

Proxyvon and Buta-Proxyvon which contain Acetaminophen/Paracetamol which is being termed as an NSAID and my investigation shows that acetaminophen is anti-pyretic and analgesic and not NSAID. Thus, I feel these two brands belong in the banned category of formulations and the medical fraternity should exercise utmost caution prescribing this combination. According to the drugs controller for Karnataka, acetaminophen is basically an anagestic/antipyretic, its anti-

inflammatory property is weak and seldom clinically useful and hence it cannot be classified as an anti-inflammatory drug under the category NSAID.

Further, *Indian Pharmacopoeia* 1996, an authentic reference published by the ministry of health and family welfare, government of India, has classified it as an analgesic, antipyretic, and not as NSAID.

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Blood collection in medical practice

Blood collection in medical practice, blood suckers many.

From mammals: Draculas in folklore, vampires or leeches attack at times, even mosquitoes.

There are in reality always medical vampires: students, researchers and doctors from our fellow humans, under the banner of therapy or diagnosis.

Blood letting, known before Hippocrates as removal of harmful humours Also believed in letting of demons, existed in some countries and communities for the wrong reasons and without benefits. Medical history has many such stories.

Blood collection for medical practice: each doctor while on service After a clinical assessment of the patient, recommends blood tests With or without reason, regularly and repeatedly or at intervals.

Blood collection for evaluation, very often and more, in intensive care wards And in teaching institutions. The ill effects on patients: anaemia and infection influenced by the duration of hospitalisation.

Multiple pricks for blood collection are made to confirm illness or to make a diagnosis, and to assess the status and progress. But every now and then through different sites. Is this not an international harm or an avoidable charm?

Blood collection practices need revision in all aspects: Replacement of old methods, use of multichannel analysers and small capillary samples. Refrain from indiscriminate orders And plan for a collection in appropriate tubes.

Oh, my dear vampires, assess in every case, the cumulative blood loss. And decide this before an order, never, never routine ones. Welcome research or thesis works, but all after discussion and rounds. Blood collection is always more in multispeciality care. Finalise the order after negotiation with the co-ordinator and take care in flushing lines to overcome blood loss.

Oh, my medical vampires, recall the quantity of blood loss per day It seems to be litres in hospitals. Patients lose more but receive less. Is it justifiable or warranted? Let us be humane and judicious.

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Superlative service

May I join you in giving a very warm send-off to Dr Sunil Pandya who has undisputably rendered a superlative service to the journal, whose evolution from a mere newsletter to a first-class magazine I have been watching with admiration. Let us hope that Dr Sunil will be with us for quite sometime, guiding the journal.

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National workshop on accreditation of private hospitals

The Journal of the Qualified Private Medical Practitioners' Association, Kerala, carries a short report of a national workshop organised by WHO, the government of India and the Medical Council of India, to finalise the minimum standards for registration and accreditation of private hospitals in the country.

The need for regulation of hospitals of all types was endorsed by the workshop, though it is necessary to categorise hospitals according to services provided on location, with separate guidelines. Every state shall have an assessment and accreditation council authorised to draw up minimum standards to be adopted by all hospitals in each state; to inspect and recommend to the government regarding accreditation, and draw optional higher standards for grading of hospitals.

Proposals prepared during an earlier workshop were discussed, and the position in each state was described. The Medical Council of India was authorised to nominate a sub-committee of doctors and legal experts to draft rules for the implementation of minimum standards for private hospitals, to be submitted to the central government, which in turn may present this in the form of a bill at the next parliamentary session. The WHO has offered technical and financial assistance to develop packages for information, communication and training, as well as funding some pilot projects.

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