

Policy for funding, cost-benefit decisions and childhood emergencies

Ensuring universal access to comprehensive high quality and humane health care is fundamental to any improvement in handling childhood emergencies.

Without technological advances and breakthroughs in therapy, in the field of emergency pediatrics, things very well could have been different.

Children are affected by migration and globalization; market forces do impact and affect them. Regional disparities and costbenefit decisions continue to be important causes of adverse outcomes reported by Emergency Units. But are we mindful of ethical implications of professional care be it at policy level or at the peripheral level of implementation? We need to take a position on donor funding for drug supply as front line doctors.

All interventions carry potential for expenses and the cost-benefit might differently be applied to children as compared to adults. Emergency medical services for children are still a relatively under focused component of health services.

One must display the capacity to see the contradictions, to question thoughtless authority and to encourage the ability to reinterpret old standard guidelines in the context of modern technology. Economic evaluation is about choice which is concerned with the best use of limited resources. Rural families who are victims of snakebite often experience greater burden than those living in urban areas.

We do have an obligation to address cost. Costs are predominantly influenced by decisions about treatment choices. Research on newer ASV when the available ASV is effective, unsustainable cost increases in ASV production and meeting them through philanthropy are not the way forward as suggested by academics in the West .It only shifts the focus from building a confident team of medical personnel who will treat the victims in the most effective manner based on local conditions.

The cost of managing a clinical condition often has low concern when compared to celebrating higher end molecular biology and genomics by academics? The source of new evidence is the victim whom we treat and not numbers which get projected out of cozy towers for other purposes than the victim.

Current ASV is effective but its production and continuous availability should not suffer due to conflict of interests among the western academia. Perspectives on decision- making and economic considerations are rare despite the fact that resources are scarce. Jacobsen and Simpson, in the current issue of our Journal, have laid out their perspectives on donor funds and misusing epidemiology to prioritise and track funds in the medical world. The issue of snakebite management has been taken up by them as an example(ref 1,2). It is not more criticism but a pragmatic approach based on considerable experience. Such perspectives are indeed ethical and realistic strategies to be adopted. We can understand the way forward.

We want to treat victims of snakebite, but that will not be helped by rigging the snakebite numbers to get money for pointless research or conferences. It will be helped by training doctors who have been shown to have weaknesses in their medical education. Endlessly stressing the quality of ASV will not help them; the parents of such children can ill afford them. Supplying it free this year because of donor funds will not help because they vanish next year. Also if producers increase prices because donors are paying, that will not help, it will simply reduce available funds for other conditions., Inconvenient opinion that provides cheaper and more effective answers needs to be heard and not ignored.

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CHILD INTELLIGENCE

By **Dr. Rajesh Shukla**ISBN: 81-901846-1-X, Pb, vi+141 Pages
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This century will be the century of the brain. Intelligence will define success of individuals; it remains the main ingredient of success. Developed and used properly, intelligence of an individual takes him to greater heights. Ask yourself, is your child intelligent! If yes, is he or she utilizing the capacity as well as he can? I believe majority of people, up to 80% may not be using their brain to best potential. Once a substantial part of life has passed, effective use of this human faculty cannot take one very far. So, parents need to know how does their child grow and how he becomes intelligent in due course of time. As the pressure for intelligence increases, the child is asked to perform in different aspects of life equally well. At times, it may be counter-productive. Facts about various facets of intelligence are given here. Other topics like emotional intelligence, delayed development, retardation, vaccines, advice to parents and attitude have also been discussed in a nutshell. The aim of this book is to help the child reach the best intellectual capacity. I think if the book turns even one individual into a user of his best intelligence potential, it is a success.

PEDIATRICS COMPANION

By **Dr. Rajesh Shukla**

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This book has been addressed to young doctors who take care of children, such as postgraduate students, junior doctors working in various capacities in Pediatrics and private practitioners. Standard Pediatric practices as well as diseases have been described in a nutshell. List of causes, differential diagnosis and tips for examination have been given to help examination-going students revise it quickly. Parent guidance techniques, vaccination and food have been included for private practitioners and family physicians that see a large child population in our country. Parents can have some understanding of how the doctors will try to manage a particular condition in a child systematically. A list of commonly used pediatric drugs and dosage is also given. Some views on controversies in Pediatrics have also been included. Few important techniques have been described which include procedures like endotracheal intubations, collecting blood samples and ventilation. I hope this book helps young doctors serve children better.

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