

Healthy Weight, Healthy Shape

Today is the World Heart Day. The theme for this year's World Heart Day is "Healthy Weight, Healthy Shape". It draws attention to the fact that obesity is a major risk factor for cardiovascular disease, type II diabetes, hypertension and stroke. The day aims to promote the importance of maintaining a healthy weight in decreasing the risk of such diseases.

Overcoming the errors and variation in pathological reports

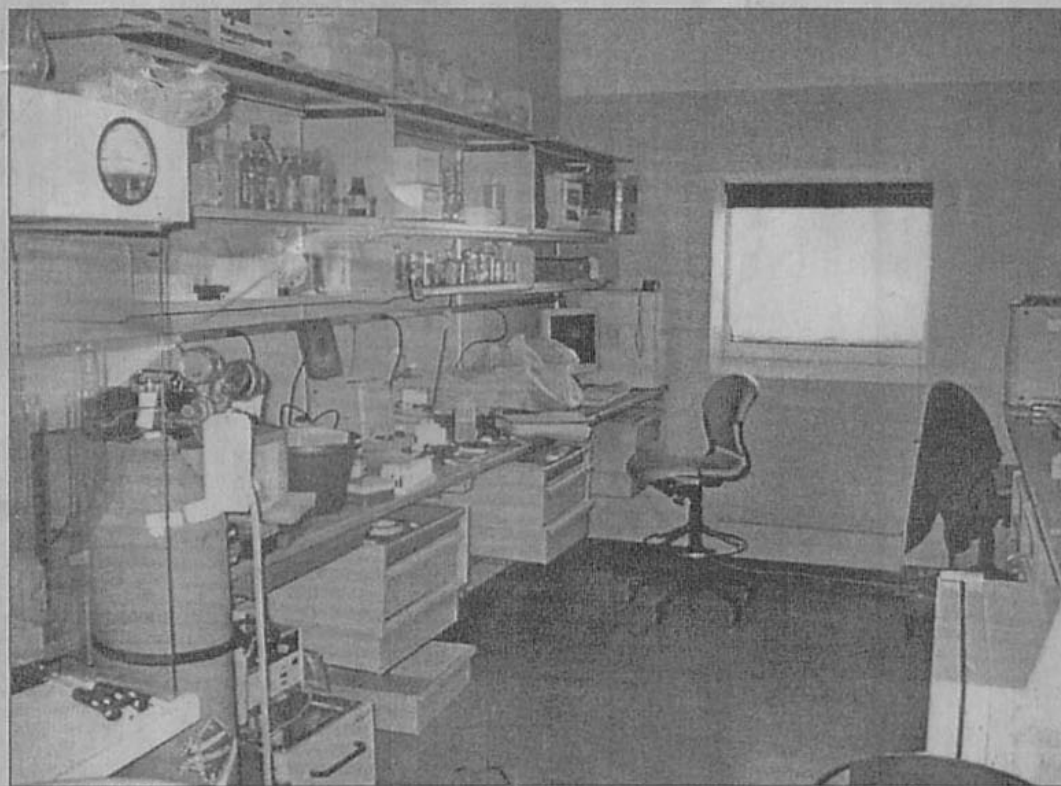
PROF DR MD TAHMINUR RAHMAN

Consider two scenarios. First, you are noticing frequent urination, thirst, loss of weight. You consulted your doctor and he advised you to do blood sugar test. Accordingly you went to a laboratory. The result given to you was very high. You wanted to reconfirm the result and went to another lab where the report came as normal. You and your physician got puzzled and after consultation you gave another sample to another lab where the report came in between. What you, your physician are going to do this time? Which result is right or which one is wrong? Perhaps none is wrong, because they did the tests using different methods, may be without quality assurance. Then who is going to authenticate these results? In Bangladesh nobody, but in developed countries the central reference lab is going to verify the results and say who is right and who is wrong. They will also suggest the labs to improve the quality of the results by quality assurance who gave wrong results.

Second, one of your relatives has undergone a surgery to remove his gall bladder for some problem say for gallstones. The surgeon cut the gall bladder into three pieces and advised you to

send the sample in to three different labs. Two labs reported the sample as inflammation of gall bladder or Cholecystitis and the other reported it as a cancer of gall bladder. Who is right? Perhaps all of them are right. Because the two, who received only inflammatory portion of the gall bladder reported these as inflammation. On the other hand who received the cancerous portion reported the sample as cancer. Then who is going to be blamed for this. None other than the surgeon. Because it is not appropriate to send surgically removed sample cutting into pieces. He should have advised you to send the sample to a lab where he relies. The histopathology report is a black and white paper duly signed in by the pathologists. Moreover the sample, blocks and the slides are always available for second opinion, review inside or even outside Bangladesh. So it is not at all advocated to send the sample in different labs cutting into pieces. This will create confusion, involve extra expense and unnecessary harassment for the patient and relatives.

In ancient time, disease was diagnosed examining the patient's appearance, tongue, gait, pulse, colour of urine passed etc. But now a days due to advancement of medical science and technology,



Establishment of a Central Reference Laboratory and Institute of Pathology is a demand of time.

diagnosis of diseases have become mostly laboratory investigation oriented.

The presentations of disease are variable. Therefore reliable,

accurate, timely given laboratory results are very important in the diagnosis and prognosis of the disease. Here comes the question of quality assurance with reliabil-

ity, quality, dependable results and minimum errors in the laboratory results.

Medical errors can occur anywhere in health care system. Most

importantly medical errors are one of the leading cause of sufferings of the ailing people which can even lead to some fatal condition. One recent report in USA stated that 44,000-98,000 people in USA die of medical errors more death than motor vehicle accidents, breast cancer or AIDS. But what about our country?

If we want to minimise errors in the laboratory results quality assurance is must. It includes activities both inside and outside the laboratory, good laboratory practice and proper management skill. It ensures giving right result at the right time, on the right specimen, from the right patient, with result interpretation based on correct reference data and at the right place.

In the present context of our country if we get an erroneous result what we usually do? We repeat the tests in many laboratories; the results are different at different labs; we as well as our physicians are confused. This leads increase of expense, extra botheration of running from lab to lab and which do not help the patients in terms of diagnosis and treatment at all. Then what is the remedy or answer if we get erroneous, doubtful, unreliable results? The answer is very simple. We must voice our concern and mobilise our efforts to establish a cen-

tral reference laboratory and an institute of pathology. The concerned ministry should take immediate steps in implementing the project. The Society of pathologists and other laboratory professional organisation should come forward in this regard.

It may be mentioned that professionals of other disciplines have already established different institutes like kidney institute, mental health institute, cardiovascular institute, BIRDEM for diabetes and other endocrine diseases to further improved service, treatment, research in respective sub specialities. Some new institutes are in the process of establishment with the approval and financial assistance from the government. But there is no such institute or reference pathological laboratory has been established yet.

The proposed central reference laboratory will supervise and monitor the quality assurance of different tests done by different laboratories in the country. They will maintain an external quality control programme for all laboratories and give instructions to improve or modify procedures who lacks quality results. They will also provide guidelines for internal quality control, laboratory safety procedures, formulate one safe laboratory manual, proper

waste disposal system and supervise it time to time.

The proposed Institute of Pathology will run different post graduate courses in different branches of pathology, conduct professional efficiency exam for specialists working in different branches of pathology and conduct research work. The authority of the central laboratory will monitor the activities of different labs all over Bangladesh, visit annually all the labs and verify the infrastructure, employment pattern, equipment and other facilities to run a proper lab. They will be empowered to cancel the labs which are not up to the mark. They will also sit and discuss with the society of pathologists about a fixed rate for different tests and ensure that this is followed strictly.

By establishing the institute of pathology and central reference laboratory, patients will get reliable and dependable result. This will reduce the medical expense, unnecessary harassment for erroneous results. Everyone of us should work together to fulfil this objective for the better healthcare delivery system in the field of pathology in Bangladesh.

The writer is the Head of the Department of Pathology of Ibrahim Medical College Hospital, Dhaka.

Advanced medical technologies offered for benefit of the patients

The Daily Star spoke to Dr Ashok Seth, Chairman and the Chief Cardiologist of Max Devki Heart and Vascular Institute of New Delhi, India during his recent visit to Bangladesh.

Dr Seth who was awarded India's Padma Shri by the Indian President early 2004 has been an honorary lecturer to the National Institute of Cardio Vascular Diseases, (NICVD) and the Bangladesh Medical College and he has been visiting the country every year since last eight years.

Dr Seth joined Max Devki Heart and Vascular Institute of (Saket) New Delhi, India in November 2004. Dr Seth was Chief of Invasive and Interventional Cardiology, at the Escorts Heart Institute and Research Centre (EHIRC), New Delhi, since its inception. Dr Seth is widely recognised as a leader in the field of interventional cardiology. He is a pioneer in the use of directional atherectomy and stents. Dr Seth, who was awarded numerous national and international awards, has performed the highest number of angiographies and angioplasties in the Asia-Pacific region. He is faculty member of several prestigious international scientific bodies and has been guest speaker at several institutions in India and across the world.

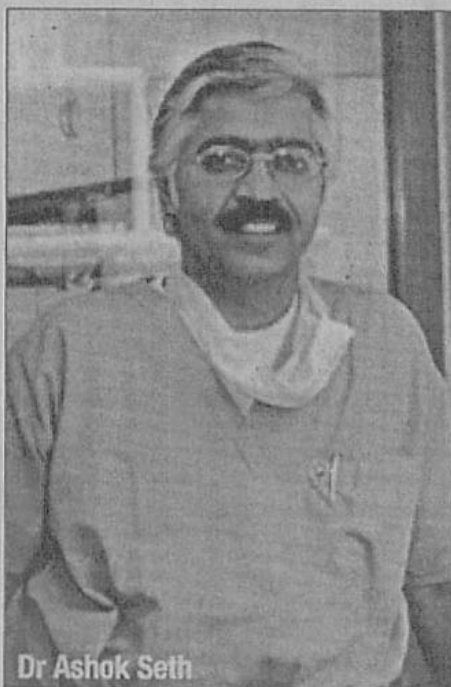
During his visit to formally launch a Facilitation Centre of Max Devki Heart and Vascular Institute in the capital he talked elaborately about plans to bring advanced medical technologies for the benefit of patients particularly in the subcontinent. Dr Seth also discussed elaborately on the future of cardiac care in Bangladesh and his contribution to the sector.

The Daily Star (DS): What is your purpose of visit to Bangladesh?

Dr Ashok Seth (AS): This year the purpose of my visit is little different. You see, after successfully establishing a network of its in India, Max Healthcare is in the process of setting up its international programme through representations in South Asia and a few other places. The countries we already covered include Pakistan (Lahore), Sri Lanka (Colombo) and Nepal (Kathmandu). We also set up similar facilitation centres in, Qatar (Doha), Oman (Muscat) and Tanzania (Dar Es Salaam). Similar centers in Singapore, UK, Canada and the United States of America would soon follow. I am here this time to open a facilitation centre already set up in Baridhara, Dhaka.

The aim of each center is to facilitate easy and safe transfer of patients in India.

The main services in the programme include: Initial screening and diagnosis, clinical evaluation and recommendations, international insurance cover, if applicable, travel arrangements to New Delhi on a turn-key basis including visa, ticketing, pick-up at the airport, money transfer and exchange. On top of this, once our patients arrive we would have exclusive 'Help Desk' and a dedicated



Dr Ashok Seth

relationship manager to offer smooth services like boarding and lodging assistance to suit range of budgets.

So the whole idea of a facilitation centre which we have launched with the help of local partner Granville Healthcare Ltd is to extend all out support to our clients before travelling to the hospital for the actual purpose. The idea was developed when we faced numerous queries from attendants of patients or patients themselves.

DS: For the past several years you have been training Bangladeshi cardiologists. Have you observed any improvement in standard of cardiac care by those who you have trained?

AS: I have noticed gradual improvement in standard of cardiac treatment by those who I have trained in India but the confidence on the local doctors still remain a major problem. I am, however, very hopeful that because the young cardiologists have done so well during training I am sure in years to come they would be able to build that confidence to serve the local patients.

You see, confidence cannot be built overnight. It takes time. As more and more cardiologists acquire latest advancement in cardiac interventions more private centres would develop. The state often cannot provide all support that are needed but as I said before, government can always act as catalyst to ensure growth of the private sector. We have to remember good centres leads the pace and encourages others to follow. And as far as quality is concerned, I must admit that most of the private healthcare providers here are focusing on doctors and nursing. If we have to enhance standard of services we have to focus on developing a comprehensive

service delivery mechanism not just narrowly seen it in the hands of doctors and nurses since cardiac care involves from the very beginning at the reception to the surgeon doing the open heart surgery.

DS: How do you compare cost of cardiac care in Bangladesh?

AS: There are three important aspects of cost in cardiac care one is until we are able to reach high tech-professional expertise in cardiac care to the middle class we are not reaching our goals. As far as cost is concerned I must say that all levy on life saving medical accessories must be withdrawn. Unless we are able to control pricing at this end middle class people who need cardiac care would continue to find it costly.

The second thing I would like to discuss about is establishment of good hospitals with facilities to offer total care. A patient with heart disease should be able to confidently walk in to such hospital where they would be looked after. Here rich and the middle class both would be coming for treatment but while keeping the standard of services the same middle class and the rich get treated like in a cinema hall where they have separate sitting arrangements but watching the same movie. Here subsidizing prices for the those who cannot afford cost of all the services could be a good idea.

Thirdly, third party payment or health insurance could be a good idea which can make people afford such super-specialised healthcare facilities. The concept of private insurance for healthcare is gradually increasing in South Asia even in Bangladesh as I have noticed.

DS: We know that you have moved into a new cardiac hospital. What is special about the new hospital and do you also have plans to continue training Bangladeshi cardiologists?

AS: Max Healthcare is one of the most modern healthcare facilities in Asia. At the hospital we are focusing on highest professional standard where patient is treated as a valued client. We believe that when a patient walks in the or he should have access to total healthcare services which is why by end of 2005 we are hoping to offer, in a separate but closely located 500-bed building, super-specialisation in areas of - Cardio-vascular, Musculo-skeletal, Neurosciences and Minimally Invasive Surgery.

Like the previous years I also have plan to train more Bangladeshi doctors, particularly young cardiologists who are able to return and contribute immensely. Because of its modern facilities at the Max Healthcare all the trainees would be readily exposed to use of the world latest equipment which is an advantage on one hand, while on the other, we hope to hold international workshops which I believe would help the newcomers in advanced technologies in cardiac care.

DS: Thanking you for your time sir.
AS: Thank you as well.

Scientists find clue to AIDS origins, new therapy

A single change in a human gene may hold the key to preventing people living with HIV from progressing to full-blown AIDS, researchers expressed.

They found a crucial difference between a gene in humans and one in rhesus monkeys that blocks infection of the virus in the animals -- a finding that offers new insights into the origins of AIDS and gene therapy.

Had the gene been the same in humans, scientists at the National Institute of Medical Research in London believe, there may not have been the AIDS epidemic that now affects 40 million people worldwide.

"If it had recognised HIV, we probably would never have had AIDS. I believe it is a key change," said Dr Jonathan Stoye, head of virology at the institute.

Scientists had been aware that it was much more difficult to infect monkey cells with HIV than human cells in laboratory experiments, which suggested there was something different in the animal cells that blocked infection.

A gene called Trim 5 alpha was later found to be the reason why. In monkeys, but not in humans, it stops the virus from replicating.

Stoye and his team studied differences in the gene products of the monkey and human Trim 5 alpha genes. They pinpointed one specific change in a protein that was impor-



tant in blocking HIV. By substituting a human protein with a monkey-derived protein they found they could make the human cells resistant to HIV.

"The discovery has significant implications for the development of effective gene therapy to combat AIDS," Stoye, who reported the findings in the journal Current

Biology, told Reuters.

He and his team believe introducing the gene carrying that single change back into human cells would make those cells resistant to HIV infection.

Gene therapy is an experimental technique which introduces genetic material into cells to fight disease. The technique has been used for Parkinson's disease and in trials for illnesses such as cystic fibrosis and cancer.

Two French boys with severe immune deficiency were cured with gene therapy but they later developed leukemia.

"If you have HIV this might be a form of therapy to prevent progression to AIDS. What we are suggesting one might try doing is to purify HIV negative cells out of a patient who has been infected, introduce the gene with this one modification and then put them back into people," said Stoye.

The resistant cells might be sufficient to prevent the progression to AIDS, he added.

But Stoye stressed that more laboratory research, followed by animal tests and human trials will be needed.

"If this were the equivalent of adding a drug with a new target to the repertoire of drugs that we have for the treatment of AIDS, I think it would be of value."

Source: <http://www.reuters.com>

Obesity must be treated as disease

Obesity, which already affects an alarming number people including children, must be recognised and treated as a disease with deadly complications, leading experts opined.

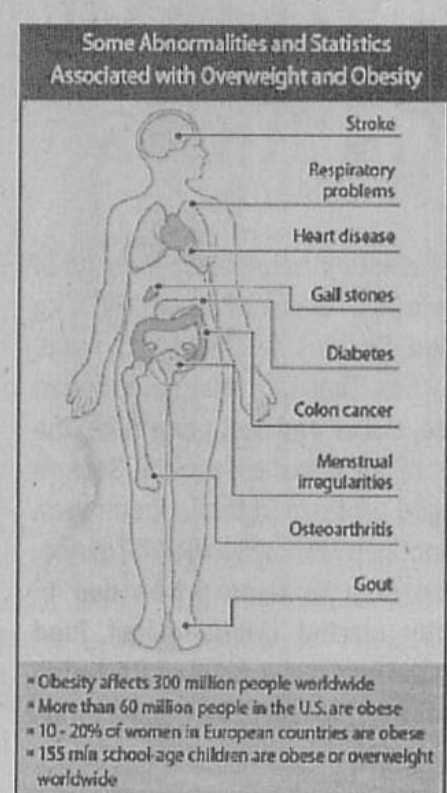
Up to 8 percent of total healthcare costs in some Western countries are attributable to obesity and related problems. It is a leading cause of preventable death -- so shedding excess weight is not just about looking good.

"Obesity is not an aesthetic problem. It is a very complex problem tightly connected to diabetes, atherosclerosis (blocked arteries) and other major health problems and causes of death," Professor Constantine Tsigos, chairman of the 14th European Congress on Obesity, told. "It has to be treated and confronted seriously."

"The emphasis has been put on the complications to increase the awareness of obesity as a disease and a serious condition with many risks associated with it," said Tsigos.

Multi-billion pound diet industry
Despite a better understanding of the causes of obesity, a multi-billion dollar diet industry and countless weight-loss programmes and gadgets, the number of overweight and obese people is rising at an astounding rate.

In European countries, rates have soared by 10-50 percent in the last decade. In Japan,



it has doubled since 1982 and in the United States the percentage of young overweight people has tripled in 25 years.

Tsigos stressed that prevention efforts must be geared to the young because excess weight in children is linked to early markers for metabolic syndrome -- a collection of health risks that increase the odds of developing heart disease, stroke and diabetes.

The symptoms include a large waistline or "beer belly," high blood pressure, raised insulin levels, excess body weight and abnormal cholesterol levels. If someone has three or more symptoms they have the syndrome.

"We should target childhood and adolescents for prevention and treatment as early and as aggressive as we can," he said. Awareness of the problem has increased but he said some doctors still consider obesity as more of an aesthetic problem.

Tsigos said treatments are not only aimed at improving weight loss but achieving benefits such as reduced blood pressure, better insulin sensitivity and improved well being.

"This will make therapy for obesity more widely acceptable and probably even justified by insurances -- if we can prove the benefits are not simple weight loss," he added.

Source: <http://www.reuters.com>