BMJ editorial recommends reforms in the MCI

The latest editorial of the British Medical Journal contains a scathing report on the state of the Medical Council of India (MCI) and made recommendations to change the present situation. The report of a committee formed for this purpose lays bare the Medical Council of India’s (MCI) failure to oversee quality and integrity in health services in the country. In 2014, The BMJ launched a campaign against corruption that sparked global interest in the rampant practices of kickbacks for referrals, revenue targets in corporate hospitals, and capitation fees in private medical colleges in India. Recognising the erosion of trust in doctors and inadequacies of the existing health system, the committee makes far reaching recommendations to revolutionise medical education and healthcare in India.

The editorial of ‘The Hindu’ newspaper reported – “It is a strange incongruity that in a democratic country with over 1.2 billion people, the systems of health-care delivery and medical education are poorly regulated, expensive, opaque and, by the government’s own admission, considerably corrupt. The report is a severe indictment of the Council and the Centre, for failing to stop the sale of medical seats in private colleges for capitation fees going up to Rs.50 lakh, and allowing a single, all-powerful agency heavily influenced by corporate hospitals to provide accreditation to institutions and assess their quality, ignoring blatant conflicts of interest.”

Some of the recommendations by the BMJ for reform of Medical Council of India

- Institutional mechanism for better distribution of medical colleges and bottom-up planning of medical staffing to tackle shortage of doctors and skewed urban:rural ratio
- Nomination rather than election of members
- Greater diversity through inclusion of non-specialists, academics, community health doctors, NGOs, and patient advocacy groups
- Soft skills (including ethics) to be a cornerstone of medical curriculum
- Regulation of fees charged by private medical colleges
- Promoting postgraduate degree in family medicine
- A new regulatory framework with the formation of a National Medical Commission with separate departments for undergraduate and postgraduate training, assessment and accreditation, and medical registration.

Sources: A radical prescription for the Medical Council of India. BMJ 2016(Published 31 March 2016); 352, Editorial. The Hindu, 02/04/2016.

Government bans 344 fixed dose combinations

The Indian Health Ministry, through a gazette notification on March 14th 2016, has banned some single drugs and around 344 fixed dose combination (FDC) drugs. This is a significant move since these are drugs that are widely available in the market and often over the counter. The ban, which comes into effect immediately, follows recommendations of an expert committee formed to examine the efficacy of these drug combinations.

Reasons for the ban:

1. Many of these drugs are used “irrationally” and have no proven efficacy.
2. There have been concerns over the safety of drugs that are added to the main drug in the combination. These ‘add-on’ drugs can potentially cause damage to the brain and psyche. There are several reports that cough syrups containing codeine are actually harmful to children and they do not really work. Besides codeine, these drugs often contain alcohol, naturally leading to a better night's sleep for the child and hence, relieving the exhausted parent.
3. Also, there were concerns about the abuse of these drugs, therefore these were considered unsafe for
Besides these, very popular cough syrups containing Codeine Phosphate, Chlorpheniramine Maleate, 344 more such fixed-dose combination (FDC) drugs belonging to analgesics, antidepressant and psychotic condition segment were banned by the government.

Some of the single drugs recently banned in India are mentioned below:

1. **Weight loss drugs: Fenfluramine and dexfenfluramine**: were used to treat obesity. However, they were withdrawn due to reports of diseases of heart valves, fibrosis of the heart and pulmonary hypertension. **Sibutramine** is a weight loss pill that has been recently banned since it caused heart related side effects.

2. **Astemizole and terfinadin**: antihistamines that were used to treat allergies. They were banned since they could cause polymorphic ventricular tachycardia and even death when used in high doses or with drugs like erythromycin, clarithromycin and ketoconazole.

3. **Antidiabetic drugs: Rosiglitazone** - It has been banned due to an increased risk of heart attacks.

4. **Rofecoxib and valdecoxib**: popular painkillers that provided pain relief without causing gastric side effects. However, they were withdrawn due to concerns of heart attack and stroke with their use.

5. **Gatifloxacin**: an antibiotic whose use as an oral and injectable drug has been recently banned in India. This is due to its risk for blood glucose abnormalities (hypo- and hyperglycemia) in the elderly.

Sources: TNN, New Indian Express, medindia.net  The full list of banned drug combinations is available at:  

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**10 facts you should know about Zika**

The Zika virus infection has been making news over the last two months but how much do you know about it? Here are 10 facts.

1. Zika was discovered incidentally in Uganda in 1947 in the course of mosquito and primate surveillance and had until now remained an obscure virus confined to a narrow equatorial belt running across Africa and into Asia.

2. The Zika virus is transmitted by Aedes mosquitoes, especially *Aedes aegypti*, the same mosquito that transmits dengue, chikungunya and yellow fever.

3. The virus originally circulated predominantly in wild primates and arboreal mosquitoes such as *Aedes africanus* and even in highly enzootic areas it rarely caused infections in humans.

4. The ongoing pandemic confirms that Zika is predominantly a mild or asymptomatic dengue-like disease. However, data from French Polynesia documented a concomitant epidemic of 73 cases of Guillain-Barre syndrome and other neurologic conditions in a population of approximately 270,000, which may represent complications of Zika. The Brazilian epidemic of microcephaly, manifested by an apparent 20-fold increase in incidence from 2014 to 2015, has been linked by some public health officials to Zika virus infection in pregnant women. This association is yet to be confirmed by studies.

5. Commercial tests for Zika have not yet been developed. Moreover, because it is closely related to dengue, serologic samples may cross-react in tests for dengue.

6. The mainstay of management is bed rest and supportive care.

7. There are no Zika vaccines in advanced development, although a number of existing flavivirus vaccine platforms could presumably be adapted, including flavivirus chimera or glycoprotein subunit technologies.

8. Gene detection tests such as the polymerase-chain-reaction (PCR) can reliably distinguish the three viruses.

9. Indian council of medical research (ICMR) has prepared itself to handle Zika virus outbreak in India. The samples received during the acute phase of the disease will be tested by RTPCR technique.

Source: *Pharmacy Bulletin, Department of Pharmacy Services, CMC, Vellore.*