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### **CONTENTS**

From the desk of the Editor

Management of Nasoalveolar Cyst by Transnasal Endoscopic Marsupialization	1
Mohnish Grover, Siddharth Nirwan, Rahul Nahar, Samanvaya Soni A Comparartive Study on Endoscopic Underlay versus Interlay	1
Technique of Type I Tympanoplasty Sajitha K B, Naveen Kumar A G	7
Evaluation of Role of Prognostic Factors on Hearing Outcome in Unilateral Idiopathic Sudden Onset Sensorineural Hearing Loss Namrata Yadav, Priti Lal, Rohit Bhardwaj, Kuldeep Yadav	12
COVID-19 Symptomatology from the Otorhinolaryngology Perspective : Survey from Tertiary Care Center Raj Tajamul Hussain, Mayank Yadav, Jasdeep Monga	21
Case Series	
Animal Bites in ENT Saba Erfan, Prithvi Das, Somnath Saha	29
Primary Nasal Tuberculosis Varun Jerath, Bipin Kishore Prasad, Yamuna Ranganathan, Sunil Goyal	34
Case Report	
Cylindroma Mimicking Neurofibroma Vinod Kumar Gonuru, Sridhar Reddy Dandala, M.S.S. Samhita, Ashok Kumar	41
A Rare Otological Presentation of Squamous Papilloma Tanuj Madan, Sunil Goyal, Sachin Thongham, Gunjan Dwivedi	44

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From the Desk of the Editor

The World Health Statistics 2019 pegged the global suicide rate at 10.6 per lakh per year though the same rate is 16.3 in India. Specific rates of suicide among health care professionals in India is not available. But 358 suicidal deaths were reported in news and other media among budding and full-grown doctors between 2010 and 2019 in India. 125 were medical students, 105 were residents and 128 were doctors.1166 medical students dropped out in the last 5 years. 70% of suicidal deaths among doctors occur before the age of 30 years. Anesthesiologists and Gynecologists had the leading suicidal rates. Academic stress and marital discord were the most commonly implicated reasons for suicide. Mental illness and workplace harassment were the next most common causes. Though 26% showed warning signs of suicide, 13% had never sought help from a psychiatrist before termination of life.

Just before World Mental Health Day on October 10, 2022, The National Medical Commission (NMC) sought data of post graduate students who committed suicide in the last 5 years. The circular also wanted to know the number of drop-outs, details of duty hours and off hours per week for the resident doctors. It was evident that the national body was deeply concerned with unusually high suicide rates among medical students and residents. Traditionally ragging, gender and caste-based discrimination were deemed to be the foremost contributors to doctor suicides but workplace dissatisfaction also seems to play a major role.

The problem of unaddressed mental health issues is not limited to resident doctors. Doctors in India as a community are more prone to suicide. An important professional body of doctors in India have flagged suicide in doctors as a public health crisis needing immediate attention. Risk of suicide among doctors is almost 2.5 times that in the general population.

Doctors are exposed to various stressful situations right from their days at the medical /dental colleges due to the vast and demanding academic curriculum. Poor living conditions, inadequate sleep, tiring duty schedules, poor pay, frustration of a long-drawn path to establishment add to the poor mental health conditions of doctors. Even after establishment, doctors in India have to face workplace violence, have to deal with complex problems of patients sometimes the life being at stake. These are extremely stressful situations which further shove them into the abyss of depression and anxiety. Covid 19 was a stressful situation for the whole of mankind but it exerted the most dreadful effects on the mental as well as physical health of healthcare professionals at large. The pandemic brought to the fore the glaring problem of mental ill health among doctors in India and prompted strong reactions from different quarters.

It is imminent that the government has the responsibility to protect its doctors. Ensuring safe workplace

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environment, reasonable working hours, providing good living conditions, commensurate pay and other amenities may help improve the general mental health of resident doctors. Another burning issue is substance and alcohol abuse which needs to be handled sensitively keeping in mind the young adults who aspire to be doctors. Since mental illness is associated with social stigma and possible workplace discriminatory attitudes, treatment seeking tendency is low among mentally ill doctors. This problem needs further introspection from the medical fraternity and can be solved by destigmatizing mental illness. The media also can contribute in this by reporting suicide cases responsibly without sensationalisation. Maintaining proper anonymity and not focusing on the methods undertaken, not being judgemental regarding plausible causes of suicides will go a long way in changing the general outlook towards suicidal tendencies. The broader context of societal basis of suicides has to be unearthed by appropriately learned professionals and changes have to come in the society to stop this menace.

Professional organizations like the IMA have come up with some initiatives to address mental health issues in doctors. Continuous awareness programmes, group discussions and personal interaction are needed to identify and treat suicidal ideation among doctors. Countries like Australia have various websites and tele health services for medical professionals and students. There are various such initiatives for the general populace in India. The Ministry of Social Justice, India has set up KIRAN, a 24/7 national helpline, reachable at 1800-599-0019. Suicide Prevention India Foundation(spif.in) has teleconsultation options and suicide-gatekeeper training programs. iCall by Tata Institute of Social science, helplines by Aasra (022-27546669), Vandrevala Foundation (18602662345/1800233330) and Samaritans in Mumbai, Cooj in Goa, Sneha Foundation in Chennai and Parivarthan Counselling, Training and Research Centre, Bengaluru are some other mental health helplines available for the general public in India. These measures are aimed at identifying and treating suicidal ideations.

But we also need to look at primordial prevention measures. Family support is one of the major factors for mental relaxation and stress relief. Doctors have to find ways to take some time off from their hectic duty schedules to engage in leisurely activities, nurture their hobbies, spend time with their families. Incorporation of regular physical activity in the form of sports or exercise in the daily routine is also a fruitful measure. The medical curriculum needs to stress on the need for doctors to pay attention to their own health, mental as well as physical. The Indian society needs to wake up to the problem and has to act responsibly to reduce stress on doctors. Maintaining a healthy workforce will bolster India's healthcare to a great degree. All stakeholders have to function in concert to achieve this goal.

Wishing all our readers a sound mind and body.

Saumilea Xumer

Dr Saumitra Kumar Executive Editor, Bengal Journal of Otolaryngology and Head Neck Surgery

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