

services should only be practised when in-person consultation is not feasible and should be used for OPD and follow-up purposes only. The Singapore Medical Council's teleconsultation guidelines specifically state that medical certificates must be issued only after a thorough clinical assessment of the patient, including history taking and physical examination [11].

## Conclusion

The unprecedented Covid-19 pandemic led to an exponential rise in teleconsultation. To ensure patient safety and uphold ethical standards, the Government of India, in consultation with the National Medical Commission, released the Telemedicine Practice Guidelines 2020 to regulate the exponential growth of teleconsultation. Some entities exploit loopholes in these guidelines, scamming vulnerable individuals and placing RMPs at risk by issuing certificates without physical examinations, based solely on patient-reported history. Clear guidelines on issuing certificates following teleconsultation are necessary. The authors believe that certificates should only be issued after thorough physical examination and not merely on online claims of illness or submission of supporting medical reports by the patient.

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## References

1. Strehle E M, Shabde N. One hundred years of telemedicine: does this new technology have a place in paediatrics? *Arch Dis Child*. 2006 Dec; 91(12):956-9. <https://doi.org/10.1136/adc.2006.099622>
2. Board of Governors in supersession of the Medical Council of India. *Telemedicine Practice Guidelines*. 2020;(March) [cited 2024 Aug 21]. Available from: [https://esanjeevani.mohfw.gov.in/assets/guidelines/Telemedicine\\_Practice\\_Guidelines.pdf](https://esanjeevani.mohfw.gov.in/assets/guidelines/Telemedicine_Practice_Guidelines.pdf)
3. National Medical Commission. National Medical Commission Registered Medical Practitioner (Professional Conduct) Regulations, 2023. *Gaz India*. CG-DL-E-09082023-247951. Ethics Med Board Notification No R-12013/01/2022/Ethics. 2023 [cited 2024 Aug 21]. Available from: <https://www.nmc.org.in/rules-regulations/national-medical-commission-registered-medical-practitioner-professional-conduct-regulations-2023-reg/>
4. Insurance Regulatory and Development Authority of India (IRDAI). *Guidelines on telemedicine*. IRDAI/HLT/REG/CIR/149/06/2020. Cited on 2024 Aug 21. Available from: <https://irdai.gov.in/documentdetail?documentId=394669>
5. Ministry of Electronics and Information Technology. *Information Technology (Intermediary Guidelines and Digital Media Ethics Code) Rules 2021*. Part 1, 2(1)(k), p 2. [cited 2024 Aug 21]. Available from: <https://www.meity.gov.in/writereaddata/files/Revised-IT-Rules-2021-proposed-amended.pdf>
6. The Gazette of India, Extraordinary, Ministry of Law and Justice. *The Bharatiya Nyaya Sanhita*. Part II, section 01, ChapterXIV, p 66. 2023 Dec 25 [cited 2024 Aug 21]. Available from: <https://www.mha.gov.in/sites/>

7. American Medical Association. *AMA issue brief: Telehealth licensure*. 2023 May 8[cited on 2024 Aug 21]. Available from: <https://www.ama-assn.org/system/files/issue-brief-telehealth-licensure.pdf>
8. Medical Board of Australia. *Guidelines: Telehealth consultations with patients*. 2023 Sep 1[cited 2024 Aug 21]:1–5. Available from: <https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Telehealth-consultations-with-patients.aspx>
9. NZ Telehealth Forum and Resource centre. *Guideline for establishing and sustaining telemedicine services in New Zealand*. 2017 Aug 18[cited 2024 Aug 21]. Available from: <https://www.telehealth.org.nz/assets/Uploads/180913-Telemedicine-Guideline-for-NZTRC.pdf>
10. The Standing Committee of European Doctors (CPME). *CPME Policy on Telemedicine*. 2021 Mar 20[cited 2024 Aug 21]. Available from: [https://www.cpme.eu/api/documents/adopted/2021/3/CPME\\_AD\\_Board\\_20032021\\_012.FINAL\\_CPME\\_Policy.on\\_Telemedicine.pdf](https://www.cpme.eu/api/documents/adopted/2021/3/CPME_AD_Board_20032021_012.FINAL_CPME_Policy.on_Telemedicine.pdf)
11. Ministry of Health, Singapore. *Telemedicine and issuance of online medical certificates*. SMC Circular No.02/2018. 2018 April 18[cited 2024 Aug 21]. Available from: <https://www.moh.gov.sg/docs/librariesprovider5/default-document-library/joint-smc-and-moh-circular-on-teleconsultation-and-mcs.pdf>

## The dire struggle: India's unfulfilled promise to eliminate tuberculosis

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In 2023, as per the World Health Organization (WHO), India emerged as the country with the highest number of tuberculosis (TB) cases, reporting 2.8 million cases and contributing to 27% of the global TB burden [1]. Worldwide, there were 7.5 million newly diagnosed TB cases in 2022, marking the highest figure since global monitoring began in 1995 [1]. Although an estimated 410,000 people worldwide developed multidrug-resistant TB, less than half of them commenced treatment within the same year [1].

In his March 2016 Mann Ki Baat address, the Hon'ble Prime Minister of India, Narendra Modi, called upon the nation to work towards making India TB-free [2]. In 2018, he set an ambitious target to eliminate tuberculosis by 2025 [3]. To achieve this goal, the Health Ministry launched the National Strategic Plan (NSP) 2017-2025, aimed at eradicating TB by 2025. However, early this year, India was facing a drug stockout for six months, affecting TB treatment across the country. This shortage included medications for both drug-sensitive and drug-resistant cases. In India, over 1,400 patients die from TB every day [4], and prolonged disruptions in the supply of medications will significantly escalate this death toll and contribute to drug resistance. Neglecting such a treatable disease, while proclaiming ambitious goals to make India TB-free, is tantamount to a grave dereliction of duty.

The challenges in TB care due to delays in diagnosis and treatment initiation are exacerbated by inconsistent availability of essential drugs, hindering treatment success.

States have been directed to locally source these medications for a three-month period, with a provision allowing them to reimburse the cost of medicines to the patients if district health facilities fail to supply them. Asking patients to purchase their own medicines will create more problems since many patients come from impoverished backgrounds.

In alignment with the Hon'ble Prime Minister's vision for eliminating TB, the National TB Control Programme was renamed the National TB Elimination Programme. However, instead of moving closer to the 2025 TB elimination target, India is struggling to manage even the basic aspects of TB control. The effective management of TB also requires adequate emphasis on improving public health and nutritional aspects of patients and their family members. There is evidence, historical and contemporary, that nutrition is an important factor in both treating patients as well as in reducing transmission. The recently conducted RATIONS trial clearly shows that nutritional intervention is associated with substantial reduction in TB incidence and a substantially decreased hazard of tuberculosis mortality [5,6]. Therefore, it is imperative that India's TB elimination programme also ensures nutritional support to patients and their close contacts. Additionally, more efforts need to be taken at the policy level to alleviate poverty and improve living conditions of people who are poor.

Over a century ago, Edward Livingston Trudeau observed, "There is a rich man's tuberculosis and a poor man's tuberculosis. The rich man recovers, and the poor man dies." [7] This poignant remark remains tragically relevant to

India's current efforts to eliminate TB. Elimination of TB in India will require ensuring uninterrupted supply of drugs, providing adequate nutrition to patients and their family members and a restructuring of government socio-economic policies to reduce poverty in India.

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#### References

1. Global Tuberculosis Report 2022. [cited 2024 May 28]. Available from: <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2022>
2. Mann Ki Baat. 2016 March [cited 2024 May 28]. Available from: <https://pmonradio.nic.in/archives.html>
3. Narendra Modi. We in India are working towards eliminating TB by 2025: PM Modi. [cited 2024 May 28]. Available from: <https://www.narendramodi.in/text-of-pm-s-address-at-the-inaugural-session-of-end-tb-summit-539297>
4. Karthika M, Philip S, Prathibha MT, Varghese A, Rakesh PS. Why are people dying due to tuberculosis? A study from Alappuzha District, Kerala, India. *Indian J Tuberc*. 2019 Oct;66(4):443–7. <https://doi.org/10.1016/j.ijtb.2018.05.001>
5. Bhargava A, Bhargava M, Meher A, Benedetti A, Velayutham B, Sai Teja G, et al. Nutritional supplementation to prevent tuberculosis incidence in household contacts of patients with pulmonary tuberculosis in India (RATIONS): a field-based, open-label, cluster-randomised, controlled trial. *Lancet*. 2023 Aug 19;402(10402):627–640. [https://doi.org/10.1016/S0140-6736\(23\)01231-X](https://doi.org/10.1016/S0140-6736(23)01231-X)
6. Bhargava A, Bhargava M, Meher A, Teja GS, Velayutham B, Watson B, et al. Nutritional support for adult patients with microbiologically confirmed pulmonary tuberculosis: outcomes in a programmatic cohort nested within the RATIONS trial in Jharkhand, India. *Lancet Glob Health*. 2023 Sep;11(9):e1402–e1411. [https://doi.org/10.1016/S2214-109X\(23\)00324-8](https://doi.org/10.1016/S2214-109X(23)00324-8)
7. Deslauriers J, Goulet D. The medical life of Henry Norman Bethune. *Can Respir J*. 2015 Nov-Dec;22(6):e32–42. <https://doi.org/10.1155/2015/132645>

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