

The TB challenge

The WHO estimates that one in four tuberculosis (TB) patients in the world is from India. But the people suffering the bacterial disease in the country could be much more than the 2.8 lakh estimated by the global health body. The Union Health Ministry reckons that more than a million TB cases are not reported every year. These “missing cases” are a big epidemiological challenge. The patients remain undiagnosed or are inadequately diagnosed, financial pressure forces many of them to give up on medicines midway through the therapy and laxity in medical supervision in the private sector compounds the problem, making patients vulnerable to the more virulent drug-resistant TB. On Tuesday, the health ministry sanctioned punitive measures to deal with this predicament.

It issued a circular asking all healthcare providers “to notify every TB patient to the local public health authority or their designated tuberculosis officers”. Failure to do so could attract a jail term of six months to two years. The government contends this measure will contribute to India getting rid of TB by 2025, five years ahead of the global schedule. But given that notification typically stops at diagnosis and does not look at the provision of treatment and the final outcome of the patient, Tuesday’s directive has limited utility. Besides the proposed punitive measures could lead to unnecessary harassment of doctors.

Treating TB requires the doctor to do much more than diagnose the disease and prescribe medicines. It’s also not about free drugs. The medication takes a toll on the patient’s already disease-ravaged body, with side effects ranging from nausea and loss of appetite to jaundice. Treatment requires a caring physician to handhold the patient through the six to nine months of therapy, assuring her all the while that the medication, though painful, will ultimately rid her of the deadly infection. Very few doctors are up to this dual role of physician and counsellor. In 2016, a study in the Lancet Infectious Diseases Journal pointed out that the absence of proper protocols in private hospitals and clinics very often means that patients stop treatment as soon as they feel better. Another 2016 study, published in the Transactions of Royal Society of Medicine, pointed out that private practitioners often focus on treating symptoms and do not ask for lab investigations.

Bodies like the WHO and studies like the one in Lancet and the Transactions of Royal Society of Medicine estimate that the private sector treats 40 to 50 per cent of TB patients. Making the sector follow appropriate diagnostic and treatment practices — and not punitive measures — should, therefore, be the first prerequisite for India’s TB control programme.

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