

**KEY JOURNAL PAPERS RETRACTED**

The paper published in the *Lancet* on May 22 which suggested that hydroxychloroquine may be harmful has been retracted by the journal. The paper was based on data from a multi-national registry collected by a less known company called Surgisphere. Sapan Desai, one of the authors of the paper is the chief executive of the company. *The Gaurdian*, Australia pointed out some discrepancies in the mortality data from Australia published in the paper. It had mentioned 73 deaths till 21 April while the John Hopkins database mentioned only 67 deaths. Following this, it came under further scrutiny by other researchers. Three of the lead authors asked for an independent review of the integrity of the data. However, Surgisphere refused to supply the raw data stating violation of client agreements and confidentiality agreements.

Subsequently, reviewers decided to withdraw from the peer review and three of the authors of the paper wrote to the *Lancet* requesting that the paper be retracted. Two other papers based on data supplied by Surgisphere were also affected. The *New England Journal of Medicine* has since retracted the paper analyzing the risk of COVID-19 infections in patients on angiotensin receptor blockers. The other paper was a preprint on the efficacy of ivermectin in SARS-CoV-2. (*Science 2 June 2020*)

**RESILIENCE DURING THE PANDEMIC**

The stressors in this pandemic are multiple. There is the fear of an invisible enemy, the loneliness of quarantine and social distancing as well as economic anxieties. The European College of Neuropsychopharmacology has discussed the various strategies studied in literature to develop resilience in the face of stress. We must emphasize promoting social connectedness. Self-care including exercise and nutrition are paramount in reducing stress. Developing a daily schedule and taking regular media breaks will also help. Besides these evidence-based interventions to promote resilience at the personal and community level, attempts at an existential level to deliberately considering the future narrative of humankind is discussed in a thoughtful article in the *JAMA*.

Clear and consistent communication from the government, medical societies and scientific organizations will help to keep the society together. (*JAMA 3 June 2020; European Neuropsychopharmacology June 2020*)

**TELEMEDICINE GUIDELINES-INDIA**

The Government of India has published telemedicine guidelines which will apply to all Registered Medical Practitioners (RMP). They will be soon developing an online

program to help doctors become familiar with the procedure. It will be mandatory to undergo that training within 3 years of its development.

According to these guidelines all doctors can now practice telemedicine using chat platforms like WhatsApp or internet-based digital platforms or even email or Skype. The mode of communication may be video, audio or even text. An RMP may even provide emergency consultation to the best of his judgement but he must advise them to meet a doctor in person at the earliest. He/she must use his professional judgement to see whether a telemedicine consultation is appropriate in the given situation and not compromise on quality of care provided.

In every consultation he must verify the identity of the patient including his age, address, telephone number etc and must also display his own registration number. Patient consent is required for tele-consultation. The doctor can provide a prescription *via* teleconsultation, except for Schedule X drugs. The RMP is also to maintain a record of all teleconsultations including patient details and is free to charge an appropriate fee for the consultation.

The guidelines are timely and will be useful for all practitioners, especially during the current pandemic. (<https://www.mohfw.gov.in/pdf/Telemedicine.pdf>)

**POCUS- FOR RAPID DIAGNOSIS OF COVID19**

Hand-held Point of care ultrasound devices (POCUS) are helping doctors to triage and monitor patients with SARS-CoV-2 pneumonia. Results are quick and there is no need to shift an infected patient through the hospital to the radiology department. These comprise of a small probe that sends ultrasound images to a phone or a tablet.

It was invented by a scientist and entrepreneur Jonathan Rothberg when his daughter needed regular ultrasound examinations for a renal mass. He invented the ButterflyiQ a POCUS device which connects the probe to the phone *via* an app. Today its use has spread to many ICUs and there is even a free online teaching course for lung ultrasounds in COVID-19 by an e-learning company called iTeachU. Normal lungs have horizontal 'A' lines which are a repetitive reverberating artefact of the pleura. In patients with interstitial edema, vertical pathological 'B' lines appear.

Its use in pediatrics in the current pandemic has also been described in a brief article in the *Lancet*. Its low cost and easy portability make it very attractive in today's time. (*Lancet Respiratory Medicine 1 May 2020; Scientific American 11 June 2020*)

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