Letters to the Editor

[The Editor is not responsible for the views expressed by the correspondents]

Challenges in Medical Education in India

Sir, — Voice of expert "Medical Education-Vision 2020" by the famous Dr. Gurpreet S. Wander (JIMA, Vol-118, No-11, November, 2020) is an extensive, excellent and timely article. As India marches towards an exciting new future, medical education is expected to play pivotal role in overall development agenda especially the public health care in post Covid-19 era. But presently unregulated growth of private medical colleges under the influence of privatization and corporatization has become a very lucrative business, mired by gross inadequacies compromising standards of medical education. One revolutionary measure of National Eligibility-cum-Entrance Test (NEET) has miserably failed to rationalize admissions on merit and eliminated capitation fee as private medical colleges have obnoxiously increased their fee to match the capitation fee, ever decreasing cut-off marks has compromised merit. I think, medical education in India is at crossroads, may be on the verge of collapse because of several important challenges faced by medical education such as an exploding number of private medical colleges, skewed distribution, devaluation of merit in admissions, increasing fees making medical education out of reach of the most, an alarming shortage of teachers, increasing ghost faculty culture, gross shortage of patients in most of private institutions, increasing concept of dummy patients, contract to pass all students in private medical colleges, poor internship training because of PG entrance test and most importantly the miserable failure of Medical Council of India to enforce guidelines so much so that even after several complaints with photographic proofs, MCI failed to order even an inquiry and let a local medical college continue including PG courses inspite of gross deficiencies that everyone knows why. Corruption was the main reason for scraping MCI and formation of National Medical Commission which may or may not prove its utility with time. I think medical education is most neglected subject and requires revolutionary short, intermediate and long term measures including a substantial and separate budget for medical education focusing on public medical education and improving standards of education in most of the private colleges. It is really good that prestigious journal, JIMA has published Dr. Wander's vision 2020, a step forward to bring medical education into focus and sensitize other professional organizations towards challenges faced by medical education. I feel, medical education should find a prime place and no one has the right to commodify it, otherwise it is going to destroy India's public health care system.

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Prof. Dr. Vitull K. Gupta

IMA Covid Martyrs Data

Sir, — As the COVID-19 pandemic has worsened worldwide, health care workers including the doctors worked tirelessly for the care of the patients and some even continued after their retirement. These lives are indeed a reminder to the general population of the relentless dedication and service of those people who did not stop their work even if the number of cases and deaths were increasing.

Death in the line of duty is the doctor's ultimate sacrifice, which may be compounded when physicians unknowingly infect family members The general public may not comprehend the importance of self-isolation measures to contain the COVID-19 pandemic until a physician dies fighting the virus.

Results :

IMA Covid Data : Doctors Martyrs Age Factors

Less than 35yrs	:	25
Above 35 - 50yrs	:	84
Above 50-60yrs	:	214
Above 60-70yrs	:	295
Above 70yrs	:	88
Total Martyrs	:	706

The analysis of results showed that the total COVID related Doctors deaths in India till 11th December, was 706. With available data of infected doctors and confirmed data of number of doctors deaths the Case Fatality Rate must be high nearly 10 times. We are able to arrive at a figure of doctors patients mortality ratio in India 1:202.

Out of 706 doctors died, 690 were practicing doctors 98% while 14 were resident doctors 2 were house surgeons. This highlights the fact the mainly senior doctors succumbed because of comorbid conditions & long exposure and insufficient preventive measures. The age range of the deceased doctors was 24 - 88years. The percentage of death below 30 was 1.6% below 40 years was 6.6% below 50 years it was 15.4% The percentage of fatalities below 60 was 46% while 54% deaths among doctors above 60. The average age of doctors at death was 60-68 years with a median age of 60 years.

General Practitioners bore the brunt of virus infection 59%. This could be attributed to lack of preparedness & preventive equipments like PPE & long exposure. Among the specialists Paediatricians, General surgeons, obstetricians and anaesthesiologists, orthopaedic surgeon, ENT surgeons, radiologists lost their lives. The super specialists who lost their lives comprised of Neurosurgeons, Neurologists….

The state wise distribution of doctor deaths showed that the highest deaths were in Tamil Nadu, Andhra Pradesh, Gujarat, Maharashtra and Karnataka.

We have also found that number of COVID 19 deaths among doctors were at peak during September and started declining (Graph). This is because of growing knowledge regarding COVID 19 & use of social distancing, PPE and

other precautions.

The team sadly recollect the sacrifice of our own Chairman of IMA COVID DATA Dr Gangadara Rao from Andhra Pradesh who died of COVID 19 inspite of all his vigilant measures we salute him.

I thank all the JDN members who worked tirelessly in collecting the details and forming an authentic IMA COVID MARTYRS DATA of India.

National Co.ordinator, **Dr KM Abul Hasan**
IMA Covid Martyrs Data

Prediction of Cardiovascular Events in Patients with Chronic Kidney Disease By Serial B- Type Natriuretic Peptide Levels. (JIMA , Vol 118, October 2020)

Sir, — The authors have rightly enlightened us regarding the role of serial estimation of B- type natriuretic Peptide level in prediction of cardiovascular event in patients with CKD as BNP are important factor in evaluation of Left Ventricular hypertrophy and dysfunction which are strongly found in Patient with CKD...

The study has also rightly pointed the role of serial estimation of BNP Level as pre evaluation level can be higher in many cases due to other Factor.

As BNP level can be influenced by age, sex , BMI and atrial fibrillation And other factors and echocardiogram is better indicator for cardiac Status detection so if we correlate BNP levels with echocardiogram Finding and cardiovascular outcome that will reveal the role of BNP Value in prediction of cardiovascular events.

Furthermore BNP levels can be higher in patients with persisten tatrial fibrillation And heart faliure so inclusion of atrial fibrillation as variable would

Emphasize us to detect the role of BNP in prediction of future cardiovascular Outcome.

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Medical Education — Vision 2030 (JIMA, Vol 118, No 11, November, 2020)

Sir, — I would like to congratulate Prof (Dr) Gurpreet S Wander for enlightening us regarding the changes brought in the field of medical education sinceindependence of India-through the last 70 years.

The article has rightly stated thatpublic and private sectorsneed to work together hand in hand to raise the level of medical education in India.

It has been mentioned aptly that the approach and attitude of the younger Indian doctors have changed where they are more keen towards proper documentation asthe working environment has become more demanding, transparentand audited.

The article has highlighted the reforms brought in medical education withtheintroduction of national eligibility cum entrance test (NEET), which hasbrought uniformity across the country for admission and the national exit test (NEXT), which is scheduled to start from next year, will be used as the basis for postgraduate admissions- which will emphasise on the need to learn clinical skills.

The author emphasised on the importance of long answer questions instead of MCQs for testing of clinical skills in the present examination system. He has also rightly stated the need of a special area of curriculum for pandemic situations.He has also explained how the preservation of clinical skills along with technological advancements are jointly required for better patient care.

The article has rightly pointed out the need tocontinue focus both on non communicable diseases (NCDs) and communicable diseases as NCDs account for more than 50% deaths in our country.

The author also aptly highlighted the importance of soft skills in the MBBS curriculum as started by the National Medical Commission (NMC). The area of primary care needs upliftment in India, so that our primary care physicians are at par with global specialists.

He has also correctly emphasised on the blend of virtual seminars and face to face learnings in institutions as the future of curriculum and will help in optimisation of costs and increased interactivity.

The article has correctly stated on the adequate requirements of proper training and communication so as to successfully transition to e-learning platforms.

He has also rightly commented on the positively changing doctor patient relationship due to the effective representation of the IMA.

The author has rightly portrayed the changing relationship between a doctor and the patient where the patients are more aware and thus demand transparency and open discussions which involve active discussion between the doctor and his patient.

He has rightly stated in this article that putting doctors in the decision making team instead of only making them their subordinates will help the IMS(IndianMedical Services)in making many important decisions regarding healthcare much easier.

Thus, this article has been very enlightening to the medical fraternity all over the country regarding the changes in medical education and its probable impact in the future.

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Answer : Mediquiz

(1) A	**(2) C**	**(3) B**	**(4) B**
(5) D	**(6) A & C**	**(7) B**	**(8) C**
(9) B	**(10) D**	**(11) C**	**(12) B**