

Aggressive Use of Diagnostic Services is Counterproductive

Dear Editor,

I read with interest the article "Aggressive Use of Diagnostic Services is Counterproductive" published in MJAFI 2007; 63: 253-6. It was a thought provoking article and I must thank the author who happened to be my teacher during undergraduate days.

An investigation is often an easy answer to end an interview with patient and more often than not investigation ordered in OPD is means to satisfy patient that he has been taken care of. It is being

used as substitution for tedious explaining about nature and course of disease to patient, and its easy availability in service setup allows us to take recourse to easy path.

I would like to add that radiography of knee in cases of osteoarthritis and antero posterior view of cervical spine in cases of cervical spondylosis also do not add much to the management and it amounts to wastage of resources.

Capt S Neema

Medical Officer, 428 Field Ambulance, C/o 56 APO.

Reply

Dear Editor,

Both osteoarthritis of knee (OA) and cervical (Cx) spondylosis are diseases of old age, which is also associated with higher incidence of malignancy and infections due to reduced immunity. Hence it is important to confirm the clinical impression of OA/Cx spondylosis and to exclude coexisting diseases.

In OA of the knee joint, plain radiography is the most cost effective and informative imaging modality. The anteroposterior (AP) view is best suited for the knee joint and the lateral view for the patello-femoral joint. It is not uncommon to see advanced OA

of the patello-femoral joint with relatively well preserved knee joint. In cases where knee replacement is contemplated, often plain radiograph in standing position is all that may be required for planning the surgery.

In cervical spondylosis, AP view gives additional information on presence of cervical ribs. Therefore the initial radiographs should include AP and lateral view. However during subsequent reviews the AP view may be omitted.

Wg Cdr H Sahni

Reader, Department of Radiology, AFMC, Pune-40.

ABC and VED Analysis in Medical Stores Inventory Control

Dear Editor,

I wish to congratulate the principal author of the original article "ABC and VED Analysis in Medical Stores Inventory Control" for utilizing material management techniques for stores management, which is the need of the hour in the face of increasing demand: resource mismatch.

A further improvement on the technique utilised in the study could have been multi-unit selective inventory control-three dimensional approach (MUSIC-3D) technique, which utilizes the criteria of annual usage value, availability and criticality. With increasing use of automation in stores management, this technique can be easily applied to the medical stores of service hospitals.

I wish the author had drawn up a "Drug Formulary" of the hospital first, before applying the inventory control techniques,

else changing prescribing habits of different physicians may nullify all the advantages gained and PVMS Sec 01 is probably too large in scope to control effectively.

At 179 Military Hospital, similar inventory control techniques have been utilised with added calculation of Safety stock and Re-order level, using automation, which has given the medical store of the hospital the confidence of almost zero stockouts throughout the year.

I will appeal to all the service hospitals to embrace modern inventory control techniques for medical store management for ensuring optimal utilization of available resources.

Col A Chakravarty

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Reply

Dear Editor,

We appreciate the keen interest of the reader in the article and the valuable suggestion made for incorporating MUSIC-3D technique of inventory control system in the medical stores.

MUSIC-3D technique of inventory control is a more complex system which takes into account three dimensions i.e. the consumption value, availability and criticality. If we adopt three levels for each item, such as ABC, SDE and VED, then we will have 27 groups of drugs and the control and follow up becomes difficult[1]. In the present setup and procurement procedure there

is no problem of availability of items with readily available local purchase funds. Hence authors still recommend the use of ABC-VED system for inventory control in medical stores of service hospitals.

References

1. Gupta S, Kant S. In: Hospital stores management – An integral approach: 1st ed. New Delhi; Jaypee Bros, 2000; 219-20.