Continuing paucity of skilled healthcare workers in India

As a developing Third World country which has made considerable financial gains, India’s status has risen rapidly in the global economy. Unfortunately, these strides have not been replicated with equal success in the healthcare sector. A recent report by Accenture, ‘Delivering e-Health in India—Analysis and recommendations’, has estimated that the gap of skilled workers in the medical fraternity amounts to 1.4 million doctors and 2.8 million nurses. This deficit is compounded by the fact that while India shoulders 21% of the global burden of disease, it is among the five countries whose annual expenditure on public health is the lowest in the world. Although the government plans to increase the healthcare budget to nearly 2.5% of the gross domestic product (GDP) in the 12th Five-Year Plan, India has invested less public money in health than most comparable countries.

The current WHO guidelines recommend 1 doctor per 600 persons and 3.511 hospital beds per 1000 population. It is estimated that in India, the ratio is thrice the prescribed limit, with 1 doctor per 1800 people and a hospital bed:patient ratio of 0.9/1000 persons, a figure which has remained static since 2005. Due to a skewed distribution of healthcare resources, skilled manpower is not uniformly available across the country, particularly in rural areas, even though 600 000 doctors and 1.6 million nurses are registered in India. Almost 75% of qualified doctors practise in urban pockets although 72% of the population resides in rural areas. According to the report, approximately 37.8% of primary health centres did not have a laboratory technician and 12.4% had no doctors as recently as 2008.

In a media release, the Accenture report suggested that inadequate government funding and poor legislations were responsible for the current situation. While healthcare expenditure has increased to 6% of the overall GDP, a majority of this is private income. Insurance cover, provided by the government and through private initiatives, is extremely limited, so that almost 80% of medical expenses are borne by patients or their families. Besides, it must be remembered that with the escalating costs of living, the proportion of personal income devoted to medical and healthcare expenditure has been rising steadily over the years.

Krishna Giri, managing director, health and public services, Accenture India said the report aims to highlight the current status of the Indian healthcare industry and analyse its growth in the past decade. The report suggests that while the Indian healthcare sector has evolved over the past five to six decades, the facilities and services of the public health ecosystem have not penetrated the residential population adequately. It recommends a shift in focus from ‘infrastructure’ to ‘productivity’ to improve India’s healthcare standards. This would entail applying effective and innovative interventions, as well as increasing the allocation of funds to the existing healthcare ecosystem. Mr Giri added that central to the success of these interventions and the improvement of access to services are the comprehensive adoption of information technology and digitization of systems.

MAHARRA HUSSAIN, Dubai

New study casts doubts on the value of mammograms

The Canadian National Breast Screening Study, a large, 25-year study of Canadian women of 40–59 years of age, found that mammography was of no benefit to those who had been randomly assigned to have mammograms. The study, published on 11 February 2014 in the British Medical Journal (BMJ 2014;348:g366), found that annual screening does not reduce the number of deaths from breast cancer, but can lead to over-diagnosis. That is to say, cancers were found and treated, but if they had remained undetected, they would not have caused any problems during the patients’ lifetime.

These findings differ from the consensus of most experts, including the US Preventive Services Task Force (an independent panel of non-Federal experts in prevention and evidence-based medicine), and from the results of several other clinical trials that are being used by experts in breast cancer screening to make decisions on screening guidelines.

In the Canadian study, the researchers followed 89 835 women over a period of 25 years. The participants were randomly assigned to a mammogram group (five annual mammography screens) or the control group (no mammography). Women of the age of 40–49 years in the mammography arm and all women between the ages of 50 and 59 years in both arms received annual physical breast examinations. Women of the age of 40–49 years in the control arm received a single annual examination, after which they received the usual care in the community.

During the 5-year screening period, a total of 666 invasive breast cancers were diagnosed in the mammography arm versus 524 in the control arm. One hundred and eighty women in the mammography arm and 171 in the control arm died of breast cancer. The overall hazard ratio for death from breast cancer diagnosed during the screening period associated with mammography was 1.05. The findings for women of the age of 40–49 years and 50–59 years were almost identical.

During the entire study period, 3250 women in the mammography arm and 3133 in the control arm were diagnosed with breast cancer, and 500 and 505, respectively, died of breast cancer. Thus, the cumulative mortality from breast cancer was similar between women in the mammography arm and in the control arm. After 15 years of follow-up, a residual excess of 106 cancers was observed in the mammography arm, attributable to over-diagnosis.

The authors of the study concluded that annual mammography does not reduce mortality from breast cancer among women of the age of 40–59 years any more than physical examination or usual care does when adjuvant therapy for breast cancer is freely available. Overall, 22% of the screen-detected invasive breast cancers were over-diagnosed, representing one over-diagnosed breast cancer for every 424 women who received mammography screening in the trial.

The American Cancer Society said that the findings of the Canadian study form one part of a large volume of evidence that adds to the body of knowledge about breast cancer screening. The Society recommends that women of the age of 40 years and above should have a mammogram and undergo a clinical breast
examination every year, and should continue to do so for as long as they are in good health. The Society’s 12-member panel of experts regularly reviews all the scientific data on mammograms. The current review, which includes the Canadian study, began in August 2013 and is expected to issue updated screening guidelines towards the end of 2014.

P.M. NISCHAL, Bengaluru, Karnataka

225 crore donated to the Indian Institute of Science for neurological studies

Kris Gopalakrishnan, one of the co-founders of the Bengaluru-based information technology (IT) company, Infosys, has donated ₹225 crore to the Indian Institute of Science (IISc) for the development of a centre for brain research. This is one of the biggest individual contributions to basic science in India and is also one of the largest donations by an individual to the IISc.

The money has been donated by Gopalakrishnan under the aegis of the Pratiksha Trust, a charitable organization established by him and his wife, Sudha. The Pratiksha Trust, which is a decade old, has been funding research, educational activities, innovations and entrepreneurship. The money will be given over the next 10 years to the IISc Centre for Neuroscience. Government funding is expected as well.

Dementia is likely to be a major area of research. Besides, in keeping with the IT background of the sponsor, research on the brain–computer interface will also be carried out.

The centre is expected to have 50–75 scientists, as well as visiting faculty, including clinicians. A team of well-known scientists, including the Nobel laureate, Torsten Wiesel (Sweden, 1981), will guide the centre in its initial years.

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The National Medical Journal of India is looking for correspondents for the ‘News from here and there’ section. We are particularly interested in getting newswriters from the north and northeast regions of India as well as from other countries. By news, we refer to anything that might have happened in your region which will impact on the practice of medicine or will be of interest to physicians in India. The emphasis of the news items in this column, which are usually from 200 to 450 words, is on factual reporting. Comments and personal opinions should be kept to a minimum, if at all. Interested correspondents should contact SANJAY A. PAI at sanjayapai@gmail.com or nmji@nmji.in