Thirty per cent of ragging incidents in India are from medical colleges

On 30 May 2024, Ms Alka Tomar, University Grants Commission's (UGC's) representative from the Centre of Youth informed the National Medical Council's (NMC's) National Task Force meeting on mental health and well-being of medical students that a staggering 30% of all ragging cases in the country were reported from medical institutions.

The stakeholders who participated in the National Task Force meeting were Dr B.N. Gangadhar (Chairperson, NMC), Dr Aruna V. Vanikar (President, Undergraduate Medical Education Board, NMC), Dr Vijay Oza (President, Postgraduate Medical Education Board), Dr Yogender Malik (member of the NMC Ethics Board), Dr B. Srinivas (Secretary, NMC), Dr Aujender Singh (Deputy Secretary, NMC), Dr B.M. Suresh (Chairman, National Task Force) and Ms Alka Tomar from the UGC.

Ms Tomar stated that, as the UGC is the premier monitoring agency for anti-ragging issues in India, it had framed, in 2009, regulations to curb this menace. There were three aspects receipt of complaints, affidavits from students that they would not participate in ragging, and compliance with the rules. She also highlighted the issue of suicides and explained that even a single life lost due to ragging was unacceptable.

The UGC has a 24/7 anti-ragging helpline wherein within 30 minutes of a complaint being registered, either by a victim of ragging or someone on behalf of the victim, the complaint is escalated to the highest level. Following this the institution concerned is informed and they have to take cognizance of the matter. Ms Tomar noted that these facilities being provided by the UGC must be clearly communicated to both undergraduate and postgraduate medical students.

She also added that every educational institution should have an anti-ragging committee, anti-ragging squads, information about the warden, and the local police station. Such information should be available on the institute's website and also on the anti-ragging committee's website.

Ragging (behaviour by someone that can result in physical, psychological or physiological harm to a student) can take on many forms, including verbal abuse in the form of derogatory remarks, negative comments on a student's appearance, background, accent, etc.; physical abuse such as being forced to do unwanted exercises, dancing, singing, physical assault; mental abuse such as forcing a student to dress inappropriately or perform degrading actions publicly.

Most often, it is the first-year students who suffer most from ragging. However, ragging is also common among the first-year postgraduate students.

Anti-ragging toll-free helpline (24/7) available in 12 languages: 1800-180-5522

Dedicated email address: helpline@antiragging.in

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Neuralink secures approval for second brain implant with improved design

The US Food and Drug Administration (FDA) has granted approval for Neuralink, a company led by Elon Musk, to implant its brain chip in a second patient, on 22 May 2024. This comes after the company addressed a technical hurdle encountered with the first implant, where tiny wires securing the chip shifted out of position.

While the exact nature of the issue in the first implant remains undisclosed by Neuralink, reports suggest the shifted wires caused data transmission errors. To rectify this in the second implant, the company plans to use a new anchoring mechanism to secure the wires deeper within the brain tissue.

Neuralink's brain chip is a wireless implant designed as a brain-computer interface (BCI). The company received FDA approval for human trials in May 2023, following extensive animal testing that demonstrated a high success rate. The first human implant surgery was done on 29 January 2024, with Musk revealing the success shortly thereafter.

The first patient, Noland Arbaugh, a 29-year-old paralysed in a diving accident, showcased the technology's potential by controlling a computer cursor and playing online chess using only his thoughts in a live stream held in March 2024.

While this second implant marks a major step, the longterm efficacy and safety of the technology remain to be determined. Further research will be crucial to assess the implant's performance and potential side-effects over time, such as infection or bleeding during surgery, or even longterm health effects yet unknown.

BCI like Neuralink's chip raise important ethical considerations as well. Directly implanting devices in the brain necessitates careful consideration of potential misuse. Elon Musk's recent claims that Neuralink will one day replace smartphones lead us to question: could this technology pose privacy risks? Furthermore, what about the potential for BCIs to exacerbate social inequality? If access is limited by cost, could it create a new class divide between those who are neuro-enhanced and those who are not? Who will control the data collected by BCIs, and how will they be used? These are just some of the important questions we need to address as BCI technology continues to develop.

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