[Indian J Chest Dis Allied Sci 2013;55:55-56]

Correspondence

Treatment Practices in Pulmonary Tuberculosis by Private Sector Physicians of Meerut, Uttar Pradesh

To the Editor: Dr Ashish Yadav *et al*[1] showed that majority of qualified private physicians in Meerut were not following the Revised National Tuberculosis Control Programme (RNTCP) regimens to treat pulmonary tuberculosis. Without proper knowledge of principles of intermittent therapy or multidrug resistant tuberculosis treatment, no private medical practitioner can offer correct treatment regimen. The information about treatment regimens under RNTCP is available in the internet.[2] If internet facility is not used, books, medical journals, medical conferences or continuous medical education (CME) programmes are other sources of information on RNTCP. An average private medical practitioner in rural or semi-urban area usually does not make use of above sources. This is the main reason for prescription errors and misconceptions about intermittent treatment regimens of TB. Different effective daily treatment regimens were developed in the past to treat tuberculosis (TB) and have been included in standard medical books. When same drugs are given, therapeutically RNTCP regimen can only be as effective as daily short course regimen. The article did not mention the percentage of qualified private physicians who started practicing medicine before implementation of RNTCP in our country. I learnt only daily treatment regimens of TB during my postgraduate course in 1991 as there was no RNTCP. Before directly observed treatment, short-course (DOTS)-plus was introduced, we followed World Health Organization (WHO) guidelines for management of multidrug-resistant (MDR) TB and presented our experience in national conference.[3] Even today DOTS-plus facility is created in selected cities that too for treatment failure cases treated under category II regimen of RNTCP. Therefore, DOTS-plus programme is meant for patients treated in government sector hospitals only. Authors have not documented whether the qualified private physicians were following WHO regimens for MDR-TB or not. In our place, DOTS-plus committee is for government doctors only and none of the private sector doctors with better qualification and experience in the management of MDR-TB is included that committee. When private sector doctors are not adequately represented in government committees/meetings or scientific programmes or TB conferences, majority of medical practitioners of our country particularly those who secured medical degrees before 1997 are not expected to have sound knowledge or follow RNTCP treatment regimens on their own.

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3. Gowrinath K, Mohapatra AK, Premanadh AK. Multidrug-resistant (MDR) tuberculosis and its management in tertiary care center. *Indian J Tuberc* 2003;47:174.

The Author's Reply: It is my pleasure to respond to the comments made by Dr Gowrinath on my article entitled "Treatment Practices in Pulmonary Tuberculosis by Private Sector Physicians of Meerut, Uttar Pradesh".

With due regards, I would like to say that lack of knowledge on part of a professionally qualified medical practitioner is no excuse for offering incorrect treatment regimen of pulmonary tuberculosis. If it comes to treating tuberculosis (TB), if a practitioner feels he/she does not have a sound knowledge, it is totally unethical on his/her part to offer treatment. The practitioner should immediately refer the case to the nearest government health facility.

Next, Dr Gowrinath says that an average private medical practitioner in rural or semi-urban area usually does not make use of the various sources of information. Here, I would like to say that a majority of medical practitioners in India who reside in rural or semi-urban area are actually non-allopathic practitioners whom I have not included in my study. Amongst allopathic practitioners, majority are in the government facility who are directly involved with RNTCP. Now, even if the practitioner is in a private facility, it is his responsibility to update his/her knowledge and provide the recommended latest treatment to their patients. Lack of access to information cannot be cited as a reason for prescription error. If the practitioner can prescribe the

latest drugs (made available through journals/ CMEs/ medical representatives), how can he/she pretend to be unaware of the latest developments in RNTCP, especially the basic treatment regimens.

Next, Dr Gowrinath has talked about daily regimen to be equally effective as intermittent regimen. I agree with his viewpoint but still intermittent regimen is being promoted as it facilitates proper supervision.

I also agree with Dr Gowrinath on the fact that I did not mention the percentage of qualified private physicians who started practicing medicine before implementation of RNTCP in our country. I must acknowledge that this study was a part of my thesis for MD examination. As per the thesis findings, 88 out of 154 practitioners (57.1%) had an experience of more than 15 years in practice, which means they completed their medical education prior to the launching of RNTCP. However, I intentionally omitted this point in my article as, ideally, it should not have any significant impact on the treatment practice of the practitioners. The latter are expected to have the latest treatment information.

I would like to ask Dr Gowrinath here that if he did his post-graduate course in 1991 when there was no RNTCP, how did he come to know about WHO guidelines for the management of MDR-TB? My point is he must have learnt about them only after his medical education (through one or the other source). So if it is so, he can very well get access to sources of information about latest developments in TB and RNTCP also.

As for the representation of the private sector in DOTS-plus committee, it has no bearing with the scope of my article.

Finally, whether adequately represented in government committees or not, whether graduated before 1997 or after and whether in rural or urban, it is the responsibility of the health care provider to provide standard treatment to their patients. The International Standards for TB Care (ISTC) have been developed by WHO in this context and it is imperative that all health care providers in India ensure international standards in the management of TB cases. The RNTCP conforms to all the standards prescribed in the ISTC.

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