News from here and there

India confirms first case of monkeypox in WHO South-East Asia Region

Monkeypox ('mpox') has taken the Indian media by storm since its outbreak in Africa and Europe in May 2022. As reported cases upsurged globally, so did the people's fears and concerns.

Mpox, a double-stranded DNA virus, is a member of the Orthopoxvirus genus and Poxviridae family that is closely related to the variola virus responsible for smallpox. In 1958, mpox was found in monkeys. In 1970, the first human case was reported in the Democratic Republic of Congo (DRC). Since then, it was restricted to Central and West African countries until 2003 when a major outbreak was seen in the USA following the importation of animals. Over the past two decades, sporadic cases have been identified in Europe, North America and the Middle East, mostly related to travellers of endemic regions. In May 2022, a multicountry outbreak was identified in several continents (primarily in Africa and Europe). The outbreak was first reported in India on 14 July 2022 when the health minister of Kerala, Veena George, announced a suspected imported case, which was confirmed hours later by the National Institute of Virology, Pune. India was the tenth country to report an mpox case in Asia and the first in South Asia.

In the current outbreak, in countries and among the reported mpox cases, transmission appears to be occurring primarily through close physical contact, including sexual contact. Transmission can also occur from contaminated materials such as linen, bedding, electronics, clothing, which have infectious skin particles. Though an animal reservoir has not yet been identified, there is a growing apprehension that mpox may try to find an animal reservoir outside Africa to spread more easily to humans. This necessitates the close cooperation between different specialties (particularly veterinary and public health specialists) working on a 'One Health perspective' to protect animals from being a reservoir of mpox to limit its spread to the South-East Asia Region and Europe.

Mpox has a high mutation rate, resulting in high adaptability, infection of new hosts, creating new virulence factors, bypassing human immune systems, and/or accelerating transmissibility.

Appropriate policies need to be implemented by public health authorities. Adherence to screening and quarantine policies can help in the early detection and treatment. Contact tracing, quarantine and ring vaccination for close contacts can aid in breaking the transmission cycle.

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Release of draft regulations of licence to practise medicine in India, 2022

The Ethics and Medical Registration Board (EMRB) of the National Medical Commission (NMC) has brought out the new Draft Regulations of Licence to Practice Medicine, 2022, in a public notice dated 23 May 2022. These draft regulations

(www.nmc.org.in/MCIRest/open/getDocument?path=/ Documents/Public/Portal/LatestNews/NMC%20RMP%20 REGULATIONS%202022%20Draft%20Final%20YM.pdf), specify that it is mandatory for all registered medical practitioners (RMPs) to attend continuing professional development (CPD) programmes and earn at least 30 credit hours every five years. Submission of the proof of earning CPD credit hours is made mandatory for the renewal of the licence of the RMPs. These guidelines recommend a Level 2 disciplinary action (suspension of the licence to practise for up to 30 days) for violation of these CPD credit hours rules. Till date, several state medical councils, including Andhra Pradesh Medical Council, have mandated linking 30 continuing medical education (CME) credit hours as a minimum for renewal of registration every five years. However, there was no uniformity in this regard across the states. The EMRB of the NMC has now proposed in the draft regulations a uniform rule regarding CPD credit hours.

The term CPD is used in the draft guidelines to distinguish it from the familiar term CME. While CME addresses the needs of the health professionals with regard to updating their knowledge and skills by attending workshops, seminars, conferences, etc., CPD is a more holistic concept. Unlike CME, which is speaker/teacher-centred, the CPD programmes are learner-centred. The scope of CPD extends beyond the 'knowledge and skills' and includes 'effective communication, evaluating emerging evidence, practice of ethics, application of law in health care and an understanding of public health, health policy and health economics'. CPD encompasses wide-ranging competencies that are beyond 'clinical update, research and scientific writing, multidisciplinary context of patient care, ethical practice, communication, management and behavioural skills, team building, information technology, audit, and appropriate attitudinal change to ensure improved patient outcomes and satisfaction'.

CPD programmes can be face-to-face (Category 1 and 2); online/self-paced or hybrid forms (Category 3). Not more than 50% of CPD credits shall be online/virtual/hybrid (Category 3). The draft guidelines also specify organizations that can deliver CPD programmes, application process, roles and responsibilities of organizations conducting CPDs, content approval: development of the CPD programme and CPD delivery. Comments have been invited from the general public and experts/stakeholders/organizations within one month.

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Neither Hippocratic Oath nor Charak *Shapath*: Only The Physician's Pledge for swearing-in of new allopathic practitioners proposes the fresh NMC draft

The National Medical Commission (NMC), the governing body for medical professionals in India, issued a fresh set of regulations related to the code of ethics on 23 May 2022, including a proposal related to the oath used to swear in newly registered

medical practitioners. According to the proposal, The Physician's Pledge (Box 1) will be exclusively used for the initiation of new allopathic doctors.

The currently used and globally accepted Hippocratic Oath as well as the recent idea of introducing the Charak *Shapath* (oath) have both been dropped in favour of a document that is a part of the World Medical Association's (WMA's) Declaration of Geneva. The Charak *Shapath*, which consists of a set of rules prepared by ancient Ayurvedic physicians for their medical students and named after Charak, the father of Ayurveda, was considered recently for the oath, but has been dropped after the idea generated much discussion and controversy.

The original Physician's Pledge was adopted in 1948 at the Second General Assembly of the WMA. The oath, in its current format has undergone many amendments and revisions, the last of which was in Chicago in October 2017 during the 68th General Assembly of the WMA.

The Physician's Pledge has been deemed more relevant to current medical practice because it specifically gives importance to a patient's choice in the decision-making process related to treatment. A 14-statement oath, The Pledge is sworn without avowal to any deity and expressly prohibits discrimination on any grounds while providing patient care. Its code of ethics acknowledges human rights and civil liberties of the patient and declares the same must be respected and protected by the medical practitioner, even under duress.

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Roe v. Wade judgment rescinded

On 24 July 2022, the Supreme Court of the United States (SCOTUS) overturned *Roe v. Wade*, a landmark judgment that had established the constitutional right to abortion in the USA since 1973.

This rescinding was a result of the SCOTUS decision on the *Dobbs v. Jackson Women's Health Organization* (2022), which is in connection with a Mississippi law that had banned almost all abortions 15 weeks after pregnancy.

With this latest ruling, individual states have been granted powers to frame abortion laws. Abortion is set to be completely banned or severely restricted in almost half of the 50 states, including Arkansas, Texas, Missouri and Louisiana. Abortion continues to remain legal in states such as Kansas and Illinois. Florida, Georgia and Ohio are among the states with new gestational limits for abortion; complete bans are not yet in place.

By criminalizing abortion, many women may now have to resort to illegal and often unsafe abortion procedures. A study published in 2021 in the journal *Demography* (https://read. dukeupress.edu/demography/article/58/6/2019/265968/The-Pregnancy-Related-Mortality-Impact-of-a-Total) underlined that if abortion were to be banned across the USA, there will be an overall 21% increase in pregnancy-related deaths. This will particularly affect African American women (33% increase in pregnancy-related deaths).

The Turnaway Study (www.ansirh.org/research/ongoing/turnaway-study), a prospective longitudinal study that examined the effects of receiving abortion versus denial of abortion, has highlighted the deleterious effects on women who were denied a necessary abortion. Such women were subjected to increased debt, evictions and bankruptcies. Many of these women continued to be in contact with a violent partner. Additionally, childbirth resulted in many more long-term health problems to the newborn, when compared to abortion.

In contrast to the retrograde decision in the USA, many other countries across the globe have either decriminalized abortion or are in the process of decriminalizing it. For instance, India under the British occupation made abortions culpable with a fine, a prison sentence or both. In 1971, the Medical Termination of Pregnancy Act was passed by the Parliament. To correct various limitations in this law, amendments were made in 2003 and in 2021. These amendments provide for medical termination of pregnancies for up to 24 weeks in special cases, including minors, mentally challenged, and those with foetal abnormalities.

In Nepal, abortions are permitted up to 12 weeks on request. This can be extended to 28 weeks on either compassionate or medical grounds. In Singapore, abortions are allowed up to 24 weeks if there are foetal abnormalities, risk to the mother, rape or incest. Vietnam decriminalized abortion in the 1960s.

Denial of a wanted abortion will considerably increase the mortality rates of women, especially those belonging to marginalized sections of society. By rescinding *Roe v. Wade*, the USA has taken a step back in terms of women's rights.

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Box 1. The Physician's Pledge

AS A MEMBER OF THE MEDICAL PROFESSION:

- I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;
- THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration;
- I WILL RESPECT the autonomy and dignity of my patient;
- I WILL MAINTAIN the utmost respect for human life;
- I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;
- I WILL RESPECT the secrets that are confided in me, even after the patient has died;
- I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice;
- I WILL FOSTER the honour and noble traditions of the medical profession;
- I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due;
- I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;
- I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard;
- I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;
- I MAKE THESE PROMISES solemnly, freely, and upon my honour.

From https://www.wma.net/policies-post/wma-declaration-of-geneva/