Letters to the Editor

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

Reorienting Medical Education in India — Absolutely Essential

Sir, — The whole objective of expansion of PG program in India should focus on achieving the final objective of MBBS seats= PG seats. We have now 80,000MBBS seats, and the available PG seats now is only 25,000. Remaining 55000 MBBS doctors can be transformed into family doctors every year starting from 2025 onwards, if we start acting now. The long-term objective must be to get 80% of all doctors working as family doctors. Increasing the number of other specialists without building a strong base for modern medicine, and without a referral system is the root cause of all unhealthy trends in India, including bridge course and the hurry to train doctors of other stream in surgery.

Background and the Issues : Heavy disease burden (due to lack of social determinants of health and wellness) and lack of good primary care in the periphery overloads the existing treatment facilities. There is no one to supervise and take charge of health and wellness scientifically and to make early diagnosis and provide decentralized disease care management. Since all patients are forced to go to tertiary care, even for their primary care, and are forced to engage multiple doctors belonging to single system specialties- without person centered care, there is a huge artificially increased need for more and more single system specialists and emergency medicine specialists. Thus, we wrongly perceive the need for more specialist doctors and more medical colleges. In reality we have enough doctors, enough MBBS seats, but we failed to produce doctors for our country, by mistake they were all being transformed only into single system specialists, ignoring all the priorities including family medicine. Specialist doctors in turn promote the centralized disease care machinery.

In the wake of Covid-19, there is a wrongly perceived need for more specialists for critical care. The suggestion of NMC to start emergency medicine, as a priority, ignoring the much needed family medicine, in each medical college has come from this wrong perception

One report of NitiAyog says India will achieve doctor population ratio of 1:1000 by 2024, but specialists shortage is huge (Dr Vinod Paul)- This statement is true only in terms of shortage of Family Medicine specialists only. As per that report India has more GPs than specialists; (Specialists: 3 lakh and Generalists 9 lakh). If we analyse the situation the 9 lakh doctors are not GPs. they are the ones who did not get a PG seat- or they are neither GPs nor Specialists- wandering desperately for a PG course. They can be labelled as NULL DOCTORS wandering and wasting time as RMOs and in PG entrance coaching centres. The Severe shortage of specialists as perceived by NitiAyog and NMC should be interpreted only as severe shortage of Family Care specialists: We produce some 50,000 'Null doctors' every year, since there are only 25000 PG seats for single system specialists every year. How can India improve with more PG seats in single system and super speciality seats without building strong base with Family doctors?

Family doctor = General Practitioner = Primary Care Specialists - all are practically the same

Who are the Family doctors? Family doctors are generalist doctors in the community setting working closer to the family providing comprehensive, continuous and whole person cantered care. A specialists in Family Medicine is someone, who had undergone proper structured training to get a degree like MD/DNB/Diploma or those MBBS doctors, who by plan wanted to practice as family doctors and had worked for three year at least, as an apprentice under good family doctors, before doing independent practice.They would make early diagnosis, because they would be aware of all the details of the individuals under their care, and this would reduce the treatment expenses phenomenally. They will also focus on health and wellness to reduce the disease burden. These generalist doctors will be accommodative and tolerant to the alternative systems and naturally avenues of cooperation would also evolve. Health and wellness to reduce morbidities will be their focus by working as friend, philosopher and guide to individuals and families. The scope for alliance with the alternative systems is possible only at the primary care level. If needed the alternative systems doctors can also be employed as primary care doctors and people should be given the choice of choosing between them. MBBS passed out doctors were all working only as GPs till 40 years ago, as they had the motivation and they developed the competence by working continuously as family doctors. Unfortunately in the present scenario they are not even primed to become GPs, they do not have the motivation and they are all primed only become specialists. The genuine need of the people for Family Medicine as a specialty, is not sensed by anyone including the MBBS students, when they are needed in large numbers. The severe shortage of specialists is true only in the context of Family Medicine specialists, the huge shortage of specialists as expressed by NitiAyog can be met only by bringing in large numbers of family doctors.

The need to Increase PG seats in India. 21 New AIIMS and 32% increase (~20,000) in 2019. Highest ever in a single year. PG(MD/MS) Seats: Record increase is commendable but they will become useful to the people only if we keep on increasing the number of family Medicine specialists. We need to declare a moratorium on increasing other PG seats till we have enough family doctors.

Our country needs large number of family doctors (a huge army of family doctors) to look after health and wellness of the people, for early diagnosis and cost effective management of diseases(including most of the emergencies) in a decentralised manner. In developed

countries up to 80% of their doctors or 80% of their health teams are working for primary care and every individual/ family has to be registered with a family doctor and the people have no right to consult specialists without referral by their family doctors. Pitiably now the affordable segment depends on tertiary care hospitals and super specialists for their primary care, that was the reason behind the artificially increased need for single system specialists. MBBS doctors waiting for PG admission are not to be counted as generalists, all our MBBS passed out doctors are aspiring to become specialists, there are very few GPs/ Family doctors now in India.

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Post Stroke Epilepsy

Sir, — Post stroke epilepsy is one among the common causes of seizures in adult population. Nearly 5-20% of all individuals who have stroke will have subsequent seizures[1]. Post stroke seizures could be early or late. Early post stroke seizures occur in around 3-6% of ischemic and 10-16% of haemorrhagic stroke. Late post stroke seizures occur in around 6% of ischemic and 12% of haemorrhagic strokes over a 5-10 year follow up period[2]. There are wide variation in various studies regarding poststroke seizures due to stroke aetiology, study methodology, definitions of early and late unprovoked seizures, timing of anti-epileptic drug administration, small sample size and ambiguities in seizure identification. The risk factors for early post stroke seizures in ischemic stroke could be male population, haemorrhagic transformation, cortical location of stroke, atrial fibrillation, severestroke(NIHSS>11), partial seizures, status epilepticus and abnormal EEG[3]. The risk factors for recurrence of early seizures in haemorrhagic strokecould be cortical location, age less than 65 years, status epilepticus, hemorrhagic volume >10ml and abnormal EEG[2,3]. In the absence of RCTs a strong recommendation cannot be made on initiation of antiepileptic drugs for secondary prophylaxis of early post stroke seizures. However in practicality when antiepileptic drugs are initiated after acute symptomatic seizures, they should not be continued more than a month of therapy.

In the study by Hersdoffer et al the 10 year recurrence rate of late unprovoked seizure after one post stroke unprovoked seizure is around 70%[4]. As per the recent definition of epilepsy a single unprovoked late post stroke seizure is equivalent to post stroke epilepsy.

In this context there are certain prediction tools for assessment of seizure recurrence risks namely the CAVE score and SELECT score. In the CAVE score the following points namely cortical involvement, age <65 years, volume >10 ml and early seizures are noted and if all 4 points are present the 5 year recurrence risk of seizures in haemorrhagic stroke is around 46%[5]. Similarly in ischemic stroke the SELECT score gives a risk stratification for recurrence of unprovoked seizures following an ischemic stroke[6]. The SELECT score includes severity of stroke, large artery atherosclerosis, early seizures, cortical involvement and MCA territory involvement. The maximum score could be 9 which suggests a 5 year recurrence rate at 83%.

In the given study which is probably a descriptive study shows nearly ¾ th of patients with post stroke seizures being haemorrhagic which is slightly higher than the existing data in literature. Nearly 2/3rd of the patient developed poststroke seizures. As already pointed post stroke seizures remains the commonest cause for new onset seizures in elderly population. In the given study nearly 24 out of the 34 patients fall in the age group between 60 and 80 years of age. In the SELECT score the cortical location and MCA territory are two important variables that stratify risk. In the given study also majority of the patients with stroke had cortical involvement namely MCA territory strokes.

The above study has made certain critical cross sectional observations on the demographic/risk factors for post stroke epilepsy. However a prospective follow up study would help in elucidating more Indian data in this regard.

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Sir, — **"Challenges in Medical Education in India" (JIMA, Vol 118, No 12, December, 2020)**

Very pertinent points dear Dr Vitull. Thanks to you and to JIMA for discussing this most important issue.

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