Letters to the Editor

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

Artificial Intelligence

Sir, — Artificial intelligence today is a hot topic in healthcare sparking ongoing debate about the ethical, clinical, and financial pros and cons of relying on algorithms for patient care.

AI promises to change the medicine practice in various ways but many of its practical applications are still inn their developmental stages. Medical professionals need to understand and acclimatize themselves with these advances for better delivery to the patients.

From deep learning algorithms that can interpret CT scans faster than humans to natural language processing (NLP) that can comb through unstructured data in electronic health records, the scope of AI inn healthcare is endless.

A lot of enthusiasm for the technology comes from the belief that it has the power to bring a revolution starting from creating cutting edge medical devices to reducing misdiagnosis, delivering faster, better and precise care to the at-risk patient groups.

AI could benefit patients living in rural communities where access to doctors and specialists can be tough.

There are significant challenges that hinder the widespread adoption of AI; for instance, issues pertaining to data inoperability, privacy, algorithm development, integration of AI tolls into provider workflow and reimbursement of AI-assisted devices.

Large amounts of high-quality data are often needed in development of AI algorithms and tools.

Many available data may be biased-which can impact on the quality and accuracy of AI tools.

But like any other technology at the peak of its hyper curve, AI alongside enthusiasms has criticism from its skeptics from die-hard evangelists. The belief that AI will replace human workers has been around since the very first automata appeared in ancient myth.

Physicians are starting to be concerned that AI is about to evict them from their offices and clinics.

By 2053, surgical jos could be the exclusive purview of AI tools, cautioned Oxford University and Yale University in a 2017 study.

In June 2018, Babylon Health announced that an AI algorithm scored higher than humans on the written test on diagnostics used to certify physicians in the UK.

Radiologists and pathologists may be especially vulnerable, as most of the breakthroughs are happening around imaging analytics and diagnostics.

AI may help to alleviate the stresses of burnout of physicians and nurses by taking up tasks of HER documentation, reporting, triaging CT scans, freeing them to focus on complicated challenges of patients with serious conditions.

AI will change the way patients interact with providers, providers interact with technology, and everyone interacts with data. But healthcare providers care deeply about their relationships with patients and prioritize face time above most other aspects of the job.

No one expects a robot to talk to the patients family about treatment options or comfort them if the disease caliums the patient's life.

The increased comfort with AI will not necessarily decrease the value of patient-physician relationship.

But it definitely fills existing gaps inn care access, expands availability of information, completes the administrative tasks and reduces the workload of the physician.

AI is exciting, confusing, frustrating, and with continuing maturity will only add to mixed emotions.

We humans have the reins and have to eventually make the hard choices and shape the future of healthcare.

MD, FICP, FRCP (Glasgow) **K Tewary**
FRCP (EDIN),
President, Association of Physicians of India (2021-22)
Ex. Professor & Head, Department of Medicine
S K Medical College, Muzaffarpur, Bihar

JIMA, February 2021

Sir, — After going through the JIMA, February 2021, I must appreciate the editor and the editorial board for taking keen interest and spending lot of time in selecting appropriate articles to be published in JIMA. The journal has given equal importance to rural health [Pituitary hormone deficiency in the rural West Bengal, Hilly areas [precautions for COVID 19] and tertiary care. By including Surgeon's dilemma in Covid 19 show the interest of including recent diseases. The biochemistry, pharmacology topics are also included [Transfer GGT in Acute Stroke] and Lincomycin in Upper respiratory tract infection. Equal importance is given for medical education and resident programs [Health care system]and medical students perception of education. Health care system is well analysed in another article. Discussion on the tuberculosis of Vulva, non-traumatic cardiac tamponade, diabetic foot management, PUO, management of asthma. Images, ECG and Quiz are all doctors. Medical history on BCG vaccine and Archived journal of December 1952 brings the nostalgic memories. Books on Toxicology and Humanities are of great practical use. Overall it is a complete journal for all doctors.

Professor of Surgery, **Prem Kumar**
AIMST University, Malaysia

The Re-Emerging Pandemic — What's Urgently Needed in West Bengal ?

Sir, — Under the prevailing situation of the so-called second wave of the pandemic in India, is there a focused attempt in place for detecting how many of current Covid-19 cases have already received full doses (2 doses) of vaccine (and which vaccine)?

In India already 5.1 million healthcare workers and 3.7 million frontline workers nationwide have received two

doses. Cohorts of these individuals would be easy to follow up to determine the real world efficacy of the vaccines. One approach could be prospectively following up all those who received 2 doses of the vaccine, and find how many of them fall prey to corona infection despite being vaccinated. It is also important to study the outcome in such cases – fatality rate, severity score. The other approach is at the time of RT-PCR resting, one shouldask all positive cases, if they received two doses of a vaccine. It is very important to understand the real world effectiveness and safety of these two vaccines.

In the 'second wave' in the country, relatively more number of younger people is getting infected rather than older citizens. In Panjab the Chief Minister reportedly said >80% of RT-PCR positive cases are infected with the UK variant. And most of them are from younger age group. And none of these people are vaccinated. TheCovishield vaccine is found to be effective against the UK variant of the virus, according to a recent study.The AIIMS Delhi Director claims in Delhi the current surge has mostly affected the younger age group.It seems the younger Indians are more vulnerable during this second wave.The variant (mutant) strains reportedly have higher transmission potential compared to the wild strain. Therefore breaking the chain of transmission should be tried more seriously. Remember, truly we do not have any specific treatment yet available. It is very important to include younger adults in vaccine beneficiary group as early as possible.

In this election time, the political parties and their leaders must conduct more responsibly. Till now there is blatant violation of COVID norms as asked by the Election Commission. This must stop now. The Election Commission should immediately have an all-party meeting and strongly communicate do's and do not's.

A few important considerations need to be emphasized now are as following:

(1) Public campaign for COVID appropriate behavior – masking, avoiding crowd and crowded places, social distancing, handwashing and sanitization, cough etiquette (Stakeholders – Doctors, IMA, Corporation- Panchayat, Media, Political Parties, and Government)

(2) Getting rid of complacency (Stakeholder– Society)

(3) Increasing the number of RT-PCR testing (Stakeholders – People, Doctors, Government)

(4) Isolation (and treatment) of lab-diagnosed or suspected cases of Covid-19 (Stakeholder– Government)

(5) Diligent contact tracing (Stakeholder – Government)

(6) Exponential increase in vaccination (Stakeholder – Government)

(7) Continuous monitoring of the situation and regular public updating of the situation (Stakeholder – Government)

(8) Prioritizing logistics management (Stakeholder – Local Administration)

(9) Continuous scientific exploration (research) to understand the nature of the re-emerged infection and investigating the potential of different mutant strains with genomic probing (Stakeholder – Government)

(10) Strongly administering safer, low-risk environment and behavior during the current election process (Stakeholder – Election Commission)

[1]MBBS, MD, DM, Clinical Pharmacology **Santanu K Tripathi**[1]
Shambo Samrat Samajdar[1]

JIMA, February 2021

Sir, — The editorial in February issue of JIMA titled 'ensure not insure' is the real crux of the problem that now our country is facing in the field of health care delivery system. To question the role of insurance in health care delivery needs lot of down to earth thinking because today most of the countries, be developed or developing, are depending more on insurance. This becomes more pertinent for our country where Ayushman Bharat, the government declared insurance based health scheme covers both public and private sector and the premium is totally paid by government.So it means free treatment even at private hospitals. But here nobody raises the question that where from government is getting the money ? Undoubtedly it from budget, from direct and indirect taxes. In other word it is people's own money. So though we are not directly paying premium but indirectly it is our own money.

After independence health care delivery system depended on public sector but as time went private sector came up. At present except for primary health care private sector has become a major health care provider in secondary health care as well as tertiary with more than 50% of medical colleges run by private establishment or corporate houses. With this insurance based system people at large will move to private sector because of their strong marketing policyand now these people do not have to pay directly. If some one goes through the records for last 2 years it will be evident that major share of AyushmanBharat fund or SwasthyaSathi fund (health scheme in West Bengal) has gone to private sector.

At present central government is spending 1.2 % of GDP towards health care which is meagre in comparison to other countries as stated in the article. If a major share of this moves to private sector through insurance then we can hardly expect any improvement in public sector in future. We have every reason to fear that in future the private sector or corporate houses will become the policy makers in health care delivery system. More over it is well accepted fact that insurance in health care carries a major risk of moral hazard as because these insurance companies and private sector are profit driven organisation. If we take the example of crop insurance, the Insurance companies made huge profit from the premium collected as because merely 25% of the amount was settled as claim for the farmers and rest went to the pocket of insurance companies.

It will be better if government provides health care to people at large by increasing GDP allocation and gives priority on primary health care. The same policy should be followed in providing basic education, water, housing and proper sanitation to majority people. All these are enshrined as basic right in our constitution but who cares.

It is commendable that JIMA editorial board has correctly raised the issue at this juncture as because this insurance system will have a long lasting detrimental effect on our health care delivery system.

Member Bidhannagar branch **Satyajit Chakraborty**
Kolkata