

Doing enough..... Fast enough.....

Health care in India is different with its structure, resources, culture and priorities. Provision of care for paediatric emergencies is driven by parental concern and commitment of the emergency team. The question is whether we are doing enough, fast enough. Emergency teams feel strengthened through newer technologies but have we strengthened the pre-hospital care for such emergencies? It cannot be denied that the path forward in health care is newer innovations in technology and health care delivery. The newer ones, remain technologies to be used only in specific cases and only in situations where there are adequate resources. Health care is economy and reconciling the market and the health needs is tightrope walking. Orienting the upcoming generation of medical students, health workers towards a timely and appropriate pre-emergency care is mandatory. The learning needs can be prioritised and broken down to short modules, primarily skill-based, to fit with the local picture. The work of Indian Snakebite Research Initiative and the Train the Trainer proposals put in place by the National Snakebite Management Task Force of Government of India are exemplary models of action and skill oriented modules (ref.1,2). Our Journal shall provide a platform to all paediatricians for exchanging, sharing their perceptions and providing "skills checklist" for relevant paediatric emergencies.

Priority to diagnostic tests versus medicine is a continuing dilemma. Unfortunately this is common everywhere. The reliance on tests instead of observation and patient interaction is endemic. Partly this is due to the structure of medicine itself. Everywhere senior doctors have little contact with patients as juniors prevail. When juniors need help they phone the senior usually in consulting chamber or in a meeting and ask for help. The senior does not see the patient apart from ward rounds. The reliance on distant help and lack of contact

is structurally built into medicine. Diagnostic tests are another manifestation of distant help given remotely that tells you what to do. Most of what doctors should do is observational and yet ordering tests is easier. I will always remember being taken to a victim who was being assessed with diagnostic tests and noticing she had blown pupils!!! The child had been in the hospital for 6 hours and nobody else had noticed! Tests also reduce numbers of patients that can be treated as they reduce overall budget!! In developing countries number of patients treated is everything. The western model that everybody should receive the best possible is fundamentally flawed as we are finding to our cost. Whether we like it or not it is always about resources and the more basic the tool the better. There is an urgent need to refine the existing diagnostic and therapeutic procedures rather than invest in expensive ones. We always pen down good proposals for Best Practice Guidelines. These proposals are always good but they simply remain an output not a programme. What is needed is a PRACTICAL programme, implementable, monitor-able and with the results assessed. Otherwise it is just a CV booster and children still die.

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REFERENCES

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2. Simpson I., Snakebite Management in India, The First Few Hours: A Guide for Primary Care Physicians. J Indian Med Assoc. 2007; 105: 324-335.