ISSN: 2577 - 8455

Review Article

Archives of Infectious Diseases & Therapy

"Elephant inthe Doctors Room"

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Emerging and Antibiotic Resistant Microorganisms That Threaten Healthcare Workers

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Submitted: 18 May 2018; **Accepted**: 21 May 2018; **Published**: 30 May 2018

Abstract

We were preoccupied with whether, or not we could, we did not stop, to think if we should. It's ironic, a fantasy movie, Jurassic Park, aptly describes the medical crisis we face today, I am talking about emerging and antibiotic-resistant bacterial infections and how to prevent them spread resulting in epidemics and pandemics that can kill 10 million people per year by 2050 [1,2].

We are now facing a mortal enemy that surpasses our own Intelligence. A tiny microorganism that has indeed, brought us to our knees. It has learned from us, adapted to us, and now exploits our genetic vulnerability, with lethal precision.

Pharmaceuticals, medical device manufacturers, government and doctors have now started accepted and acknowledging this as a major crisis of 21st Century. Unfortunately, they are offering incentives and financial support to projects and research that may never bring in the miracle cure and save millions of lives as it did in the past.

By not guarding the miracle drug as custodians, we allowed antibiotics to, fatten chickens, treat animals, encouraging nurses to use our clinical skill to diagnose illness, prescribe drugs, and chemist to sell antibiotics without the prescription. We have now lost the only drug that helped us fight infections, learn more about our body, make advances in medicine possible, perform surgical procedures, transplant surgery, IVF and, Save millions of people.

My mission is to help encourage, members of our profession to, share knowledge, Innovate and develop products, and method to fight infection. My message to members of my profession is to reduce wasted consultations, cost of healthcare, antibiotic abuse and cross infections and help us this war with bugs that we cannot see.

I hope to discourage people in power, institutions and pharmaceuticals companies stop this dream of inventing a miracle cure, tests, investigations and talking about boosting immunity knowing the bugs are smarter, stronger and well adapted to survive and think of alternate strategy of integrating innovations to initially identify infected individuals and isolate them to protect humanity.

Article

The Chief Medical Officer's annual report published a strategy to reduce antimicrobial resistance. She expects stewardship to reduce the risks of inadequate, inappropriate and ill-effects of treatment [3]. I do not think we can be successful if we continue strategies based on the so-called evidence-based medicine without understanding the practical realities of working as a doctor in the community [4].

Antimicrobial resistance is a global public health issue driven by the overuse of antimicrobials due to demand by patients and inappropriate prescribing by doctors, nurses and chemist. The increase colonization of twelve microorganisms in hospitals is making it hard to treat. The number of infections due to multi-drug resistant organisms is growing faster than then we can think of inventing a new antibiotic.

What can we do when we are swamped with killer bugs? Run or hide? I have been struggling to come to terms with these scenarios since I first encountered bacteria, known as "Normal commensal" that killed a healthy young fourteen years old boy in 1989. This may sound like a Ski B Science fiction film but in reality, true.

It is not a secret that we humans are locked in a race of our own making. The concept of a "black swan," Nassim Nicholas Taleb's term for low-probability but high-impact events, has become widely known in recent years. Many have embraced the "black swan." The threat of inadvertent pandemics is not a "black swan" because its probability is very high [5].

Responsible governments and cooperative organizations have options in that regard, but even individuals can contribute something. As a medical doctor, I have tried my best to warn members of my profession, endured pain and suffering only because I believe we can win this war and stop this elephant in the doctor's room, only

if we are honest with one another, work in harmony, integrity and stop abusing antibiotics and also prescribing steroids.

British institutes may have inflicted harm, to doctors and destroyed their family to protect their institution from criticising cruel, inhuman or degrading un-ethical medical practice or treatment. The health secretary claims to protect doctors who raise concern about sub-standard care, but they seldom do.

The physician must report a breach of the Geneva Convention to relevant authorities, but when they do, it will be them who become the victim [6]. The physician is neither expected to use nor allow to be used, as far as he or she can, with medical knowledge, skills or health information specific to individuals. Thirty doctors, investigated by the General Medical Council have been investigated using false claims; complaints and concealing the truth have committed suicide [7].

A physician working in hospitals or community, do not have complete clinical independence in deciding upon the care of a person for whom he or she is medically responsible. The physician's fundamental role is to alleviate the distress of his or her fellow human beings, and no motive, whether personal, collective or political, shall prevail against this higher purpose [8].

When the doctors report wrongdoings or un-ethical medical practice, The national medical council, claimed to have no power to intervene or support the physician and his or her family in the face of threats or reprisals resulting from a refusal to accept, an inhuman or degrading treatment that inflicts pain and suffering on a fellow human

This callous attitude and disregard to declaration will now result in a pandemic that will challenge healthcare profession, institutions and humanity, no matter how prepared or not; we must deal with it when it happens.

By a combination of massive inadvertence and what can only be called stupidity, we must now invent new and effective antibiotics faster than deadly bacteria evolve and regrettably, they are rapidly doing so with our help. I do not exclude the possibility that bad actors might deliberately engineer deadly superbugs [9]. But even if that does not happen, humanity faces an existential threat largely of its own making in the absence of malign intentions.

You have certainly been warned, warned and warned. The curse we have created was understood as a possibility from the very outset, when seventy years ago, Sir Alexander Fleming, the discoverer of penicillin, predicted antibiotic resistance [10].

In 2015, an article, "The Most Predictable Disaster in the History of the Human Race," Bill Gates pointed out that one of the costliest disasters of the 20th century, worse even than World War I, was the Spanish Flu pandemic of 1918-19. As the author of the article, Ezra Klein, put it: "No one can say you weren't warned, and warned. This pandemic of antibiotic-resistant and emerging infections will be the most predictable catastrophe in the history of the human race [11]."

Even with effective new medicines, if we can devise them, we must contain outbreaks of bacterial disease fast, lest they get out of control. In other words, we have a social-organizational challenge before us as well as a strictly medical one. That means getting sufficient amounts of medicine into the right hands and in the right places, but it also means educating people and enabling them to communicate with each other to prevent any outbreak from spreading widely [12].

In 2006, I did anticipate, published a video in Medica 2006, stating this will be a "War we may never win" and warned healthcare professionals, pharmaceutical companies, device manufacturers and healthcare providers. I did not anticipate the rapidity in which a small bug MRSA could transfer information, knowledge and technical know how to fungus, virus and parasite that we cannot see and bring us to our knee.

I feel sad knowing it is unlikely our profession will continue to flourish and so blame myself for not acting early to stop this elephant in the room. We helped MRSA creating an army of microorganisms that surpasses our intelligence. A tiny living Microorganism that has indeed brought us to our knees. It has learned from us, adapted to us and now exploits our genetic vulnerabilities with lethal precision.

The antibiotic-resistant superbug has Manchester, London, Edinburgh, and Birmingham, but deaths are still not centrally recorded. Pharmaceuticals companies, Medical device manufacturers, people in power and some doctors reject "This Elephant in The Room."

By not guarding the so-called "The Miracle Drug" as custodians, we ignored the use of antibiotics: to fatten Chickens, treat animals [13].

In the UK, National Health Service, The health secretary licenced nurses trained in classroom (for 26-day with 12 days of mentored practice and five assignments) and community practitioner nurse prescribers", who undergo less detailed training [14]. Pulse obtained the figures under the Freedom of Information Act from the NHS Business Services Authority and compared figures between May 2006 and May 2007. The newspaper found that prescriptions for the antibiotic ciprofloxacin were up 218%, the anti-depressant paroxetine was up by 262% and the diabetes drug rosiglitazone was up by 245% [15].

Professor Hugh McGavock, visiting professor of prescribing science at the University of Ulster and a former member of the Committee on Safety of Medicines, told Pulse he had "serious concerns" about the rule change [16].

He said: "Nurses' knowledge of diagnosis is pathetically poor. It takes medical students five years to be competent to make a differential diagnosis. Only a country with not enough doctors would go down this cheapy line [17]."

Now nurse independent, pharmacist, optometrist, physiotherapists, podiatrists, therapeutic and chemist to sell without a prescription resulting in 49% increase in prescription [18]. In doing all of those, we have lost a very important drug that helped us fight infections, made advances in medicine, perform surgical procedures, transplants, IVF and save millions of people.

It has become well known to many people; there is a general resistance to acknowledging the severity and imminence of the danger.

A four months' pregnant woman caught a urinary tract infection that was resistant to common antibiotics. The only option was to

test an "Orphan drug" not knowing the outcome or effect to the unborn child. This drug was not tested on pregnant women before; the risks were unknown.

While these cases are rare, reports of a highly resistant superbug are rising, and infection control doctors are worried. Carbapenem-resistant Enterobacteriaceae (CRE) is not only difficult to pronounce but deadly. These are bugs that live in the human gut but can cause an infection if they get into the wrong place, like the urinary tract or a wound. They have evolved to become immune to most classes of antibiotics – so if someone does become infected, there are only a few drugs that will still work.

These bugs are causing huge problems in India, certain parts of Asia, the Middle East and some countries in southern Europe but no media or politicians dare take about it because of fear of de-stabilizing their system.

Until recently, most infections were seen in people who had travelled abroad, had family members who had, or had been in a foreign hospital. The boom in cheap cosmetic surgery in India was blamed for a spate of infections in Britain.

Now, doctors are finding people who have never boarded a plane are carrying the bug. There have already been outbreaks in Manchester, London, Liverpool, Leeds, Edinburgh, Birmingham, Nottingham, Belfast, Dublin and Limerick among other areas.

Patients found with the resistant bacterial infection have to be treated inside rooms in the hospital, so the bacteria do not spread and harm other vulnerable patients. But in many of Britain's Victorian-built hospitals, single rooms are in sparse supply. The government doesn't centrally record deaths from superbugs - but it is thought that hundreds have already died.

Across the country, doctors are being forced to reach for older, more toxic drugs to treat these infections. The amount of colistin – called the "last hope" antibiotic as it is one of few options still effective against CRE infections - rose dramatically in English hospitals between 2014 and 2015. I am sure more bacteria have now become resistant to colistin, but as time pass by, we will get to hear about this. I did not expect doctors to use colistin because the drug was taken off the shelves soon after it was introduced.

This drug harmed the kidneys and nervous system in high doses but was reintroduced when infections became immune to standard treatment. The more we use colistin, the more bacteria develop resistance to it. It's only a matter of time before it stops working too, leaving doctors' arsenal near-empty when it comes to the most dangerous superbug infections [19].

What Are the Problems?

Bacteria are among the oldest living things on the planet. They are masters of survival and can be found everywhere. Billions of them live on and in every one of us, many of them helping our bodies to run smoothly and stay healthy. Scientists are just beginning to understand how important the gut flora, and other body sites are for our health [20].

The gut microbiome starts developing in the womb, but the process really takes off during birth itself, when babies pick up bacteria from their mother's vaginal canal and skin. Friendly bacteria living in the vagina and groin enter our body as soon as we are born. The dramatic transition from womb to world is the time when a baby ingests some of the first that will colonise its guts. But babies born by C-section miss out on this process, and end up with a different set of bugs including some from the hospital environment [21].

A number of studies have found evidence that this C-section microbiome could make the child more vulnerable to problems later in life. The vagina is their home, and so they take care of us until we die.

This symbiotic relationship between human and bacteria help us stay healthy and enjoy life. Most bacteria in the environment may not be helpful or at least harmless, but few are not [22,23].

Before Alexander Fleming was awarded the Nobel Prize, claiming to have discovered "The Miricle Drug," Staphylococcus aureus fought back by developing an enzyme "Penicillinase," that digested penicillin Scientists, with knowledge and expertise of developing antibiotics, developed Methicillin and other drugs to neutralize penicillin. They invade our cells, spread quickly, and cause havoc that we refer to generically as disease [24].

Millions of people used to die every year as a result of bacterial infections until we developed antibiotics. These wonder drugs revolutionized medicine, but one can have too much of a good thing Doctors have used antibiotics recklessly, prescribing them for just about everything, and in the process helped to create strains of bacteria that are resistant to the medicines we have. We even give antibiotics to cattle that are not sick and use them to fatten chickens [12].

Companies large and small still mindlessly market antimicrobial products for hands and home, claiming that they kill bacteria and viruses. They do more harm than good because the low concentrations of antimicrobials that these products contain tend to kill friendly bacteria (not viruses at all), and so clear the way for the mass multiplication of surviving unfriendly bacteria [25].

Perhaps even worse, hospitals have deployed antimicrobial products on an industrial scale for a long time now, the result is a sharp rise in iatrogenic bacterial illnesses.

Overuse of antibiotics and commercial products containing them has helped superbugs to evolve. We now increasingly face microorganisms that cannot be killed by antibiotics, antifungals, antivirals, or any other chemical weapon we throw at them. Pandemics are the major risk we run as a result, but it is not the only one. Overuse of antibiotics by doctors, homemakers, and hospital managers could mean that, in the not-too-distant future, something as simple as a minor cut could again become life-threatening if it becomes infected.

Few non-medical professionals are aware that antibiotics are the foundation on which nearly all of the modern medicine rests. Cancer therapy, organ transplants, surgeries minor and major, and even childbirth all rely on antibiotics to prevent infections. If infections become untreatable, we stand to lose most of the medical advances we have made over the past fifty years.

And the problem is already here. In the summer of 2011, a 43-year-old woman with complications from a lung transplant was transferred from a New York City hospital to the Clinical Centre at the National Institutes of Health (NIH), in Bethesda, Maryland. She had a highly resistant superbug known as Klebsiellapneumoniaecarbapenemase (KPC) [26].

The patient was treated and eventually discharged after doctors concluded that they had contained the infection. A few weeks later, a 34-year-old man with a tumour and no known link to the woman contracted KPC while at the hospital. During the next few months, several more NIH patients presented with KPC.

Doctors attacked the outbreak with combinations of antibiotics, including a supposedly powerful experimental drug. A separate intensive care unit for KPC patients was set up, and robots disinfected empty rooms, but the infection still spread beyond the intensive care area. Several patients died and then suddenly all was silent on the KPC front, with doctors convinced they had seen the last of the dangerous bacterium. They couldn't have been more mistaken. A year later, a young man with complications from a bone marrow transplant arrived at NIH. He became infected with KPC and died. This superbug is now present in hospitals in most, if not all U.S. states. This is not good [27].

This past year an outbreak of CRE (carbapenem-resistant Enterobacteriaceae) linked to contaminated medical equipment infected 11 patients and killed two in Los Angeles area hospitals. This family of bacteria has evolved resistance to all antibiotics, including the powerful carbapenem antibiotics that are often used as a last resort against serious infections. They are now so resilient that it is virtually impossible to remove them from medical tools such as catheters and breathing tubes placed into the body, even after cleaning.

Then we have gonorrhoea, chlamydia, and other sexually transmitted diseases that we cannot treat and that are spreading all over the world. Anyone who has sex can get infected, and because most people may not exhibit any symptoms, they spread infections without anyone knowing about it Sexually transmitted diseases used to be treatable with antibiotics, but in recent years we have witnessed the rise of multi-drug resistant STDs. Untreated gonorrhoea can lead to infertility in men and women and blindness and another congenital disability in babies. As is well known, too, we have witnessed many cases of drug-resistant pneumonia [27].

In EuroSciCon Conference in Rome, Miss Kabukoma Christina, European African Treatment Advocate (EATAN) (www.eatan.eu) a new Europe-wide initiative that aims to enhance the quality of migrant communities in Europe and in particular Africans living with or at risk of HIV, viral hepatitis, TB and other chronic conditions. She explained the gravity of the problem in Italy. The influx of refugees or immigrants claiming political asylum from Asia and Africa are not only spreading HIV but also sexually transmitted infections.

The young girls are said to travel knowing they will be offering sex in return for a better quality of life. I was told fifteen girls, sailing across in a boat had unprotected sex with 150 men and so were not only infected by sharing them with others. I was surprised to see the young girls, standing on the footpath and street corner during the day in a sexually provocative dress, offering sex and getting paid as little as 2 euros.

This problem is not likely to be confined to Italy but must be now a major problem all over Europe. Tourists and visitors to these European countries are likely to take the infections back to their home and spread them in their town and country.

Sexually transmitted disease (STD), HIV, superbugs, common bacterial infections do not produce any special symptoms indicative of their cause. Rashes, fevers, sneezing, runny noses, ear pain, diarrhoea, vomiting, coughing, fatigue, and weakness are signs of common and minor illnesses as well as uncommonly deadly ones. Therefore, the major problem for clinicians is to identify a common symptom that may potentially be an early sign of a major infection that could result in an epidemic.

We know that dangerous infections in any given geographical area do not start at the same time. They start with one victim and gradually spread. But that victim is only one among hundreds of patients a doctor will typically see, so many doctors will miss patients presenting with infections that are serious. They will probably identify diseases that kill fast, but slow-spreading infections such as skin infections that can lead to septicemia are rarely diagnosed early.

Also, I have seen doctors treating eczema with antibiotic cream, even though they know that bacteria are resistant to the majority of these drugs. This sort of action encourages simple infections to locally spread because patients are therefore not instructed to take other, more useful precautions. On top of that, some people are frivolous about infections and assume doctors are exaggerating the threat.

And some people are selfish. I was once called to see a passenger during a flight who had symptoms consistent with infection. He boarded the plane with these symptoms but began to feel much worse during the flight. I was scared, knowing how infections such as Ebola can spread. This made me think about a way to screen passengers before they board a flight.

Airlines must refund a traveller's ticket, or issue a replacement, in case of sickness which is not the policy now. We currently have no method to block infectious travellers from boarding flights, and there are no changes in the incentive system to enable conscientious passengers to avoid losing their money if they responsibly miss a flight because of illness.

Speaking of selfishness, I once saw a mother drop her daughter off at school with a serious bout of impetigo on her face. When I asked her why she had brought her daughter to school with a contagious infection, she said she could not spare the time to keep her at home or take her to the doctor. By allowing this child to contact other children, a simple infection can become a major threat.

Fortunately, I could see the rash on the girl's face, but other kids in schools may have rashes we cannot see. Incorrect diagnosis of skin problems and mistaken use of antibiotics to treat them is common all over the world, and so we are continually creating superbugs in our communities.

Similarly, chest infections, sore throats, and illnesses diagnosed as colds that unnecessarily treated with antibiotics and often with steroids is also a major threat. By prescribing antibiotics for viral

infections, we are not only helping bacteria develop resistance, but we are also polluting the environment when these drugs are passed in urine and faeces. All of this helps resistant bacteria to spread in the community and become an epidemic.

Ebola is very difficult to transmit because people who are contagious have visible and unusual symptoms. However, the emerging infections and pandemics of the future may not have visible symptoms, and they could break out in highly populous countries such as India and China that send thousands of travellers all over the world every day.

When a person is infected with a contagious disease, he or she can expect to pass the illness on to an average of two people. This is called the "reproduction number [28]."

Two is not that high a number as these things go; some diseases have far greater rates of infection. The SARS virus had a reproduction number of four. Measles has a reproduction number of 18.

One person travelling as an aeroplane passenger and carrying an infection similar to Ebola can infect three to five people sitting nearby, ten if he or she walks to the toilet. The study that highlighted this was published in a medical journal a few years ago, but the airline industry has not implemented any changes or introduced screening to prevent the spread of infections by air travel passengers, a major vehicle for the rapid spread of disease.

It is scary to think that nobody knows what will happen when the world faces a lethal disease we're not used to, perhaps with a reproduction number of five or eight or even ten. What if it starts in a megacity? What if, unlike Ebola, it's contagious before patients show obvious symptoms? Experience isn't comforting. In 2009, H1N1 flu spread around the world before we even knew it existed.

This is not a simple problem nor one that we can blame others because antibiotic-resistant superbug is silently spreading through UK hospitals. The General Medical Council, Royal Colleges, and the British Medical Association have not made any effort to help doctors immune to complaints nor protect them from verbal or physical abuse by patients. The nurse continues to diagnose infections and prescribe penicillin in large quantities because they are trained to follow protocol or guidelines and are not governed by medical ethics "Do No Harm".

It looks as if the culture of prescription and not finding a solution to the problem after listening to what patients complain is firmly embedded in the brain of some doctors and majority of nurses.

I was surprised to see a thirty-six years old patient with a history of rash which is very itchy in the night and worse after a hot bath. He had no history of rash or pruritus in that past and so was demanding a referral to a dermatologist. Numerous doctors and nurses working in family practice, urgent care centres and hospital in the last six weeks had managed this common symptom as eczema, infections but no one had considered scabies, bedbugs or insect bites. I have also noticed doctors working in France, Italy, Germany and other European counties are generously prescribing antibiotics and steroids to manage common infections.

If the politicians, institutions, and leaders of medical professions turn a blind eye to the elephant in the doctor's room and antibiotic abusers penalised and deaths not centrally recorded, I will not be surprised if the outbreaks in Manchester, London, Edinburgh, and Birmingham will spread soon, leaving thousands of people dead all over the world.

I was surprised because there is not one study that supports or demonstrated why one must take antibiotics for three, five, seven, ten, or fourteen days [29, 30]. The CDC and other institutions recommend completion of the course to help reduce the spread of resistant bacteria [31].

It may not be necessary to prolong antibiotic treatment, knowing bacterial infection can be cleared from the body after taking three doses. Fortunately, people in poor nations often do not take antibiotics for more than one or two days due to cost. This help to reduce harm to the environment. Scientists have published articles to prove one dose of antibiotic can kill good germs in our body, and we will be colonized with resistant bacteria for six to eight weeks. Low-dose antibiotics, spirits, alcohol hand wash, and antibiotic creams or drops kill harmless bacteria and help resistant bacteria flourish [32].

The most important advice about bacteria developing resistance, from Alexander Fleming, was ignored. He warned, "Doctors not to use penicillin unless there was a properly diagnosed reason for it to be used.It is important for you to know that drugs must be taken once, twice, three, or five times as advised, because this is based on pharmacokinetics. Some drugs like antibiotics must reach optimum concentration (good peak:) to help kill bacteria. (Bactericidal) if not, the bacteria will stop multiplying (bacteriostatic) and develop resistance.

If you have a bacterial infection and the antibiotic recommended is the right one, then patients will start feeling better soon after you take the third dose. If the symptoms are not resolved and you are not feeling better, then the infection is likely to be caused by a virus, or the bacteria is resistant to the antibiotic. The doctor must assess patients after taking three doses and consult microbiologist if the patient is not getting better and not increase or change antibiotics.

Since I returned to practice in private healthcare, I have encountered few urinary tract infections, rashes that are not commonly managed badly. One patient was prescribed flucloxacillin on three occasions in a month and also advised steroids by Gps and junior doctors working in A&E. Fungus infections like tenia are also not responding to miconazole spreading. One young pregnant women with an itchy rash that looked like a fungal infection were advised LFT and not treated with the antifungal drug.

Common illness is common but clinical presentation of illness are common illness is rapidly changing and so early diagnosis and treatment are difficult. Allowing nurses and chemist to diagnose illness will not only result in complication but death in the next few years, unless the institutions and people in power act and stop this un-ethical medical practice, identify and prevent patients with a history of infection visit hospitals and surgery [33].

Madlen Davies is a health and science reporter for the Bureau of Investigative Journalism reported about, four months pregnant, caught a urinary tract infection that was resistant to common antibiotics. Doctors treated her with the orphan drug, knowing it

could harm the baby. I do understand the doctors did not have any other option but use this orphan drug. Unfortunately, these bacteria will only develop resistance and spread but also produce long-term problem and likely to relapse [34].

Rising antibiotic resistance means people are now suffering infections for which there is no cure. I have long warned that decades of reliance on these drugs will lead to a "post-antibiotic era"– a return to a time where a scratch could kill, and common operations are too risky.People and healthcare officials assume these cases are rare, but the number of patients contracting highly resistant superbug is rising. Infection control doctors are worried but are not acting and preparing for a major crisis to stop this elephant in the room, start going on a rampage.

Carbapenem-resistant Enterobacteriaceae (CRE) are bugs that live in the human gut but can cause an infection if they get into the wrong place, like the urinary tract, or a wound are deadly and kill patients rapidly. The bacteria get into the bloodstream rapidly and, studies show between 40 percent and 50 percent of people die [35].

These bugs are causing huge problems in India, certain parts of Asia, the Middle East and some countries in southern Europe. I must have visited a dozen hospitals in India, but no one has come forward to report they have a problem. It's easy to criticize, but hard to implement changes that they can implement.

Doctors have spent their savings, borrowed money to build and establish high-tech hospitals assuming there will be an influx of patients requiring surgical procedures. India expected health tourism to become a major contributor to GDP.

Until recently, most infections were seen in people who had travelled abroad, had family members who had, or had been in a foreign hospital. The boom in cheap cosmetic surgery in India was blamed for a spate of infections in Britain [36].

Solution

Honesty and integrity are paramount to tackle this crisis to humanity. Doctors, healthcare workers, institutions, people in power must share information to stop this elephant in the doctor's room [37].

We must stop publishing articles that exaggerate hypothesis is claiming scientists have invented antibiotics and chemicals that can sterilize equipment and environment and our body (hands and skin). We have "Lost the one and the only drug that helped us fight infections, learn more about our body, make advances in medicine possible, perform surgical procedures, transplant surgery, IVF, save millions of lives.

We have created a massive empire that thrived on emotions claiming to protect humanity, and soon this empire will collapse and so must start thinking of implementing measures to salvage it. Hospitals and health cities are likely to be ghost towns, and people will be scared to enter.

Knowing our profession, pharmaceutical companies, device manufacturers, hospitals, medical schools, the nursing profession, biotechnology, healthcare workers, and humanity is threatened by treatment-resistant bacterial and emerging infection we must start innovating new methods faster than the bacteria can adapt.

Since 1989, I have observed how a single organism MRSA created an army by sharing knowledge, technical know how to break matter into atoms, we must initially identify infected individual and isolate them to protect your family and you.

Bearing this in my mind, I started my journey in 2000, practically lost everything I treasured but not given up my hope and determination to stop this elephant in the room rampage our world.

I stopped working as a doctor in the hospital, re-trained to be a family physician and worked as a locum doctor to learn more about clinical practice and management of illness in the primary care in the UK. It was here, I noticed numerous problems in diagnosis and management of illness labelled as common and had continued because people in power are living under an illusion and not understood the practical realities of diagnosis and management of illness offered by doctors. They have given more importance to the cost of healthcare, investing in technology and hoping to invent a miracle drug.

Majority of doctors continue to label a cough as a chest infection or LRTI, nasal congestion, a runny nose or snuffles as the common cold or URTI, wheezy as bronchitis, abdominal pain as tummy flu, constipation or grumbling appendix, throat pain as the red throat, tonsillitis, viral infections, otitis media without using pneumatic auto-scope and abusing antibiotics [38].

Unfortunately, the callous attitude of people in power, institutions and members of my own profession has allowed MRSA to share knowledge, technique and know how and create an army of micro-organisms, fungus, virus, TB, HIV, typhoid, malaria now gonococcus and insects like bed bugs, lice, mosquitos and house fly develop resistance to chemicals and drugs we developed.

In 1996, I published a letter criticizing pre-printed questioner and said: "When a patient describes a symptom for which they are seeking professional attention, they are also reporting a story of an illness as they lived and remember, and so it can vary [39]. My concern was ignored, and now systemization of history taking is used by nurses and junior doctors to diagnose and offer treatment.

This has resulted in a major disaster because the prescribers do not have an opportunity to diagnose or offer treatment using knowledge and experience. The doctors who offer advice and treatment using their intuition or clinical acumen are harassed and humiliated. Thirty doctors investigated by the General Medical Councils in the UK, committed suicide because they could not cope with the stress.

As a doctor, it is our duty to listen and offer a solution and not a prescription. Unfortunately, the system does not allow patients to contact doctors directly and expect receptionists, nurses to differentiate "Well from Unwell" to prioritize appointments.

It is not in the interest of patients or our profession to allow people with no medical training, clinical examination skill, knowledge or experience, to offer advice or treatment. Advising mothers of young children to consult a chemist labelling few symptoms as "Common Ailment" and advising patients not to consult a doctor or visit hospitals is unethical [40].

I agree common illness is common; rare ones are rare but serious

illness and emerging infections often present with symptoms that resemble common illness [41].Prescribing drugs, performing tests, scans and procedures using protocol or guidelines, claiming it is based on evidence-based medicine, has resulted in medical errors that inflicted pain, suffering, death and in the future will result in epidemics and pandemics that will kill millions all over the world.

Delay in making the right diagnosis or offering the correct treatment often result in devastating complication and increase the cost of providing healthcare.Hoping to find a solution to this problem and protect fellow human, I started my journey in 2003. I am collecting and compiling a list of present complaint, hoping to find a solution.

I noticed 76% of patients demanding an emergency appointment to consult did not have a serious illness that required doctor's attention. Only 3.8% of the patients required clinical examination to diagnose and offer treatment; this included seeing a rash or a lump on the skin.

More than 70% of patients seen in emergency and primary care had common symptoms like a headache, sore throat, tummy pain, headache, fever, rash, diarrhoea, vomiting, urinary problem, eye, ears, and nose problem. Using this information, I developed a simple solution that I call as "MAYA," Medical Advice You Access (www.call111.com).

After years of struggle, for inventing this disruptive technology, I have now come out of my shell, published two books (Maya Bring Tears of Happiness and Maya Fighting Infections Saving Lives) to educate people about common symptoms. I also developed two Apps and software "Dr Maya App and Maya Dr App, to help create a network of doctors and patients. I have used advances in communication technology to offer basic healthcare to a fellow human, reduce cost and the culture of dependency on doctors [42,43].

My mission is to help doctors to initially identify infected individuals, isolate them to protect healthcare workers and reduce epidemics and pandemics that can kill millions in the future. Dr Maya will help you differentiate "Minor from Serious Illness" like doctors do. I will be publishing an article "Protecting You Protecting Us", in the next issue to explain how a simple tool could help us protect healthcare workers are reduce the rapidity of spread of infections to prevent the major crisis of the 21st Century.

I sincerely hope, that a collective decision is made, to change the destructive pattern of consultation and management of illness. I beg you to shun your ego, join hands, communicate, share knowledge, innovate and develop drugs or methods or to stop this elephant in the room that is now, threatening our profession and our very existence.

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