Capitation fees: The bane of merit?
The star-crossed Sri Ramachandra Medical College is in the news again. The government of Ms Jayalalitha decided that the college would have to accept students selected through the common entrance examination, but the college has obtained a stay on this decision from the Supreme Court. The college is a deemed university and conducts its own entrance examination. It is widely believed that this examination is a sham and that money changes hands for the procurement of an MB, BS seat, as well as for postgraduate seats. However, there is no proof of this, since allegedly, the money is collected without issuing a receipt.

In an undignifying spectacle, the University Grants Commission rushed to the college’s aid, issuing a statement that the college was a deemed university and therefore did not have to admit students based on the state entrance examination. It is also alleged that the MB, BS examinations conducted by the college are very lax.

The college was founded by Ramasamy Udayar, a liquor contractor, during the period when M. G. Ramachandran was the chief minister. It admitted students on the basis of capitation fee. In the 1980s, there was an agitation by medical students through-out Tamil Nadu against this and two other private medical colleges, the first private medical colleges in Tamil Nadu. The Chief Minister crushed the agitation by closing all the hostels and threatening to shut down the colleges for six months. When the DMK returned to power it took over the college, and students were admitted on the basis of the state entrance examination. The founder-owner went to court, and by the time the case went to appeal in the Supreme Court, Ms Jayalalitha was in power. Her government did not fight the case and the college was handed back to Mr Udayar.

After the Unnikrishnan case, the college, along with the PSG College in Coimbatore, was forced to take some students through the state entrance examination. The third private medical college in Tamil Nadu was a part of the Annamalai University and therefore continued to admit students through its own procedures. The Ramachandra Medical College obtained deemed university status (a technique now popular with private colleges throughout India) and withdrew from the state pool. When the DMK came back to power it turned a blind eye to the situation.

It is often believed that these situations arise because of lack of vision on the part of policy-makers. Actually, the vision and policy are clear. These are means of ensuring islands of privilege. A look at the students of private medical colleges shows a large number of children of politicians, bureaucrats and the judiciary. It is therefore not surprising that they manage to exist against all canons of fair play.

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Masala

Alzheimer’s disease is the commonest cause of dementia in old age. This distressing disease is also expensive to treat and the United Kingdom spends over 6 billion pounds every year treating patients afflicted with it (BMJ 2001;323:123-4). The National Institute for Clinical Excellence (NICE) has reviewed the available drugs and formulated some guidelines regarding their use. In the past three years, three cholinesterase inhibitors—donepezil, rivastigmine and galantamine have been introduced. These drugs have been shown in several large, randomized, placebo-controlled trials to improve cognitive function and activities of daily living. They may also improve non-cognitive symptoms such as psychosis and apathy, but apparently do not modify the course of the disease.

The amount of dialysis patients receive is measured by the parameter, Kt/V (a measure of the amount of urea removed). A dose <1.2 Kt/V is generally considered inadequate. A study from Ohio, USA in over 600 patients from 22 haemodialysis units found that every 0.1 decrease in Kt/V from 1.2 Kt/V was associated with more frequent and prolonged hospitalization and therefore increased health care costs. Providing adequate dialysis (Kt/V=1.2) to all patients in the USA may result in inpatient cost savings of US$ 150 million/year while increasing outpatient dialysis costs by only US$ 33 million/year (Am J Kidney Dis 2001;37:1223-31).

The rapid and accurate diagnosis of tuberculosis has always been a vexing problem. Clinicians have been increasingly utilizing the supposedly sensitive polymerase chain reaction (PCR) test to diagnose the disease, especially the extra-pulmonary form. However, scientists at the Sankara Nethralaya, Chennai (Indian J Pathol Microbiol 2001;44:97-102) studied 279 clinical samples and found the sensitivity of the PCR test to be only 30%. The samples included pulmonary, extra-pulmonary and ocular specimens for the detection of acid-fast bacilli by smear, culture and PCR. The researchers used the insertion sequence of IS6110, apparently the most commonly used gene sequence; however, 40% of Mycobacterium tuberculosis from Chennai have either a single or no copy of IS6110 in their genome and this could explain why the test had a low positivity rate.

Aspirating a dose of a drug from a vial and pooling any residue for later use can hardly be regarded as something risky. However, if the operator’s hands are contaminated or if there is a nearby reservoir of potential pathogens (such as hand lotion), the contaminant grows in the medication and if this is introduced into susceptible patients, it could well be the recipe for a disaster. This sequence of events occurred at a dialysis centre in Colorado, USA where the staff pooled preservative-free erythropoietin for later use. In one month, 10 Serratia liquefaciens blood stream infections and 6 pyrogenic reactions occurred (N Engl J Med 2001;344:1491-7). An accompanying editorial points out the dangers of cutting corners.

The chef always found aphasias particularly difficult to understand. An editorial in the Lancet (2001;357:1818-19) clarifies
that there might be different brain responses to words that are nouns, verbs or noun–verb homophones (hammer, drink). A patient with bilateral temporal lobe lesions could not recognize a ‘duck’ when confronted with its picture, sound or both. However, when shown the picture of someone avoiding being hit on the head by ducking, the patient immediately identified the action as ‘duck’. Apparently, these homophones have a distinct neural representation and such knowledge would help in managing patients with aphasia in word retrieval. The chef wonders.

How would you like to be told bad news? Over 300 patients of cancer in Chicago, USA were studied along with their physicians (Ann Intern Med 2001;134:1096–105). When the physicians were asked about survival estimates, almost 23% admitted that they would not communicate any estimate, 37% would give the same estimate they had formulated and 40% would give an estimate different (usually more optimistic) from what their own impression was. Older patients were more likely to receive frank survival estimates, and the most experienced physicians and those least confident were more likely not to disclose any. The study implies that physicians need to be trained in breaking bad news.

July was a bad time for American doctors (Lancet 2001;358:253). The US government agency, the Office for Human Research Protections suspended federal funding for clinical research at the Johns Hopkins University following the death of a healthy re-

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