

Express View on antibiotics: The right treatment

The Centre has done the right thing in asking doctors to be more responsible when they prescribe antibiotics. The Union Health Ministry has asked physicians to write down the exact reasons for advising patients to use these medicines. It has also asked pharmacists to not **dispense** antimicrobials without a prescription. The country has had a policy to prevent the overuse of antibiotics **for close to a decade**. However, the use of such medicines is still not **monitored** by the government. A Lancet study in 2022 noted that “India consumes a large volume of **broad-spectrum** antibiotics that should ideally be used **sparingly**”. Antibiotic overuse is the primary reason for **bugs** developing **resistance** to these medicines. That is why patients with severe diseases like tuberculosis are increasingly not responding to the first line of treatment.

Broad-spectrum antibiotics target a wide variety of bacteria and are **antidotes** to serious infections. However, **anecdotal** evidence shows that doctors **tend to err on the side of** caution and prescribe these medicines without **diagnosing** whether an infection is viral or bacterial. They also advise antibiotics to prevent secondary infections even when the threat of such a **malady** is **remote**.

Individual doctors, though, are only one part of the problem. Medical protocols require hospitals to have a policy for **rational** use of antibiotics — this is important because studies show that these healthcare facilities are major **breeding grounds** for antimicrobial resistance. But only a few big hospitals follow this **mandate**.

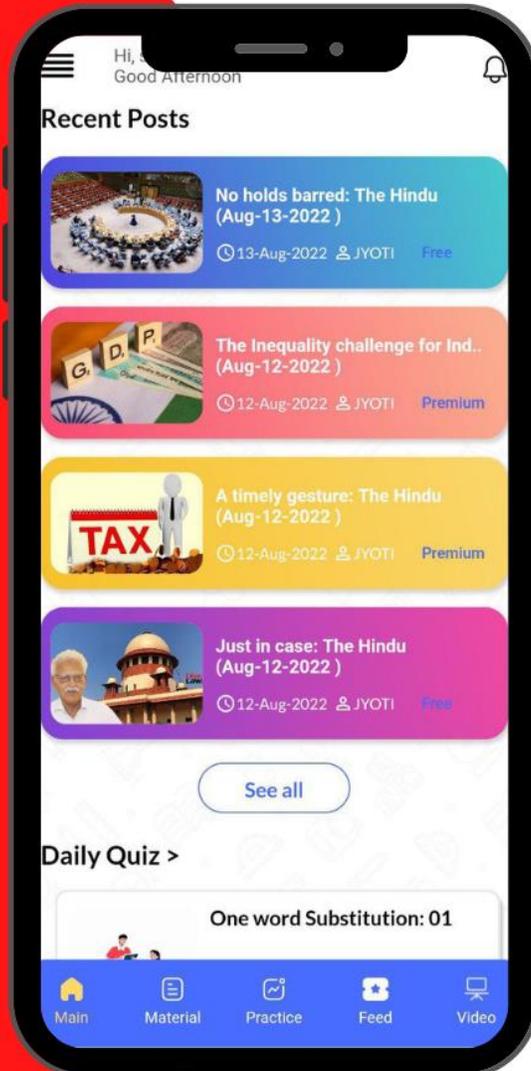
A recent study by the National Centre for Disease Control revealed that three out of four patients who went to a tertiary care centre were prescribed an antibiotic, **often** to prevent an infection rather than to cure it. The study conducted between November 2021 and April 2022 under the National Programme of Antimicrobial Containment found only a 10 percentage point difference in antibiotic use between intensive care units that have the sickest patients and the other wards.

Given the **heterogeneity** of the country’s healthcare **settings**, a **one-size-fits-all** approach might not be **apt** to regulate antibiotic use. In 2013, the Chennai Declaration by a group of **concerned** doctors suggested strict control of the use of such medicines in areas with relatively **well-provisioned** medical **facilities** and a more liberal system based on the strict monitoring of select **oral** antimicrobials in other areas. Another school of experts believes that medical experts must create more awareness within their community. Some others **advocate** that healthcare centres must have more microbiologists to guide doctors. The government’s **nudge** to doctors should **spur** such conversations. The medical community must now **step in** to tackle the problem in all its dimensions.

Vocabulary

1. **Dispense** (verb) – Distribute, administer, allocate, allot, deal वितरित करना
2. **For close to** (phrase) – Nearly, almost, about, roughly, approximately लगभग
3. **Decade** (noun) – Period of ten years दशक
4. **Monitor** (verb) – Supervise, observe, watch, track, oversee निगरानी करना
5. **Broad-spectrum** (adjective) – Wide-ranging, comprehensive, extensive, all-encompassing व्यापक
6. **Springly** (adverb) – Moderately, frugally, conservatively, economically, cautiously संयम से
7. **Bug** (noun) – a harmful microorganism, typically a bacterium कीट
8. **Resistance** (noun) – Opposition, defiance, refusal, objection, resilience प्रतिरोध
9. **Antidote** (noun) – Remedy, cure, countermeasure, solution उपचार
10. **Anecdotal** (adjective) – based on anecdotes and possibly not true or accurate किस्सों पर आधारित जो ग़लत भी हो सकता है
11. **Tend** (to) (verb) – be inclined, be apt, be disposed, be prone प्रवृत्त होना
12. **Err on the side of** (phrase) – Be cautious, be over-careful, play safe, take no risks, be conservative सावधानी बरतना
13. **Diagnose** (verb) – Identify, determine, recognize, detect, ascertain निदान करना
14. **Malady** (noun) – Illness, disease, ailment, disorder, sickness रोग
15. **Remote** (adjective) – Distant, far-off, faraway, isolated, secluded दूरस्थ
16. **Rational** (adjective) – Logical, reasoned, sensible, reasonable, sound तर्कसंगत
17. **Breeding grounds** (noun) – a place or situation that favours the development or occurrence of something. प्रजनन स्थल
18. **Mandate** (noun) – Authority, command, decree, order, directive आदेश
19. **Often** (adverb) – Frequently, regularly, commonly, repeatedly, habitually अक्सर
20. **Given** (preposition) – Considering, taking into account, bearing in mind, in view of, on account of देखते हुए
21. **Heterogeneity** (noun) – Diversity, variety, difference, dissimilarity, disparity विविधता
22. **Settings** (noun) – place, milieu, backdrop, location, locale परिसर

23. **One-size-fits-all** (adjective) – suitable for or used in all circumstances सर्वसामान्य
24. **Apt** (adjective) – Suitable, appropriate, fitting, proper, applicable उपयुक्त
25. **Concerned** (adjective) – connected, related, involved सम्बंधित
26. **Well-provisioned** (adjective) – Well-supplied, well-equipped, well-stocked, well-furnished, well-prepared अच्छी तरह से सुसज्जित
27. **Facilities** (noun) – the buildings, equipment, and services provided for a particular purpose.
28. **Oral** (adjective) – Verbal, spoken, vocal, uttered, articulated मौखिक
29. **Advocate** (verb) – Support, promote, champion, back, endorse समर्थन करना
30. **Nudge** (noun) – Prod, prompt, reminder, encouragement, stimulus प्रोत्साहन
31. **Spur** (verb) – Stimulate, motivate, encourage, inspire, prompt प्रोत्साहित करना
32. **Step in** (phrasal verb) – Intervene, intercede, involve oneself, act, participate हस्तक्षेप करना



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