

## Letters to the Editor

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

### Challenges in Healthcare Reforms in India

SIR, — Voice of expert “Robust Indian Healthcare Reforming towards UHC” by Prof Dr S Arulraj, National President, API, Past President, IMA (JIMA, Vol 118, No 12, December, 2020) is an excellent article discussing each and every aspect of health care system from rural health care to medical education and the challenges faced along with logical solutions to strengthen health care in India. As health and human rights activist I strongly feel that health care is not a fundamental right, but Indian State is committed to provide universal, equitable and quality health care. Bhore Committee report (1946)<sup>1</sup> suggested the idea of health for all with multilevel public health care system to provide health care irrespective of ability to pay. Since, India’s economic liberalization programme started in 1991, the Government’s commitment to public health has sharply declined, with one of the lowest spending in the world at 1.04% of the GDP, leading to gradual and progressive deterioration, decline and virtual collapse more so exposed by COVID pandemic. More over under the influence of free market economy, health care has rapidly emerged as one of the most important sectors with estimated worth of ~280 billion US\$ by 2020. Definitely India’s public healthcare has achieved a lot, but health indicators are still one of the worst among developing countries. Apprehensions about the possible adverse effect of market economy on health sector was expressed by NHP–2002.<sup>2</sup> Health activists have expressed concern that various insurance schemes including Ayushman Bharat are being used to hand over public money to the private sector. At present healthcare system in India is one of the most unorganized, fragmented, unregulated, with vast regional and social disparities with very poor public healthcare and world class, expansive commercialized private health-care. No doubt corporatization and privatization has improved health services and will continue to flourish, but India needs to resist the market hegemony and change its priorities to provide universal public health care without ignoring city-centric super-specialty hospitals. Health is a complex issue. A simplistic approach to it is bound to fail. We need to reform our institutions and evolve a system where the private and public health care are complimentary in a common pursuit to provide universal health care and not only to those who can pay. **‘Human welfare’ has to take priority over ‘Productivism’**. I strongly feel that unless there is a paradigm shift in understanding of health and its implications and the political will to provide health services to all, there cannot be any substantial improvement in the current pathetic status of public health care. Such excellent article by Prof Dr S Arulraj should provide a road map and serve a wakeup call to strengthen our public health care and medical education system.

### FURTHER READINGS

- 1 Bhore Committee. Report of the Health Survey and Development Committee. 1946. [http://nihfw.org/NDC/DocumentationServices/Committe\\_and\\_commission.html](http://nihfw.org/NDC/DocumentationServices/Committe_and_commission.html)
- 2 National Health Policy – 2002 (NHP-2002), Govt of India (GOI), 2002, Department of Health, New Delhi.

<sup>1</sup>MD (Medicine), FICP, FCSI, FACP, FIACM,  
Health and Human Rights activist,  
Consultant,  
Kishori Ram Hospital & Diabetes Care Centre,  
Basant Vihar, Bathinda, 151001, Punjab

**Vitull K Gupta<sup>1</sup>**

### Truth Unveiled : ICMR Guidelines Debunks Common Misconceptions about Umbilical Cord Blood Banking

SIR, — The Indian Council of Medical Research (ICMR) has recently published “Guidelines for Umbilical Cord Blood Banking, (Collection, Processing, Testing, Storage, and release for Clinical Application) 2023<sup>1</sup>. Umbilical cord blood contains hematopoietic stem cells which can self-renew and differentiate into myeloid and lymphoid lineages. In addition to that it has self-renewing mesenchymal cells which are less immunogenic with the potential to be of great rescue in the management of Graft Versus Host Disease (GVHD).

In India, the Drugs and Cosmetics Act 1940, Rules 1945 (Amendments 2016) currently governs the regulatory framework of umbilical cord blood banking, and new guidelines have been issued to ensure the quality and ethical regulation of the cord blood banking process. There has been a huge unscientific persuasive market-driven approach towards umbilical cord blood banking in India so far. In a nutshell, the purpose of the guidelines is to dismantle the pseudoscience behind the propaganda that cord blood banking is ‘*biological insurance for a lifetime*’ without undermining the actual benefits of utilizing cord blood cells in clinical practice and regenerative medicine research.

The document released by the ICMR emphasizes that the only accepted standard use of cord blood cells is allogeneic hematopoietic cell transplantation. Intriguingly, the availability of HLA haploidentical stem cell transplantation from a family member makes the scientific rationale for cord blood banking questionable. The guidelines also contended that consensus emerged in the scientific community that autologous transplant of cord blood cells for treating one’s genetic condition is flawed since the cells would still harbour the same genetic abnormality that causes the primary disease. Furthermore, it has been put forward that the data from the registry of the Indian Society of Blood and Marrow Transplantation shows that only sixty unrelated cord blood transplants were undertaken from 2012 to 2020 which makes it clear that there is a meagre utilization of stored cord blood for therapeutic purposes. The guidelines have also brought forward that the chance of using stored blood for a Haematopoietic Stem Cell Transplant (HSCT) is as low as 0.005% to 0.04% in the first 20 years of life. This data is collated from consensus statements of experts in the fields of haematology, clinical genetics, obstetrics, and paediatrics. In the present scenario, private banking is suggested only if there is a relative or sibling in the family suffering from a malignant or genetic disorder requiring HSCT. With the recent progress in utilizing induced Pluripotent Stem Cells (iPSC) for regenerative medicine, the significance of umbilical cord blood in certain applications is expected to decline<sup>2</sup>.

The guidelines exhorted for quality and ethics in cord blood banking in India considering the prevalent unethical advertisement of the issue coupled with poor quality compliance of existing cord blood banks. The principles laid down by the ICMR concerning donor management, collection procedure, sample processing, cryopreservation, storage and release are worth practicing for all the existing umbilical cord blood banks in India. As regards misleading advertisements, one should not hesitate to seek legal remedies as stated in the document which includes prosecuting the culprits under various laws like the Drugs and Magic Remedies Act and Consumer Protection Act. The practical point that all of us should bear in mind is the operational quality of private cord blood

bankscontemplatingthe lack of a third-party quality control/assurance mechanism. Even these ICMR guidelines are not legally binding on the market players except for compliance under the Drugs and Cosmetics Act 1940.

So far, the cord blood banking companies successfully misled several gullible expectant parents by promoting cord blood banking as a 'once in a lifetime opportunity'. One point worth mentioning here is that the actual therapeutic use of stored cord blood for autologous purposes has been very minimal in practice and the yield of viable cells that remain utilizable is always a question. As practitioners of allopathic medicine, all of us have a responsibility to dispel the myths behind such practices by using the ICMR guidelines as a vision document. In any case, there is a strong need to set up a national network of just a handful of umbilical cord blood banks by the government for therapeutic and research purposes and the role of private players in this sector should be slowly phased out.

### REFERENCES

- 1 Mehra NK, Jotwani G, Kjarlwa G, Dalal V, Hemlata — Guidelines for Umbilical Cord Blood Banking, Collection, Processing, Testing, Storage, Banking and Release for Clinical Application (2023) [Internet], [Cited 2023 12 March] Indian Council of Medical Research, New Delhi, India, Jan 2023. Available from: Microsoft Word - Cover (icmr.nic.in). Last Accessed 2023 12 March 11:45 IST.
- 2 Glicksman MA — Induced Pluripotent Stem Cells: The Most Versatile Source for Stem Cell Therapy. *Clin Ther* 2018; **40(7)**: 1060-5.

<sup>1</sup>MD, Assistant Professor, **Ananth Rupesh Kattamreddy**<sup>1</sup>  
Department of Forensic Medicine and Toxicology,  
ACSR Government Medical College,  
Andhra Pradesh 524004

### Evolution of Clinical Competence Assessment

SIR, — The traditional long-case examination has been a cornerstone in evaluating medical student's clinical competence for decades. However, concerns about its subjectivity, reliability, and limited assessment scope have prompted educators to explore alternative methods<sup>1</sup>.

The long-case examination boasts historical value and practicality, yet its shortcomings are undeniable. The 45-minute solo interaction with a patient, followed by a 20-minute assessment, introduces inconsistencies due to case complexity, examiner bias, and time constraints. These factors raise concerns about objectivity, validity, and reliability – crucial for exams impacting medical certification.

In response, the Objective Structured Long Examination Record (OSLER) emerged as a structured and objective approach. This 10-item analytical record standardises assessments across students by employing examiner-observed history-taking and physical examinations. By evaluating diverse criteria like communication skills, systematic approach, and clinical understanding, OSLER strives to overcome the limitations of the long case. Initial feedback from students and faculty has been positive, highlighting fairness, comprehensiveness, and a well-structured format. While not flawless, OSLER represents a significant step towards more robust clinical competence assessments<sup>2-5</sup>.

However, the search for improvement continues. Traditional methods, including long and short cases, often lack a comprehensive evaluation across all learning domains, failing to pinpoint specific areas of weakness. Furthermore, while addressing short-case limitations, the Objective Structured Clinical

Examination (OSCE) faces challenges in adapting to long-case assessments.

Recognising these gaps, the Structured Clinical Case Examination (SCCE) presents a novel approach. This examination seamlessly blends elements of traditional cases, OSLER and OSCE, to deliver a more effective and practical tool. Its structured format ensures consistency and reliability while incorporating comprehensive assessments of history-taking, communication, physical examination, and clinical reasoning. Studies comparing SCCE to the long case have shown promising results, demonstrating improved differentiation between competence levels and favourable student perceptions due to its inclusivity of communication skills. Faculty have also acknowledged its feasibility and practicality, emphasising the importance of standardised evaluation.

Despite its advantages, SCCE faces concerns regarding time investment. However, considering the critical evaluation of vital clinical competencies, this investment appears justified, especially with the addition of compulsory mini-DOPS and communication skills assessments.

As we move forward, it is crucial to acknowledge the limitations of traditional methods and embrace innovative approaches like OSLER and SCCE. These advancements offer structured, comprehensive, and reliable evaluations, paving the way for a more robust and future-proof assessment of clinical competence in medical students. Further research and implementation efforts are essential to solidify their role in medical education, ultimately ensuring the development of well-equipped healthcare professionals prepared to serve the evolving needs of patients<sup>6,7</sup>.

### REFERENCES

- 1 Troncon EA, Dantas RO, Fe L — A standardized, structured long-case examination of clinical competence of senior medical students. *Medical Teacher* 2000; **22(4)**: 380-5.
- 2 Prabhu GS, Abraham G, Nair LM — Comparative study of conventional assessment and OSLER conducted at the model clinical examination in a teaching hospital. *Int J Surg Ortho* 2020; **6(3)**: 154-8.
- 3 Bhalerao P — Perception of medical teachers and students regarding objective structured long examination record as an assessment tool- a prospective study. *Int J Res Med Sci* 2017; **5(4)**: 1679.
- 4 Gleeson F — AMEE Medical Education Guide No. 9. Assessment of clinical competence using the Objective Structured Long Examination Record (OSLER). *Medical Teacher* 1997; **19(1)**: 7-14.
- 5 Wanjari SA, Vagha SJ — Utility of OSLER for assessing enhancement of learning in postgraduate students. *SE Asian Jnl Med Educ* 2020; **13(2)**: 37.
- 6 Qureshi FU, Sohail S, Dar LR — Comparison of standardized, structured clinical case examination and traditional long-case examination for assessment of final-year medical students: a non-randomized control trial. *BioMedica* 2022; **38(2)**: 77-82.
- 7 Pandya H — Comparative evaluation of structured clinical case examination with traditional long-case examination for clinical competence assessment. *J Integr Health Sci* 2019; **7(1)**: 13.

Department of Pediatrics,  
Subbaiah Institute of  
Medical Sciences,  
Karnataka 577222

<sup>1</sup>MBBS, MD, Professor

<sup>2</sup>MBBS, MD, DNB, Assistant Professor,

<sup>3</sup>MD, Assistant Professor

**Vinayaka G Bhat**<sup>1</sup>  
**Darshan Rajatadri Rangaswamy**<sup>2</sup>  
**Niranjan Kamble**<sup>3</sup>