

ಸರ್ಕಾರಿ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ತಜ್ಞ ವೈದ್ಯರ ಕೊರತೆ ನೀಗಿಸುವ ಉದ್ದೇಶ | 3 ವರ್ಷದ ಕೋರ್ಸ್, ಮಾಸಿಕ 35 ಸಾವಿರ ಶಿಷ್ಯವೇತನ

■ ಅಭಿವೇಶ ಡಿ.ಪ್ರಾಂತ್ಯದ ಬೆಂಗಳೂರು

ಸರ್ಕಾರಿ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ತಜ್ಞ ವೈದ್ಯರ ಕೊರತೆ ನೀಗಿಸುವ ಉದ್ದೇಶದಿಂದ ರಾಜ್ಯದ 14 ಜಿಲ್ಲಾಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಡಿವೈಎಮ್‌ಎಲ್ ಆಫ್ ನ್ಯಾಷನಲ್ ಬೋರ್ಡ್ (ಡಿಎನ್‌ಬಿ) ಕೋರ್ಸ್‌ಗಳನ್ನು ಆರಂಭಿಸಲು ಆರೋಗ್ಯ ಇಲಾಖೆ ನಿರ್ಧರಿಸಿದೆ.

ಎಂಬಿವಿಎಸ್ ಆಗಿರುವ ವೈದ್ಯರಿಗಾಗಿ ಡಾಕ್ಟರ್ ಇನ್ ಮೆಡಿಸಿನ್ (ಎಂಡಿ) ಪದವಿಗೆ ಸಮಾನವಾಗಿ ಡಿಎನ್‌ಬಿ ಕೋರ್ಸ್‌ಗಳನ್ನು ರಾಜ್ಯದಲ್ಲೂ ಆರಂಭಿಸಲು ಭಾರತೀಯ ವೈದ್ಯಕೀಯ ಮಂಡಳಿ (ಎಂಸಿಐ) ಅನುಮತಿ ನೀಡಿದೆ. ವಿಜಯಪುರ, ಕೋಲಾರ, ಬಾಗಲಕೋಟೆ, ತುಮಕೂರು,

ಪ್ರಮುಖ ಜಿಲ್ಲೆಗಳಲ್ಲಿ ಖಾಲಿ ಇರುವ ತಜ್ಞ ವೈದ್ಯರ ಸಂಖ್ಯೆ

ಜಿಲ್ಲೆ	ಸಂಖ್ಯೆ
ಬಾಗಲಕೋಟೆ	40
ಬೆಂ.ಗ್ರಾಮಾಂತರ	10
ಚಿತ್ರದುರ್ಗ	42
ವಿಜಯಪುರ	50
ಕೋಲಾರ	6
ತುಮಕೂರು	19
ದಾವಣಗೆರೆ	24
ಉತ್ತರ ಕನ್ನಡ	48

ದಾವಣಗೆರೆ, ಚಿತ್ರದುರ್ಗ ಸೇರಿ 11 ಜಿಲ್ಲೆಗಳಲ್ಲಿ ಕೋರ್ಸ್‌ಗಳನ್ನು 2018 ಜನವರಿಯಿಂದ ಆರಂಭಿಸಲು ಆರೋಗ್ಯ ಇಲಾಖೆ ಉದ್ದೇಶಿಸಿದೆ.

2017ರ ಜುಲೈ ಹಾಗೂ ಆಗಸ್ಟ್ ನಲ್ಲಿ ಆರೋಗ್ಯ ಇಲಾಖೆ 1212 ತಜ್ಞ ವೈದ್ಯರ ಹುದ್ದೆಯನ್ನು ತುಂಬಲು ಆನ್ ಲೈನ್ ಬಿಡ್ಡಿಂಗ್ ಮಾಡಿತ್ತು. ಗ್ರಾಮೀಣ ಭಾಗದಲ್ಲಿ ಸೇವೆ ಸಲ್ಲಿಸಲು ವೈದ್ಯರು ನಿರಾಸಕ್ತಿ ತೋರಿದ ಹಿನ್ನೆಲೆಯಲ್ಲಿ 872 ಹುದ್ದೆಗಳು ಖಾಲಿ ಉಳಿದಿದ್ದವು. ಇದರಿಂದಾಗಿಯೇ ಸರ್ಕಾರಿ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಗುಣಮಟ್ಟದ ವೈದ್ಯಕೀಯ ಸೇವೆಯ ಕೊರತೆ ಎದುರಾಗಿತ್ತು.

ಬೆಂಗಳೂರಿನ ಕೆ.ಸಿ. ಜನರಲ್ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಈಗಾಗಲೇ ಡಿಎನ್‌ಬಿ ಕೋರ್ಸ್ ಆರಂಭಿಸಲಾಗಿದ್ದು, ಜಯದೇವ ಹೃದ್ರೋಗ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, ಜಯನಗರ ಸರ್ಕಾರಿ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಡಿಎನ್‌ಬಿ ಕೋರ್ಸ್ ಆರಂಭಗೊಳ್ಳಲಿದೆ, ಎಂದು ಆರೋಗ್ಯ ಇಲಾಖೆ ಅಧಿಕಾರಿಗಳು ಮಾಹಿತಿ ನೀಡಿದ್ದಾರೆ.



ಕೇಂದ್ರ ಸರ್ಕಾರಕ್ಕೆ ಮನವಿ

ಈಗಾಗಲೇ ಎಂಬಿವಿಎಸ್ ಪದವಿ ಪಡೆದ ಸರ್ಕಾರಿ ಸೇವೆಯಲ್ಲಿರುವ ವೈದ್ಯರಿಗೂ ಡಿಎನ್‌ಬಿ ಕೋರ್ಸ್‌ನಲ್ಲಿ ಪದವಿ ಮಾಡಿಕೊಳ್ಳಲು ಅವಕಾಶ ನೀಡುವಂತೆ ಕೇಂದ್ರ ಸರ್ಕಾರಕ್ಕೆ ಮನವಿ ಮಾಡಲಾಗಿದೆ. ಶೀಘ್ರದಲ್ಲೇ ಅನುಮತಿ ನೀಡುವ ನಿರೀಕ್ಷೆ ಇದೆ ಎಂದು ಆರೋಗ್ಯ ಇಲಾಖೆ ನಿರ್ದೇಶಕ ಸಟರಾಜ್ 'ವಿಜಯವಾಣಿ'ಗೆ ಮಾಹಿತಿ ನೀಡಿದ್ದಾರೆ.

₹35 ಸಾವಿರ ಶಿಷ್ಯ ವೇತನ

ಎಂಬಿವಿಎಸ್ ಪೂರ್ಣಗೊಳಿಸುವ ವೈದ್ಯರು ಈ ಕೋರ್ಸ್‌ನ್ನು ಆಯ್ಕೆ ಮಾಡಿಕೊಳ್ಳಬಹುದು. ಡಿಎನ್‌ಬಿ ಕೋರ್ಸ್‌ನ್ನು ಆಯ್ಕೆ ಮಾಡಿಕೊಂಡ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಮಾಸಿಕ 35 ಸಾವಿರ ರೂ. ಶಿಷ್ಯ ವೇತನ ಸಿಗಲಿದೆ.

ವೃತ್ತಿಪರ ಕೋರ್ಸ್ ಸೀಟು ಶೇ.50 ಖಾಲಿ

■ ದೇವರಾಜ ಎಲ್, ಬೆಂಗಳೂರು

ವೃತ್ತಿಪರ ಸ್ನಾತಕೋತ್ತರ ಕೋರ್ಸ್‌ಗಳನ್ನು ಕೊರುವವರೇ ಇಲ್ಲದಂತಾಗಿದೆ. ಇದರ ಪರಿಣಾಮ ಪ್ರತಿ ವರ್ಷ ಸರಾಸರಿ ಶೇ.50 ಸೀಟುಗಳು ಖಾಲಿ ಉಳಿಯುತ್ತಿವೆ!

■ ಎಂಬಿವಿ, ಎಂಸಿಐ, ಎಂಟಿಕ್ ಸೀಟು ಕೇಳುವವರಿಲ್ಲ

■ 3 ವರ್ಷದಲ್ಲಿ ಸರಾಸರಿ ಶೇ.50 ಸೀಟು ಹೆಚ್ಚು ಖಾಲಿ

ಆರ್ಥಿಕ ಅರ್ಥ ಸೀಟುಗಳು ಪ್ರತಿ ವರ್ಷ ಉಳಿಕೆಯಾಗುತ್ತಿರುವುದರಿಂದ ವೃತ್ತಿಪರ ಸ್ನಾತಕೋತ್ತರ ಕೋರ್ಸ್‌ಗಳಾದ ಎಂಬಿವಿ, ಎಂಸಿಐ, ಎಂ.ಟಿಕ್ ನಡೆಸುತ್ತಿರುವ ಕಾಲೇಜು ಆಡಳಿತ ಮಂಡಳಿಗಳ ಆಳಿವು- ಉಳಿವಿನ ಪ್ರಶ್ನೆ ಕೂಡ ಎದುರಾಗಿದೆ. ಇತ್ತೀಚೆಗೆ ಎರಡು ಬಾರಿ ಕೌನ್ಸಿಲಿಂಗ್ ನಂತರವೂ 2017 ನೇ ಸಾಲಿನಲ್ಲಿ ಎಂಬಿವಿ- 12,874 ಸೀಟುಗಳ ಪೈಕಿ 8,995 ಸೀಟು ಮಾತ್ರ ಭರ್ತಿಯಾಗಿದ್ದು 3,879 ಸೀಟುಗಳು ಉಳಿಕೆಯಾಗಿದೆ. ಎಂಸಿಐ 4,528 ಸೀಟುಗಳ ಪೈಕಿ ಭರ್ತಿಯಾಗಿರುವುದು

ಕೇವಲ 1,163 ಸೀಟುಗಳು ಮಾತ್ರ. ಎಂಸಿಐ ಲ್ಯಾಟರಲ್ ಎಂಟ್ರಿ 1,533 ಸೀಟುಗಳಿಗೆ 420 ಸೀಟು ಉಳಿಕೆಯಾಗಿದೆ. ಎಂ.ಟಿಕ್ 11,522 ಸೀಟುಗಳಿದ್ದು, 6600 ಸೀಟು ಉಳಿಕೆಯಾಗಿವೆ. 2017ನೇ ಸಾಲಿನಲ್ಲಿ ಒಟ್ಟಾರೆ 30, 547 ಸೀಟುಗಳ ಪೈಕಿ 14,264 ಸೀಟುಗಳು ಖಾಲಿ ಉಳಿದಿವೆ. ಇದು ಕೇವಲ ಒಂದು ವರ್ಷದ ಪರಿಣಿತಿಯಲ್ಲ 2015ರಿಂದ 17ರವರೆಗೆ ಕಳೆದ ಮೂರು ವರ್ಷದಲ್ಲೂ ಸರಾಸರಿ ಶೇ.50ಕ್ಕಿಂತ ಹೆಚ್ಚು ಸೀಟುಗಳು ಖಾಲಿ ಉಳಿಯುತ್ತಿವೆ.

ಎರಡು ವರ್ಷ ಸಾಕು

ಮಾಸ್ಟರ್ ಇನ್ ಕಂಪ್ಯೂಟರ್ ಅಪ್ಲಿಕೇಷನ್ (ಎಂಸಿಎ) ಕೋರ್ಸ್‌ನ ಅವಧಿ 3 ವರ್ಷಗಳನ್ನು ಎರಡು ವರ್ಷಕ್ಕೆ ಇಳಿಕೆ ಮಾಡುವಂತೆ ವಿಶ್ವೇಶ್ವರಯ್ಯ ತಾಂತ್ರಿಕ ವಿಶ್ವವಿದ್ಯಾಲಯ (ವಿವಿಐಯು) ಆಲಿಲ ಭಾರತೀಯ ತಾಂತ್ರಿಕ ಶಿಕ್ಷಣ ಪರಿಷತ್ತು (ಎಐಸಿಟಿಐಯು)ಗೆ ಪತ್ರ ಬರೆದು ಮನವಿ ಮಾಡಲು ನಿರ್ಧರಿಸಿದೆ.

ಕಾಲೇಜುಗಳ ಕೋರ್ಸ್‌ಗಳ ಮಾನ್ಯತೆ ರದ್ದುಗೊಳಿಸುವಂತೆ ವಿವಿಐಯುಗೆ ಪತ್ರ ಬರೆಯಲಾಗಿತ್ತು ಎಂದು ವಿವಿಐಯು ಕುಲಪತಿ ಡಾ.ಕೆ.ಸಿದ್ದಪ್ಪ ಹೇಳಿದ್ದಾರೆ.

ವರ್ಷವಾರು ಸೀಟುಗಳ ಮಾಹಿತಿ		
2015		
ಕೋರ್ಸ್	ಲಭ್ಯವಿದ್ದ ಸೀಟು	ಉಳಿಕೆ ಸೀಟು
ಎಂಬಿವಿ	12999	5323
ಎಂಸಿಐ	5127	3384
ಎಂಸಿಐ (ಎಲ್)	1626	471
ಎಂ.ಟಿಕ್	12,772	5563
ಒಟ್ಟು	32,524	14741
2016		
ಎಂಬಿವಿ	13063	5364
ಎಂಸಿಐ	5073	3323
ಎಂಸಿಐ (ಎಲ್)	1561	429
ಎಂ.ಟಿಕ್	12,036	6906
ಒಟ್ಟು	31,733	16022
2017		
ಎಂಬಿವಿ	12874	3879
ಎಂಸಿಐ	4528	3365
ಎಂಸಿಐ (ಎಲ್)	1533	420
ಎಂ.ಟಿಕ್	11522	6600
ಒಟ್ಟು	30,547	14,264

*ಎಲ್- ಲ್ಯಾಟರಲ್ ಎಂಟ್ರಿ