

#VACCINATION

Flu & Covid Shot Combo

Acceptance of a combination influenza-COVID-19 vaccine among minority individuals is higher than for the COVID-19 vaccine alone, according to new research.



The findings suggest that bundling COVID-19 vaccines or boosters with influenza vaccines may be a convenient option to increase future uptake of both vaccines among minorities.

"Millions of people in the United States remain unvaccinated to COVID-19 due to persistent vaccine hesitancy," says Robert Lennon, associate professor of Family and Community Medicine at Penn State. "As new variants continue to emerge, hospitalizations and deaths will continue to have a disproportionate impact on minority individuals given historic disparities in health care access and quality. It is critical to improve access to and education about vaccines for these individuals."

According to Lennon, some vaccine manufacturers have announced that they are pursuing the development of a combined COVID-19-influenza vaccine.



"This is important," he says, "because our research suggests that a combination vaccine may entice more minority individuals to get vaccinated than either the COVID-19 or influenza vaccine alone."

In the study, published in the journal Vaccine, Lennon and colleagues, including Ray Block, professor in the McCourtney Institute and associate professor of political science and African-American studies, collaborated with the African-American Research Collaborative (AARC), an organization dedicated to bringing an accurate understanding of African-American civic engagement to the public discourse.

Together, the team developed a survey and conducted a national telephone and online poll of more than 12,887 US minority adults, including Latino/a/x, Black/African-American, Asian-American or Pacific Islander, Native American/American-Indian, and white, from May 7 to June 7, 2021.

Our goal was to determine the acceptability of a combination influenza-COVID-19 vaccine compared to influenza or COVID-19 vaccines alone in

a nationally representative sample of US adults," says Lennon. "This is the largest COVID-19 vaccine intention study that we know of; certainly, it's the largest for underserved minorities."

To assess acceptance of the seasonal flu vaccine alone, the team asked participants, "Do you plan to get the flu vaccine this year?" (a) yes, (b) no, or (c) don't know/unsure. The team assessed acceptance of an annual COVID-19 vaccine by asking participants, "Some medical professionals think COVID-19 vaccines may need to be taken annually, similar to the seasonal flu vaccine. Would you say (a) I would definitely take an updated COVID-19 vaccine once per year, (b) I might take an updated COVID-19 vaccine each year, or (c) I would not take an updated COVID-19 vaccine each year."

The team found that 45% of respondents said that they have, will certainly, or will most likely get a COVID-19 vaccine, while 58% said they would get an influenza vaccine. For a combination influenza-COVID-19 vaccine, overall acceptance was 50%.

"It is interesting that acceptance was higher for the combination vaccine than for the COVID-19 vaccine," says Block. "This may be due to the convenience of getting two vaccines in one visit or even concern over increased exposure during two visits compared to one. I think we could get some people who are hesitant to consider getting vaccinated if they know they can do them both at the same time."

Block notes that another explanation for the finding that more people would be willing to get a combination vaccine than a COVID-19 vaccine alone could be that the long history of influenza vaccine safety helped to reduce some participants' concerns over the newness of the COVID-19 booster.

"The fact that approximately half of the population we surveyed says that they were willing to accept a combination vaccine may be a convenient option to increase uptake of vaccines among minorities," says Lennon.

"An optimal approach may be to offer a combination vaccine first, and if refused, offer individual influenza or COVID-19 boosters to accommodate those who will accept only one."

Additional co-authors are from the Commonwealth Fund and COVID Group, The Commonwealth Fund, the Robert Wood Johnson Foundation, and the WK Kellogg Foundation funded the work.



Going a step further, Justice John Paul Stevens, from US Supreme Court stated in the footnote of the case Estelle v/s Gamble, 429 US 97, (1976): "If a State elects to impose imprisonment as a punishment for crime, I believe it has an obligation to provide the persons in custody with a healthcare system which meets minimal standards care of adequacy." Though, it clearly mentions that the convicts and prisoners have to be provided medical care, but it fails to define the minimal standards of adequacy. So, when Dr Griffith suggested path breaking treatment to Mr Bennett, was he ethically and legally right to do so, when the law advocates just minimal standards of adequacy for such patients? The debate may degenerate into mudslinging brickbats but is amply summed up by Edward's sister Leslie Schumaker Downey, "They are putting Bennett in the storylines, portraying him as a hero and a pioneer." "I think the doctors who did the surgery should get all the praise and not Mr Bennett," she concludes.

From Bombay to Baltimore!



Dr Rajeev Bagarihatta
Cardiologist

Dr Bartley Griffith does *Achanak* again!! The transplantation of a pig's genetically coded heart in Mr David Bennett (57), at the University of Maryland, Baltimore, has been creating flutters in the medical circles because of its scientific innovation and ethical issues associated with the tweaking of genetic programme of donor animals just to keep human beings alive.

The patient, Mr Bennett, has been a known case of severe breathlessness due to his poor cardiac functions and irregular heart rhythm, virtually bedridden for last many weeks and has been on heart lung bypass machine for his support. The drug treatment seemed not to be working on him with only heart transplant being the final option left for him to survive.

But he failed the suitability for a human cardiac transplant due to stringent organ transplant regulations of the US government. Time and again, he had been off his cardiac drugs in the past, and irregular with his cardiology follow up. It was assumed that giving a precious human organ, when there is a huge waiting list of recipients, to a reckless recipient like Mr Bennett would be the most injudicious use of the depleted donor bank.

Keeping this track record of his truant patient in mind, Dr Griffith broached the topic with the patient in December 2021.

"We can't give you a human heart. You don't qualify. But maybe we can use one from an animal, a pig," Dr Griffith said. "I wasn't sure that he was understanding me," he added.

Mr Bennett said, "Well, will I oink?" He hoped, "I look forward to getting out of bed after I recover."

Dr Griffith with Mr Bennett

The rest is history with the surgeons team successfully transplanting a pig's heart in a nine-hour long surgery.

As the tinkling of the ventilators

#BEYOND ETHICS

recede and the circulatory support is being taken off, a maligned social history of Mr Bennett has crept in from the backstage threatening to snowball into yet another socio-ethical debate.

Little did Dr Griffith know about Bennett's troubled social past. It was in 1988, when Bennett, then 23 years, in a fit of uncontrolled anger, had stabbed Mr Edward Schumaker (22), seven times in a Maryland bar when he saw Edward flirting with his then wife, Norma Jean Bennet. Bennett was sentenced for ten years of imprisonment while Edward languished for many years in a wheelchair bound life before succumbing to the complications 19 long years after the attack.

Edward Schumaker, who was stabbed by Mr Bennett, pictured in 2003.

Were the treating doctors justified in providing a life-saving surgery to a confirmed murderer?

The answer has been offered by Gulzar and Khawaja Ahmed Abbas half a century ago. Joining the dots of Bennett's criminal record one is taken into a blood-curdling memory of a movie, *Achanak*, which I had seen in my school auditorium.

Remember Vinod Khanna, a beret-donning suave army officer, who comes home to find his best friend in a compromising position

with his beloved wife. The wife and her paramour are killed on the spot, and Vinod Khanna is sentenced to death. But in an effort to escape from the police, Vinod gets gravely injured and lands up back in the police custody in a hospital. Should the doctors save his life, one who is a confirmed killer and is going to be hanged later?

Gulzar metes out a very humane treatment to a sensitive issue and presents a solution to a predicament which is now being faced by the doctors in Baltimore. Vinod gets to perform an endearing role where he reaches out to his treating doctors and nurses (including Farida Jalal), and draws sympathy from the audience though he has been labelled as a murderer. The doctors treat Vinod to

recovery, only to lose him in the end to the impending death sentence.



Dr Bartley Griffith

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Mudslinging Brickbats

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"They are putting Bennett in the storylines, portraying him as a hero and a pioneer." "I think the doctors who did the surgery should get all the praise and not Mr Bennett," she concludes.

As human beings first, and doctors later, we confront this dilemma many times but over the years have come to realise that the same divine flame burns in the criminals and the haloed persons. The act of the criminal has to be separated from the person and compassion must

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Ticklish Issue

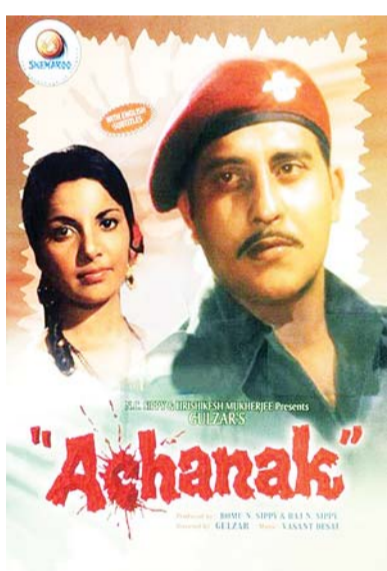
Incidentally in 1959, a weekly tabloid Blitz, owned by RK Karanjia, had published exclusive cover stories on yet another 'crime of passion', Commander Nanavati had used his navy revolver to shoot Mr Ahuja, Nanavati's wife's suspected lover, when Ahuja was caught in the bedroom of his flat purportedly coming out of his bathroom draped in a towel. Blitz painted Nanavati's image, as that of a man representing middle class values as against Ahuja's playboy image, that symbolised corruption and sleaze of the bourgeois. A copy of Blitz during the trial sold for Rs 2 per copy, up from the normal rate of 0.25 rupees. Peddlers in the street sold Ahuja towels and toy Nanavati revolvers! Nanavati was eventually pardoned by Mrs Vijayalakshmi Pandit, the then Governor of Maharashtra. *Achanak* was based on the true life drama of Nanavati's case.

Time and again, we as doctors face this ticklish issue where a convict lands up in our hospital for treatment. I must admit that the first reaction of all of us is to eye the convicted patient with suspicion. Most of his complaints are taken with a pinch of salt and it's only after we have got a detailed appraisal of the patient's history, that we believe in the true nature of his problem. Once through, we try to do our best to redress his or her complaints, giving no credence to his criminal record.

At the expense of sounding too simplistic, there is a clear cut separation of legal system from the healthcare system for good reasons. "The key principle in medicine is to treat anyone who is sick, regardless of who they are," Arthur Caplan, a bioethics professor at New York University echoes. "We are not in the business of sorting sinners from the saints. Crime is a legal matter."

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Safer Internet Day

The Internet has been an amazing invention that has undoubtedly changed the world in more ways than we can think of. Not all of those ways, unfortunately, have been positive. We can connect to people faster, find things easier, and transfer information at the speed of light. These very boons of communication can become the bane of safety. So much of our private lives and information get transferred over the internet. Safer Internet Day reminds us to protect ourselves from the dangers and make the internet a little safer for everyone.



#TOURISM

One-Of-Its-Kind!

World's largest Igloo Cafe opens in J&K's Gulmarg, that mesmerises tourists with its dreamy pics.

Jammu Kashmir's Gulmarg has another reason to boast, apart from its natural beauty of snow-capped mountains and several ski resorts. The hill station now has the world's largest igloo cafe of its kind.

Syed Wasim Shah, creator of the igloo, built the restaurant in 64 days with the help of 25 people who worked day and night. Shah said that the cafe, made with a height of 37.5 feet and a diameter of 44.5 feet, was the largest cafe of its kind in the world. Shah had created an igloo cafe last year and claimed it to be Asia's highest.



"I saw this concept in Switzerland few years back where they have such hotels, which are equipped with sleeping facilities as well. I thought Gulmarg sees a lot of snow and why not start this concept here," Shah said.

He said the biggest igloo cafe, according to the Guinness Book of World Records, is in Switzerland, and its height is 33.8 feet and diameter 42.4 feet. So, this is larger than that, Shah added.

He said last year's cafe had four tables, and 16 people could eat at a time, but this year, they have placed 10 tables. We have created it in two steps with a staircase. Forty people can eat at a time.

The cafe has become a centre of attraction for local people as well as tourists thronging the resort.



#FITNESS

If your motivation to stick to your resolution, to exercise more this year, is waning, you're not alone. It's suggested around 80% of people will have given up on their New Year resolutions by February.



Choose Short-term Goals

Another basic motivational mistake many of us made in January was to set our goals too far in the future. Many people start exercising with the aim to lose a few pounds - perhaps in order to fit into their favourite jeans again. But when the outcome is far in the future, our brains don't associate the motivation (fitting into our jeans) with exercising, so we're less inclined to exercise.

By choosing a goal that has a more immediate outcome, our brains will associate the outcome positively with exercise because they occur simultaneously. For example, the mood-boosting benefits of exercise occur more quickly than physical health changes so this may be a better motivator for you to keep exercising well past January. In short, make the reason for exercise an immediate one you can achieve - and the long-term benefits will follow.

Focus on 'Being'

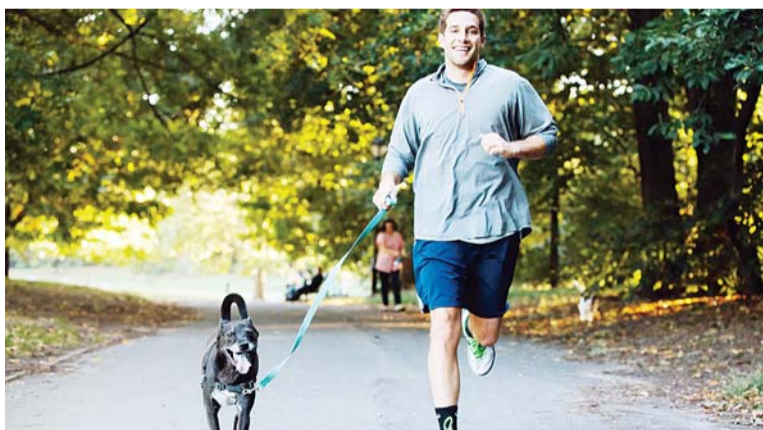
The final motivational fix is switching the type of goal you have. So-called 'have' goals serve little purpose for our motivational brain, which focuses on more important things - such as being effective at what we do and making social bonds. An example of a 'have' goal would be exercising so that you can have a better body. This type of goal is viewed as less important by our brain because it does not help us meet essential goals that help us thrive.

On the other hand, the types of goals that are more likely to keep us motivated are 'be' goals. An example of a 'be' goal would be exercising to be healthy, or to be more athletic. Be goals are superior because humans tend to want to bond with other like-minded people based on our identities. So someone may find exercise easier to stick with if they're doing it as a way to demonstrate their athleticism, for example. As a result, people do a better job of sticking to be goals, compared to other types of goals.

Making some tweaks to the resolutions - and your approach to exercise in a positive manner - may help you better stick to your goals for the rest of the year without any constraint.

Unfortunately, our brain encourages us to avoid physical effort. This is why the excessive effort we use when exercising will work against us in the long run - leading us to feel less motivated to exercise by the end of January. Our brain is constantly monitoring our body for any changes from our resting state, which could mean danger to our health. The more physical effort we use, the more a signal is activated and our brain tells us that the activity just isn't worth the effort and potential risk.

This is why minimising the effort we need to put into exercise may actually better help us stick to our resolutions in the long-term. For example, if you're dreading even a fifteen minute jog, do five minutes instead. Or if you hate running but enjoy zumba, do that instead. The golden rule is that the activity you're trying to motivate yourself to do

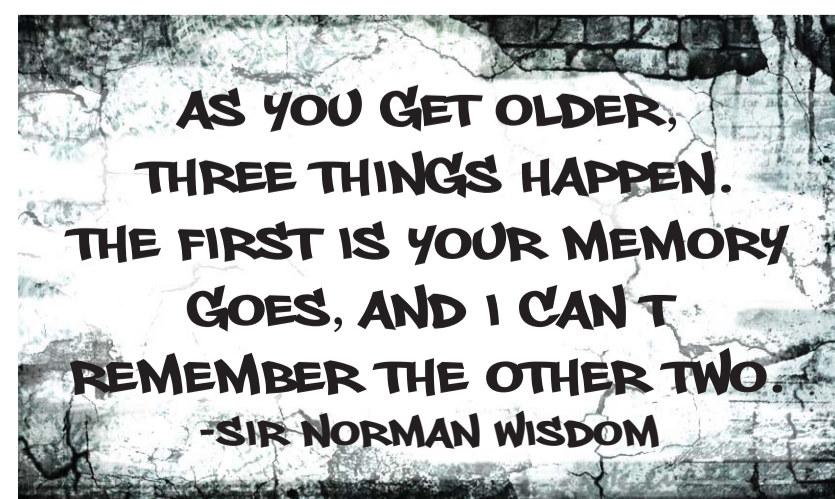


By Jerry Scott & Jim Borgman

ZITS



THE WALL



BABY BLUES



By Rick Kirkman & Jerry Scott