**Global Update**

**News in Brief**

**Education**

Doctored degrees: If private enterprise has gained foothold in most government strongholds, medical education has not remained behind. There has been a proliferation of private medical colleges all over India. Sensational media reports of corruption, exorbitant admission fees and bribes from non-meritorious students running into millions recently forced the Maharashtra State Government to investigate. The resulting report, which covers medical, dental, traditional ayurvedic, and homeopathic colleges, is the most detailed indictment of the state of private medical education in India, running to five volumes. Shortages of faculty range between 50 - 63% and most of them work part-time with measly salaries around Rs 2000/-.

Deficiencies included bed strength, patient number, physical infrastructure and equipment. In one instance a patient in an orthopedic ward disappeared within 10 minutes of the inspection, thinking that the team of inspectors would not come again, the report notes. While the government largesse includes land, electricity and water at highly concessional rates, stringent controls are required to ensure quality in education. Mere degrees do not make a doctor and a bad training is bad news for all in general (eBMJ.com 10 January 2004).

**Drug Watch**

Vasopressin in CPR: We've been using adrenaline in cardio-pulmonary resuscitation for more than a 100 years. But it has its own problems of inducing arrhythmias, increased myocardial oxygen consumption and post arrest myocardial dysfunction. Then scientists found that endogenous vasopressin levels were higher in patients who survived CPR than in those who didn't. Vasopressin is said to improve blood flow to vital organs, oxygen supply to the brain and neurological outcome in resuscitated patients. Now a recent trial in the NEJM comparing two injections of either 40 IU of vasopressin or 1 mg of adrenaline, followed by additional treatment with adrenaline if needed has shown a decided advantage to the vasopressin group. Time to change our protocols for CPR? (New England Journal of Medicine 2004; 350: 105-113, eBMJ.com 17 January 2004).

**Disease Watch**

Acting fast: Ethiopia is in deep malaria trouble and we need to learn some lessons so we don't repeat the mistakes. Two years of bad drought followed by heavy rains and spiraling
temperatures has precipitated one of Ethiopia's worst malaria epidemics. The current first line in malaria therapy in Ethiopia is sulphadoxine-pyrimethamine (SP) alone or with chloroquine. However it is becoming clear that SP is not working and it just may be increasing circulating gametocytes. And if they happen to be drug resistant, the results are likely to be catastrophic. At a meeting on epidemics on Dec 10, WHO recommended for the first time that regardless of national malaria policy, the only drugs to be used in a malaria epidemic are artemisinin-based combinations (ACTs). These are associated with considerably lower circulating non-viable gametocytes, and are able to stop the epidemic in its tracks. The Ethiopian government, though aware of the resistance problem, is reluctant to switch treatments. Resistance to change will only encourage resistance to drugs (The Lancet Interactive 20 December 2003).

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Pedscapes

Prevention of Child Abuse

The National Clearinghouse on Child Abuse and Neglect Information – http://www.calib.com/nccanch This website contains information on the recognition, prevention, reporting and responding to child abuse. The website has statistical information on child abuse in the USA, an online digest, education and training resources.

Prevent Child Abuse America – www.preventchildabuse.org. This organization was established in 1972 in the USA. The website contains information about the activities of the organization, the ‘Lookin up’ news letter and information on good parenting. Their programs include ‘Healthy Families America’ which is an initiative to get children off to an good start in life and the ‘Circle of Parents’, which is a mutual self help group for parents.

Journals

Child Abuse Review – http://www3.interscience.wiley.com/cgi-bin/jhome/5060


Abstracts from these bi-monthly journal can be accessed without subscription.

Child Abuse Prevention Network - http://child-abuse.com. This is an useful source of information on child abuse. The website contains a listing of news-groups where one can participate in online discussions, conference listings, and training resources.

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