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THE TIMES OF INDIA

Online Newspaper Clipping Service
**Dtd-Tuesday, 19th, June- 2018**

Page No. 05

# Maternal mortality rate drops 19% in Karnataka

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**Bengaluru:** The number of women dying during childbirth has sharply declined in Karnataka and stakeholders are crediting the push for institutional deliveries for it.

Maternal mortality rates (MMR) in the state fell from 133 (per one lakh births) during 2011-13 to 108 during 2014-16, a 19% dip, according to the sample registration system (SRS) data released by the registrar general of India recently.

MMR is defined as the number of maternal deaths per one lakh live births, and a significant indicator that defines the public health of a state. Karnataka stands ninth in MMR in the country and fifth among southern states.

"This is the result of collective efforts by health workers who have created awareness on institutional deliveries. Currently in Karnataka, we have 95% institutional deliveries. Through accredited social health activist (ASHA) workers, we have been creating awareness that pregnancy is not a disease, but antenatal checks are important," said Dr Raj Kumar N, deputy director, maternal health.

Administration of iron and folic acid tablets during pregnancy, high-risk pregnancy identification and availability of ambulances to reach the hospital have also made an impact, say health officials.

However, problem areas remain. Maternal mortalities are high in districts like Kalaburagi and Koppal. "There are cases from Bengaluru and Mysuru divisions too, though the patients may not be from elsewhere. Engaging women during the three trimesters of pregnancy and monitoring their health status are crucial on part of ASHA workers," said a health officer.

## OVER THE YEARS

| Period | MMR |
|---|---|
| 2004-06 | 213 |
| 2007-09 | 178 |
| 2011-13 | 133 |
| 2014-16 | 108 |

**105** Dip over last 12 years

**25** Dip over last 3 years

MMR is calculated per one lakh deliveries

Source: Sample registration system (SRS), registrar general of India

## TIMES VIEW

The report on the sharp decline in maternal mortality rate in Karnataka will evoke a sense of achievement among all stakeholders, but it's imperative that the authorities temper their elation with circumspection. It's important for healthcare providers to rope in private players to push up the figures for institutional deliveries. We need to acknowledge the grim reality that the situation is bleak in northern districts of the state. The key to solving this problem is to empower and motivate ASHA workers there so that the health of expectant mothers is closely monitored right from the first trimester of pregnancy.

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# Now, machines that predict when a patient will die

A woman with late-stage breast cancer came to a city hospital, fluids already flooding her lungs. She saw two doctors and got a radiology scan. The hospital's computers read her vital signs and estimated a 9.3% chance she would die during her stay. Then came Google's turn. A new type of algorithm created by the company read up on the woman—175,639 data points — and rendered its assessment of her death risk: 19.9%. She passed away in a matter of days.
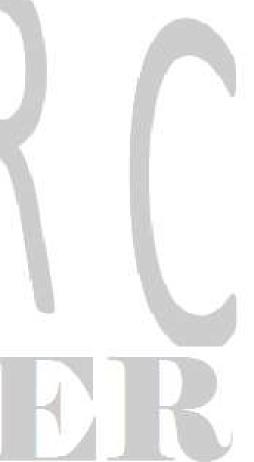
The harrowing account of the unidentified woman's death was published by Google in May in research highlighting the healthcare potential of neural networks, a form of artificial intelligence software that's particularly good at using data to automatically learn and improve. Google had created a tool that could forecast a host of patient outcomes, including how long people may stay in hospitals, their odds of re-admission and chances they will soon die.

What impressed medical experts most was Google's ability to sift through data previously out of reach: notes buried in PDFs or scribbled on old charts. The neural net gobbled up all this unruly information then spat out predictions. And it did it far faster and more accurately than existing techniques. Google's system even showed which records led it to conclusions.

Hospitals, doctors and other health-care providers have been trying for years to better use stockpiles of electronic health records and other patient data. More information shared and highlighted at the right time could save lives — and at the very least help medical workers spend less time on paperwork and more time on patient care. But current methods of mining health data are costly, cumbersome and time consuming.

As much as 80% of the time spent on today's predictive models goes to the "scut work" of making the data presentable, said Nigam Shah, an associate professor at Stanford University, who co-authored Google's research paper, published in the journal Nature. Google's approach avoids this. "You can throw in the kitchen sink and not have to worry about it," Shah said.

Dean envisions the AI system steering doctors toward certain medications and diagnoses. Another Google researcher said existing models miss obvious medical events, including whether a patient had prior surgery. The person described existing hand-coded models as "an obvious, gigantic roadblock" in health care. The person asked not to be identified discussing work in progress. BLOOMBERG

# 10% fee hike likely for medical, dental courses

## Govt. to hold another meet with private colleges

**STAFF REPORTER**
**BENGALURU**

The fees for medical and dental courses is likely to increase by 10% for the 2018-19 academic year.

After a meeting with private medical and dental college managements, Medical Education Minister D.K. Shivakumar on Monday said the State government had convened a meeting with private medical college associations to sign a consensual agreement but no decision was made in this regard. He added that college managements were asking for an increase in the pay scale. Another round of meeting would be held on Wednesday.

M.R. Jayaram, chairman of the Karnataka Professional Colleges Foundation, said college managements had asked for fees to be increased by 15%, but the government had agreed to a 10% hike. Sources in the foundation said they were likely to agree to the 10% proposed hike.

The Karnataka Religious and Linguistic Minority Professional Colleges' Association, too, has asked the State government to enhance the fees by 15%.

For 2017-18, the fees was ₹77,000 for the government quota category in private medical colleges, while a seat under the institutional quota in private medical colleges cost ₹6.32 lakh.

Although Karnataka has one of the lowest fee structure compared with

## 'Will fight it out in court'

**STAFF REPORTER**
**BENGALURU**

With the Medical Council of India denying permission for many medical colleges in Karnataka, Medical Education Minister D.K. Shivakumar on Monday said the State would "fight it out" in the court. The State has lost over 800 medical seats from six colleges, including a government college, this year.

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the other States, there has been a steep increase in the fee for medical and dental courses since the introduction of the NEET.

# ವೈದ್ಯಕೀಯ ಪದವಿ ಕೋರ್ಸ್ ಪ್ರವೇಶ
## ಶೇ 10ರಷ್ಟು ಶುಲ್ಕ ಹೆಚ್ಚಳ ಖಚಿತ

ಪ್ರಜಾವಾಣಿ ವಾರ್ತೆ

ಬೆಂಗಳೂರು: ರಾಜ್ಯದಲ್ಲಿ 2018-19ನೇ ಸಾಲಿನಲ್ಲಿ ಖಾಸಗಿ ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳಲ್ಲಿ ಎಂಬಿಬಿಎಸ್ ಹಾಗೂ ದಂತ ವೈದ್ಯಕೀಯ ಕೋರ್ಸ್‌ಗಳ ಪ್ರವೇಶ ಶುಲ್ಕ ಶೇ 10ರಷ್ಟು ಹೆಚ್ಚಳ ಬಹುತೇಕ ಖಚಿತ.

ಶುಲ್ಕ ಹೆಚ್ಚಳಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಸಚಿವ ಡಿ.ಕೆ. ಶಿವಕುಮಾರ್ ಅವರು ಖಾಸಗಿ ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳ ಪ್ರತಿನಿಧಿಗಳ ಜತೆಗೆ ವಿಧಾನಸೌಧದಲ್ಲಿ ಸೋಮವಾರ ಸಭೆ ನಡೆಸಿದರು. ಶೇ 15ಕ್ಕೆ ಹೆಚ್ಚಳಕ್ಕೆ ಅನುಮತಿ ನೀಡಬೇಕು ಎಂದು ಕಾಲೇಜುಗಳ ಆಡಳಿತ ಮಂಡಳಿ ಸಂಘಟನೆಗಳ ಪ್ರತಿನಿಧಿಗಳು ವಿನಂತಿಸಿದರು. ಈ ಪ್ರಮಾಣದ ಹೆಚ್ಚಳ ಸಾಧ್ಯವಿಲ್ಲ ಎಂದು ಸಚಿವರು ಸಾರಾಸಗಟಾಗಿ ತಿರಸ್ಕರಿಸಿದರು.

'ಡೀಮ್ಡ್ ವಿಶ್ವವಿದ್ಯಾಲಯಗಳ ಪ್ರತಿನಿಧಿಗಳ ಜತೆಗೆ ಬುಧವಾರ ಸಭೆ ನಡೆಯಲಿದ್ದು ಬಳಿಕ ಅಂತಿಮ ತೀರ್ಮಾನ ತೆಗೆದುಕೊಳ್ಳುತ್ತೇವೆ' ಎಂದು ಶಿವಕುಮಾರ್ ಮಾಧ್ಯಮ ಪ್ರತಿನಿಧಿಗಳಿಗೆ ತಿಳಿಸಿದರು.

2017-18ನೇ ಸಾಲಿನಲ್ಲಿ ಶೇ 10ರಷ್ಟು ಶುಲ್ಕ ಹೆಚ್ಚಳ ಮಾಡಲಾಗಿತ್ತು. ಇದೇ ಶುಲ್ಕ ಮೂರು ವರ್ಷ ಮುಂದುವರಿಯಲಿದೆ ಎಂದು ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಸಚಿವರು ತಿಳಿಸಿದ್ದರು. 'ಶೇ 50ರಷ್ಟು ಶುಲ್ಕ ಹೆಚ್ಚಳಕ್ಕೆ ಅನುಮತಿ ನೀಡಬೇಕು' ಎಂದು ಸಂಘಟನೆಗಳ ಮುಖ್ಯಸ್ಥರು 2018ರ ಜನವರಿಯಲ್ಲಿ ಮನವಿ ಸಲ್ಲಿಸಿದ್ದರು.

'ಬೇರೆ ರಾಜ್ಯಗಳಿಗೆ ಹೋಲಿಸಿದರೆ ನಮ್ಮ ರಾಜ್ಯದಲ್ಲಿ ಶುಲ್ಕ ಕಡಿಮೆ. ಬೇರೆ ರಾಜ್ಯಗಳಲ್ಲಿ ₹ 10 ಲಕ್ಷಕ್ಕೂ ಅಧಿಕ ಇದೆ. ನೌಕರರ ವೇತನವನ್ನು ಶೇ 30ರಷ್ಟು ಹೆಚ್ಚಳ ಮಾಡಿದ್ದು, ದೊಡ್ಡ ಹೊರೆಯಾಗಿದೆ. ಇಲ್ಲದಿದ್ದರೆ ಕಾಲೇಜುಗಳನ್ನು ಮುಚ್ಚಬೇಕಾಗುತ್ತದೆ' ಎಂದು ಆಡಳಿತ ಮಂಡಳಿಗಳ ಸದಸ್ಯರು ಗಮನ ಸೆಳೆದರು. 'ರೇಡಿಯಾಲಜಿ ಪ್ರಾಧ್ಯಾಪಕರ ತಿಂಗಳ ವೇತನ ₹ 5 ಲಕ್ಷ. ಅವರು ವಾರಕ್ಕೆ ಮೂರು ದಿನ ಕಾಲೇಜಿಗೆ ಬರುತ್ತಾರೆ. ವೇತನ ವರ್ಷದಿಂದ ವರ್ಷಕ್ಕೆ ಹೆಚ್ಚುತ್ತಿದೆ' ಎಂದರು.

'ಶಿಕ್ಷಣ ಕ್ಷೇತ್ರಕ್ಕೆ ನೀವಲ್ಲ ದೊಡ್ಡ ಕೊಡುಗೆ ನೀಡಿದ್ದೀರಿ. ಶುಲ್ಕ ಹೆಚ್ಚಳದ ಬಗ್ಗೆ ಈಗಾಗಲೇ ತಿಳಿಸಲು ಸಾಧ್ಯವಿಲ್ಲ. ಇನ್ನೊಂದು ಸುತ್ತಿನ ಸಭೆ ನಡೆಸುತ್ತೇನೆ' ಎಂದು ಸಚಿವರು ಸಮಾಧಾನಪಡಿಸಿದರು. 'ರಾಜ್ಯದಲ್ಲಿ ಆರು ಸರ್ಕಾರಿ ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳನ್ನು ತೆರೆಯಲು ಸರ್ಕಾರ ಮುಂದಾಗಿದೆ. ಇದು ಒಳ್ಳೆಯ ನಡೆ ಅಲ್ಲ. ಈಗಾಗಲೇ ಎಂಜಿನಿಯರಿಂಗ್ ಪದವಿಗೆ ಬೇಡಿಕೆಯೇ ಇಲ್ಲ. ಇನ್ನಷ್ಟು ಕಾಲೇಜುಗಳು ಆರಂಭವಾದರೆ ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣಕ್ಕೂ ಎಂಜಿನಿಯರಿಂಗ್ ಗತಿಯೇ ಆಗಲಿದೆ' ಎಂದು ವೃತ್ತಿಪರ ಕಾಲೇಜುಗಳ ಒಕ್ಕೂಟದ ಅಧ್ಯಕ್ಷ ಎಂ.ಆರ್. ಜಯರಾಮ್ ಎಚ್ಚರಿಸಿದರು.

## ಡೀಮ್ಡ್ ವಿವಿಗಳ ವಿರುದ್ಧ ಕಿಡಿ

ಡೀಮ್ಡ್ ವಿಶ್ವವಿದ್ಯಾಲಯಗಳ ಕಾರ್ಯನಿರ್ವಹಣಾ ಶೈಲಿಗೆ ಡಿ.ಕೆ. ಶಿವಕುಮಾರ್ ತೀವ್ರ ಅಸಮಾಧಾನ ವ್ಯಕ್ತಪಡಿಸಿದರು. 'ರಾಜ್ಯದ ಎಲ್ಲ ಸವಲತ್ತುಗಳು ಅವರಿಗೆ ಬೇಕು. ಆದರೆ, ನಮ್ಮ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಸೀಟು ನೀಡುತ್ತಿಲ್ಲ. ವಿದ್ಯಾರ್ಥಿಗಳನ್ನು ಹತ್ತಿರಕ್ಕೆ ಸೇರಿಸುವುದಿಲ್ಲ' ಎಂದು ಕಿಡಿಕಾರಿದರು.

## ಗರಿಷ್ಠ ₹66 ಸಾವಿರ ಹೊರೆ

ಈಗ ಸಂಸ್ಥೆಗಳ ಕೋಟಾದ ಎಂಬಿಬಿಎಸ್ ಸೀಟಿನ ಶುಲ್ಕ ₹6.60 ಲಕ್ಷ ಹಾಗೂ ಸರ್ಕಾರಿ ಕೋಟಾದ ಸೀಟಿನ ಶುಲ್ಕ ₹4.40 ಲಕ್ಷ ಇದೆ. ಇದು ಕ್ರಮವಾಗಿ ₹7.26 ಲಕ್ಷ ಹಾಗೂ ₹4.84 ಲಕ್ಷ ಆಗಲಿದೆ. ದಂತ ವೈದ್ಯಕೀಯ ವಿಭಾಗದಲ್ಲಿ ಸಂಸ್ಥೆಗಳ ಕೋಟಾದ ಶುಲ್ಕ 3.52 ಲಕ್ಷ ಹಾಗೂ ಸರ್ಕಾರಿ ಕೋಟಾದ ಶುಲ್ಕ ₹2.25 ಲಕ್ಷ ಇದೆ. ಇದು ಕ್ರಮವಾಗಿ ₹3.87 ಹಾಗೂ ₹2.47 ಲಕ್ಷ ಆಗಲಿದೆ.