

OF KILLER HOSPITAL TRAGEDIES, AND HANDLING CANCERS AND TUBERCULOSIS

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As many as 31 deaths, including those of infants, were recorded in 48 hours at a hospital in Nanded, Maharashtra. | Photo Credit: PTI

*(In the weekly **Health Matters** newsletter, **Ramya Kannan** writes about getting to good health, and staying there. You can [subscribe](#) here to get the newsletter in your inbox.)*

It's the absolute stuff of nightmares, the worst kind of horror stories that can happen in what people consider to be a safe haven — a hospital. If the media had not been as busy this week with national and international happenings, what happened in Nanded last week, reminiscent of the now infamous Gorakhpur hospital tragedy of 2017, would have shook the world more than it actually did. [Twenty-four patients, including 12 newborns, lost their lives in 24 hours](#) at Dr. Shankarrao Chavan Government Medical College and Hospital in Nanded town, allegedly due to a lack of medicines and medical help. That soon rose to 31 in 48 hours. **Abhinay Deshpande** also recorded that this followed closely on the heels of a similar incident in Thane, at the Chhatrapati Sambhajnagar hospital [where 18 patients died in a single night](#). The deaths were attributed to a shortage of medicines and medical assistance, exacerbated by inadequate healthcare facilities, a lack of medical staff and a sudden influx of patients from neighbouring districts of Parbhani, Hingoli and Yavatmal. Hospital authorities tried to downplay the severity, as is expected, claiming that many of the deceased were outpatients who were brought to the hospital in a critical condition.

As the political blame game continued, [Chief Minister Eknath Shinde claimed in equal breath that the State was very concerned about the deaths and that the cause was not a lack of facilities or manpower](#). "Many of the deceased were old people with heart ailments, underweight infants or accident victims," he said.

Of course, since demonstrable action is required on such a tragedy after it was made public, [the dean and paediatrician at the hospital were booked for culpable homicide not amounting to murder](#). A three-member expert committee has been set up to probe the incident. According to police officials, the FIR would be sent to the committee and action would be taken based on its recommendations and police investigation. Even in its aftermath, this resembles closely the horrific Gorakhpur tragedy where over two days, 63 children and 18 adults lost their lives because of lack of oxygen - where one paediatrician Kafeel Khan, who was actually present and helping at the hospital, was made a scapegoat for the government. One can only hope that the

Maharashtra State Government does not indulge in a blame game alone, but will get to the bottom of what caused the tragedy, and ensure that it is never repeated.

On to an update on infectious diseases that occupies our days and nights in this country. Did you know that there is now a more efficacious, inexpensive malaria vaccine available? **R. Prasad** tells all about the [R21/MatrixM malaria vaccine developed by the University of Oxford](#), manufactured by the Serum Institute of India, has been recommended (but is yet to be prequalified) by the WHO on October 2. For more on this vaccine, do read **Adrian Hill's** [explainer on why this vaccine should be considered revolutionary](#).

Winding up the Nipah epidemic in Kozhikode, we have this week, a story on how [the isolation period of those on the contact list is finally over](#); more sensible planning for the future to handle and prevent further outbreaks, a Nipah research centre under the [One Health programme is to be set up in Kozhikode](#) (reports **A. S. Jayanth**), and rare praise from the authorities: [NCDC hails Kerala for its success in checking Nipah spread](#).

In a fresh development, [Kozhikode also reported African Swine fever](#), a highly contagious viral infection that has also been caused by a zoonotic spillover, again from the animal kingdom, making that One Health centre thoroughly useful.

Recording updates on the TB shortage situation in the country, here, in our continuing coverage of the problem. Officials in [Kerala say they are yet to receive the TB drugs Linezolid and Cycloserine](#). We had earlier extensively reported on the shortage of TB drugs used to treat multi-drug resistant tuberculosis, though the Centre steadfastly continued to deny that there were shortcomings. The officials added that there have been interruptions in drug supply, but this had become severe in recent months. Meanwhile, in order to restore the order that was disrupted by the shortage, [Tamil Nadu grants over 1 crore to district officers for TB drug procurement](#).

If you wanted to know a little more about the Nobel prize for medicine, here's our edit, [Shot in the arm: On the Medicine Nobel 2023](#), and a couple of opinion pieces: [The trouble with a Nobel for mRNA COVID vaccines](#), by **Vasudevan Mukunth** and [How mRNA research exemplifies the unpredictable value of basic research](#) by **Andre O. Hudson**.

With October being Breast Cancer awareness month, cancer coverage naturally took centre stage on our pages. **Bindu Shajan Perappadan**, here writes about the [ICMR project to accelerate cancer screening at the district level](#), a sorely needed intervention. The problem India faces is, thanks to its vast population and the rising incidence of various kinds of cancers, lack of even approximate data as to the number of people with cancers in the country. Data is very important, as we all know, to frame policy and allocate resources towards prevention, care, treatment and palliation, as the case may be.

This raises the question: [How accurate are India's cancer registries?](#) **Saumya Kalia** puts forth arguments among experts over the authenticity of registries that are primarily urban based, and not comprehensive.

Serena Josephine M. also speaks to experts who say that the government of India '[needs to prioritise childhood cancers](#)'.

World Mental Health Day falls today (October 10) and there are serious concerns ahead for the country that has a burgeoning grey population, say experts. In '[Preparing for the grey era: elder mental health care comes into prominence](#)', **Sridhar Vaitheeswaran** and **R. Thara** of the Schizophrenia Research Foundation argue: There are more older people on the globe now than

ever before in the history of humanity. In 2022, the number above 60 was 1.1 billion, comprising 13.9 % of the population. By 2050, the number of older people is expected to increase to 2.1 billion, constituting 22%. India is not far behind. It had 149 million older adults (10.5%) in 2022, this figure will grow to 347 million (20.8%) by 2050 according to projections. It is very important to take care of elders, anticipating the multiple mental health care needs that are awaiting the future.

[Around one crore people suffer from severe mental health problems in India](#), say psychiatrists, and that is a staggering number. But it is not just the elderly who require mental health care: [India needs youth mental health focus to strike demographic gold](#), say **Smriti Shalini** and **M. Sivakami**

In these times of great distress, global, national and local, here is a heartwarming piece recognising true altruism. Our tailpiece today is on the Tamil Nadu Government recently ordered that the State would honour those brain-dead patients whose organs are donated for transplantation. The Organ Donor honour walk is popular in the west, as the donor is being transported to the theatre, hospital staff, friends and family members of the patient/recipient line the hallway and raise an applause for the ultimate sacrifice. In the State, now district collectors [will honour the mortal remains of organ donors](#).

This time, we have another story that we must wedge in here, simply because it is inspirational: **Siddharth Kumar Singh** writes about how [Dr. Prachi Rathore smashes stereotypes, becomes India's first transgender person to pursue MS Orthopaedics](#).

Those extra moments you have today, do save them for our health stories below:

Scientists develop [enzyme mimetic with potential applications in wastewater treatment, healthcare](#).

[Surgical care in India is a neglected part of public health](#), an explainer by **Siddesh Zadey**.

[Government mandates Aadhaar for disability IDs; activists say mechanism inaccurate](#), records **Abhinay Lakshman**.

Definite cause for concern: [Batches of India-manufactured syrups for cough found contaminated, says CDSCO](#).

Arun Gupta writes on [defusing the ticking time bomb called diabetes](#).

[Cannabis in India: Does the law need to catch up with reality?](#) Listen to this In Focus podcast where **Zubeda Hamid** speaks to **Tripti Tandon**.

The need to [improve the compatibility of pig organs for transplantation into humans](#).

[India's all-terrain portable disaster hospital is ready to be shared with the world](#). The unit can handle bullet, burns, head, spinal and chest injuries, fractures and major bleeding and is billed as the world's first portable disaster hospital.

For a smattering of our regional content on health, see below:

[Widowed by COVID-19, wounded by apathy](#), writes **P. Sujatha Varma**.

Health Department directs [all hospitals to provide free Anti-Rabies Vaccine and Rabies](#)

[Immunoglobulin injection to bite victims.](#)

[Private hospitals are now required to mandatorily upload disease surveillance data](#) on government portals, reports **Afshan Yasmeen**.

[Non-communicable diseases burden on a steady rise in people aged above 30 in Karnataka,](#) shows data.

Kerala government launches [nutrition project to eliminate neonatal deaths in Attappady.](#)

High Court directs top officials to [enumerate vacant doctors' posts in Maharashtra hospitals.](#)

After a surge during pandemic, [maternal mortality ratio fell sharply last year in Tamil Nadu.](#)

[7.70 lakh families added to Chief Minister's comprehensive health insurance scheme,](#) says Tamil Nadu Health Minister.

Hyderabad's [booming healthcare industry strains under heavy patient traffic.](#)

Telangana [government brings in Employee Health Care Trust.](#)

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