

consent process followed (2). Nursing research needs to be published by all researchers, especially nurse researchers, with utmost stringency so as to disseminate evidence, share initiatives and innovations with fellow nurses, communicate the research findings and nurture the concept of "holism and evidence-based care" in nursing practices.

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Promote health, not nuclear weapons: Ethical duty of medical professionals

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Despite ongoing tensions in various parts of the world, the year 2017 ended on a positive note. The Treaty Prohibiting Nuclear Weapons (TPNW) was passed by the UN General Assembly on July 7, 2017 (1), which will always be a red-letter day in history. It has raised many hopes for a future world without nuclear weapons and staved off the impending humanitarian catastrophe. Good health is a basic need of every individual. Therefore, each person yearns for a life free of violence and free of man-made catastrophes like the ones at Hiroshima and Nagasaki in 1945, which killed over two hundred thousand people and resulted in genetic mutations affecting generations thereafter. Unfortunately, instead of working for nuclear disarmament, the world moved towards an unending nuclear arms race, costing billions which could have been used for healing millions of people living in despair and sickness. This is why on December 10, 2017, Oslo, the capital of Norway, was filled with excitement when the Nobel Peace Prize for this year was bestowed upon the International Campaign to Abolish Nuclear Weapons (ICAN) (2). Large numbers of medical professionals from around the globe had gathered there to affirm their commitment to a healthy future through diversion of wasteful expenditure from the nuclear arms race towards universal health.

ICAN was set up at the initiative of International Physicians for the Prevention of Nuclear War (IPPNW) in 2007 with 468 partners and has been consistently working for a nuclear

weapon free world. ICAN was officially launched in Vienna, Austria, in April 2007 during the Non-Proliferation Treaty preparatory committee meeting. As a result of continuous work since then, in the form of lobbying with governments in many countries and ICAN partners building public opinion in their respective countries, the UN General Assembly passed a resolution on July 7, 2017, by 122 votes in favour and only one against, declaring nuclear weapons illegal (1). This is indeed a big achievement which drew global attention and was recognised by the Nobel Peace Prize Committee by its award of the Nobel Peace Prize. The major thrust of ICAN's work was the catastrophic humanitarian impact of nuclear weapons and the urgent need to prohibit and then abolish them (3).

While hundreds of millions of people across the globe go hungry, the nuclear-armed nations spend close to US\$300 million (Rs.2000 crores) a day on their nuclear forces (4). The production, maintenance and modernisation of nuclear forces diverts vast public resources away from healthcare, education, climate change mitigation, disaster relief, development assistance and other vital services. Globally, annual expenditure on nuclear weapons is estimated at US\$ 105 billion – or \$ 12 million an hour (4). The World Bank forecast in 2002 (4) that an annual investment of just US\$ 40–60 billion, or roughly half the amount currently spent on nuclear weapons, would be enough to meet the internationally agreed goals for poverty alleviation. Nuclear weapons spending in 2010 was more than twice the official development assistance provided to Africa and equal to the gross domestic product of Bangladesh, a nation of some 160 million people. The Office for Disarmament Affairs – the principal UN body responsible for advancing a nuclear-weapon-free world – has an annual budget of \$10 million, which is less than the amount spent on nuclear weapons every hour. As former UN Secretary General Ban Ki-Moon said:

"The world is over-armed and peace is under-funded The end of the cold war has led the world to expect a massive peace dividend. Yet, there are over 20,000 nuclear weapons around the world. Many of them are still on hair-trigger alert, threatening our own survival." (5)

As per the latest report of the Stockholm International Peace Research Institute (SIPRI) the annual global defense expenditure is 1699 billion USD (2.2 % of the global GDP). The US tops the defense spending at 611 billion USD. China's defense expenditure is 215 billion USD, while India is the 5th largest military spender with an outlay of 55.9 billion USD (Rs 363350 crore) (6). India's defense expenditure is 1.62 % of its GDP, while its central health budget is 0.26 of GDP, six times less than its arms budget. Pakistan's budgetary allocation on arms is over 8 billion USD (7). With an economy that is worth 300 billion USD this takes Pakistan's defence expenditure to 2.9% of its GDP (8).

These data clearly indicate the looming threat over mankind's continued existence at a time when several parts of the world have serious conflict zones, many of them directly involving nuclear weapons states. Any use of nuclear weapons intentionally, or unintentionally would have extremely grave

ramifications for the life system as a whole. Even without using these weapons, their production and maintenance costs are depriving millions of health, education and other basic needs. For countries like India and Pakistan, the situation is even graver as we are already among the most deprived regions in the world with poor human development and hunger indices. India, with a glorious past of promoting non-violence, should take the lead and convince other nuclear weapons-possessing countries to join the treaty prohibiting nuclear weapons and then make a concrete plan to abolish these weapons.

It is unfortunate that the nuclear weapon-possessing countries have not joined the treaty. It is high time that we come forward to build strong public opinion in these countries to work for health instead of mutually assured destruction. Doctors owe a special responsibility in this case as it is our ethical, professional and moral duty to prevent war and violence.

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Quality of medical education: Is our health in safe hands?

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The medical profession, once considered a "noble profession" has been under the scanner for deterioration in services. This decline is generally attributed to commercialisation of services, waning human values, and a lack of empathy and communication skills (1). At a time when discussions are

focused on devising approaches to test medical students for attributes such as empathy, communication skills and concern for the less privileged, developing nations like India are suffering from the "problem of too many". On the one hand, a skewed doctor-patient ratio in India (less than 1 doctor per 1000 people that is lower than that prescribed by the World Health Organisation) (2) has left medical practitioners so overburdened, they have little time to empathise with their patients. Students inadvertently follow their teachers and the vicious cycle continues. On the other hand, there has been a mushrooming of commercially-run medical institutions to overcome this shortage of doctors. Medical education has become unaffordable to many and, very obviously, merit has taken a back seat.

Presuming that the quality of students being admitted to medical schools has deteriorated, it is our duty to ensure that medical students are permitted to graduate only if they are competent enough to deal with their patients holistically. But the reality is much more complex, especially when many medical teachers believe in offering students "mercy attempts" or in linking good results to the "reputation" of the department and institution. If this trend continues, the question haunting us would be "Is our health in safe hands?" Instituting an exit examination for MBBS students can be a potent step towards ensuring that MBBS graduates have adequate knowledge and skills to practise medicine. In this regard, medical teachers have the responsibility of ensuring a positive change.

At present we are moving away from the concept of the "right medical student". This demands an overhaul of medical education in India, whether in conducting of medical entrance tests and providing fair opportunities for the deserving, or in regulatory procedures for approving medical colleges. It would not be wrong to suggest that either the right students are not joining the medical profession or they are not nurtured the right way. The onus of setting things right lies to a certain extent with medical teachers, who need to make sure that only those medical students competent enough to deal with their patients holistically are allowed to graduate.

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