Tuberculosis rates skyrocketing in India

The statistics continue to be nothing short of brutal. Despite the government of India's efforts to control tuberculosis, the disease continues to kill 2 people every 3 minutes or nearly 1000 daily, according to Tuberculosis Control-India (www.tbcindia.org).

And those numbers appear to be getting worse. The World Health Organization's tuberculosis report (2006) indicated that India has more new tuberculosis (TB) cases annually than any other country, while the recently released *Global TB Report Card 2007* indicates India not only retains a high burden of TB but also is at substantial risk for developing multidrug-resistant TB on a large scale.

As problematic, the report card indicates that current treatment practices may be contributing to the growing incidence of multidrug-resistant TB. It notes there may be a higher risk of multidrug-resistant TB developing in the 20% of TB patients in India who present for re-treatment after receiving DOTS (directly observed treatment-short course), which lies at the core of the government's Revised National Tuberculosis Control Programme.

That may be a function of the quality of the DOTS-based strategy, the report card suggests. It recommends urgent action be taken to improve the quality of the treatment through a 5-element approach that places more responsibility for curing TB on health care workers, rather than patients, particularly with respect to direct observation of patients (to ensure that they are swallowing the drugs), systematic monitoring and accountability.

"DOTS, an important part of the [Revised National Tuberculosis Control Programme], intends to provide a closely monitored full-course drug treatment till the cure from TB and has been quite effective in India," says Kalyan Dasgupta, a professor of respiratory medicine at the BP Poddar Hospital in Kolkata. "But nowadays proper monitoring of DOTS-based treatment appears to be neglected, and thus treatment failure and default cases — which have a high risk for developing [multidrug-resistant] TB — are significantly coming up."

WHO's new TB report suggests that multidrug-resistant TB accounts for 450 000 new cases, worldwide, every year and that India is 1 of 6 Asian countries that together account for half of new global TB cases. "These statistics reveal that TB is somewhat getting overlooked in this country, may be due to the overwhelming attention of health care providers toward some other diseases, such as HIV/AIDS and polio," says Swapan Jana, secretary of the non-governmental organization, the Society for the Social Pharmacology.

"In 2004, the budget for first-line anti-TB drugs was $12 per patient, whereas in 2006, it was $10 per patient. The total money spent by India's Central Health Department in a year for the control of TB has been 5.4% in 2000/01 and 1.6% in 2007," Jana adds. "From this approach of fund reduction — despite the substantial burden of TB — it appears that the disease is being overlooked in this country."

Jana says resolution of the problem will likely rest on how India resolves current challenges like poor treatment quality, inadequate human resource, stigma and lack of awareness about TB. "For an effective control of TB, these challenges should be properly addressed by proper training and supervision, mass awareness campaigns, improvement of research and development, and so on." — Dr. Sanjit Bagchi, Calcutta, India

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Ontario noncommittal on student loan deferrals

Philip Brost has just graduated after 4 years at the University of Saskatchewan with a medical degree and a debt load of $160 000. He's also president of the Canadian Federation of Medical Students and strongly backs what some provinces are already allowing medical students to do: defer their student loan payments and the accrual of interest on those loans until after their residencies are complete.

"I have friends in Saskatchewan who benefit immensely by not having the expense of paying back their student loans until they're making more money," Brost says. "Personally, my amount of debt would be much more manageable if I could defer paying back my student loan until after my residency."

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The average debt load of postgraduate medical trainees stands at $158 728.

But Brost won't be able to do that. He's en route to BC where he will be a resident in psychiatry for the next 5 years, and, unlike Saskatchewan, Alberta, Quebec and Newfoundland, BC does not allow medical students to put off paying back their loans.

Nor does Canada's largest province give residents a break. Ontario Minister of Health and Long-Term Care George Smitherman is under pressure to follow suit, but remains noncommittal. "The minister is willing to look at the issue of deferral of student loans as part of a larger discussion to make Ontario a more attractive place for doctors to practise," says spokesperson Jeff Rohrer. "Interest deferral would require further discussion with the Ministry of Training, Colleges and Universities."

Brost argues that the move would have enormous benefits. "One of the best ways the province of Ontario can improve accessibility to medical education is to defer loan payments."

The executive director of the Canadian Association of Internes and Residents concurs. "Not only would it encourage more students to choose medicine, it would also attract a broader spectrum of future doctors from a more diverse socioeconomic background," says Cheryl Pellerin. "You want medical students to come from a variety of economic backgrounds. You want them to represent the Canadian population. And, hopefully, they would then go

back into their community to work. Like Aboriginals, ... are they financially able [to become a doctor]? Same with students from rural communities."

The Canadian Association of Internes and Residents also found that debt load was one of the biggest factors when it comes to choosing a residency, Pellerin adds. "There is a feeling that students or medical residents are less likely to choose lower-paying residencies such as family medicine, due to the debt load they are carrying."

A survey conducted last year by the association indicated the average debt of postgraduate trainees stands at $158 728. The association, which surveyed 5538 residents at 13 medical schools, also found that debt grows during residency training. "In some cases, almost half of your take-home income as a resident can go to servicing student debt," Brost says.

The length of residency varies, as does the income. Family Medicine requires a 2-year residency, whereas most Royal College specialties are 4–6 years long. Incomes range from $37 000 per year in Quebec to $47 000 in provinces such as Ontario, Saskatchewan, BC and Alberta. — Becky Rynor, Ottawa

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News @ a glance

Patient safety: Ontario Health and Long-Term Care Minister George Smitherman has introduced amendments to the province's Health System Improvements Act that will require all regulated health professionals to publicly report whether they have been found guilty of malpractice or professional negligence. The amendments oblige medical professionals to report such findings to their respective regulatory colleges. In turn, the colleges are obliged to post on their Web sites all such reports of professional misconduct, as well as all matters referred to their disciplinary committees and all suspensions or revocations of a member's certificate of registration.

Yellow fever: Immunization campaigns will be re-launched in 12 West African nations (Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Guinea, Liberia, Mali, Nigeria, Senegal, Sierra Leone and Togo) that are now at high risk of epidemic outbreaks of the acute hemorrhagic viral disease after previous vaccination initiatives were discontinued in the 1990s. The WHO launched the 12-nation campaign last month backed by a (US)$58 million contribution from the GAVI Alliance (formerly known as the Global Alliance for Vaccines and Immunization). Some 48 million people are projected to be immunized in the 12 nations over the next 4 years.

Nutrition guides: The Physicians' Committee for Responsible Medicine says it will distribute, free of charge, a 900-page Nutrition Guide for Clinicians to all interested medical students in Canada and the US in a bid to elevate their awareness about the role of nutrition in preventing and treating disease.

Home care spending: In its first attempt to quantify government spending on home care, the Canadian Institute for Health Information reports that outlays grew to $3.4 billion in 2003/04 from $1.6 billion in 1994/95, an average annual growth rate of 9.2%. Yet, the number of patients rose only to 26.1 from 23.9 per 1000 over the same period, which indicates that home care users each consumed more of the home care pie in 2003 than they did a decade earlier.

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Pedestrian injuries: Hospital admissions for pedestrian injuries decreased 31% between 1994 and 2005, from 4516 to 3117, according to the Canadian Institute for Health Information *2006 National Trauma Registry Injury Hospitalizations Highlights Report*. But 9 Canadians continue to be admitted to hospital daily for such injuries. The decline "might be the result of measures such as the speed limit reduction around schools and playgrounds, education about walking between parked cars and awareness about children in driveways. As well, car manufacturers have changed the design of bumpers to a rounded design, which may have had an impact in reducing the severity of injuries when they happen," says Margaret Keresteci, the institute's manager of clinical registries.

Moving on: Former American Medical Association President and family physician Dr. Edward Hill has been elected Chair of the World Medical Association. During the annual council meeting when Hill was elected, members also voted in favour of urging national medical associations to provide more support to member doctors who have been pressured to remain silent and condone, or even participate in, degrading, inhumane procedures or acts of torture. "We urge medical associations to use the Declaration of Hamburg as an aid in resisting these procedures," Hill stated.

Screening successes: A Canadian Cancer Society special report in *Canadian Cancer Statistics 2007* indicates that the death rate for breast cancer for Canadian women has dropped 25% since 1986. Increased participation in organized breast screening programs (particularly by women aged 50–69) has led to earlier detection and made it more likely that patients who have breast cancer receive successful treatment, the society states (www.cancer.ca/ccs).

Country food: The federal government has unveiled its first-ever national food guide for First Nations, Inuit and Métis (www.hc-sc.gc.ca/fn-an/pubs/fnim-pnim/index_e.html). Inuit Tapiriit Kantami President, Mary Simon, was delighted "to see 'country food' being recognized in the Canada Food Guide as an essential element of a nutritious diet for Inuit. Country food for Inuit includes caribou, Arctic char, seal, whale, walrus, muskox, ptarmigan and many other plants, animals and fish. This food guide will be a useful tool to educate Inuit youth across the Arctic and in the South." — Wayne Kondro, *CMAJ*

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