Letters to Editor

concern of potential bias. It cannot be expected that trials would be conducted for every clinical condition for which there are no approved medications. In most cases, it is the sponsor’s decision as to which drug is to be tested and which clinical condition is to be addressed. Thus, off-label use of psychotropics has become an important approach in clinical psychopharmacology and we believe that it will remain so in spite of several concerns.

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A Comment on “Blue Whale Challenge: Perceptions of First Responders in Medical Profession”

Sir,

This correspondence is made in response to the original article titled “blue whale challenge: perceptions of the first responders in medical profession” by Mahadevaiah and Nayak. [1] This aspect, which could be an eye-opener on adolescent suicidality, is studied for the first time. Blue whale game itself is a much-hyped internet sensation. Author has mentioned about its fatality; however, in reality, there is not a single case of suicide due to the Blue whale game. No authority has established causation. Even before, there were various suicidal phenomena such as “copycat suicide”.

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“Wertheim’s phenomenon” etc., which never got such hype even though those needed much more attention.[2,3] The point is that any internet game showing violent content might incite homicidal or suicidal behavior where the game is not the culprit as it seems; however, the personality, vulnerability, and psychopathology are the most important concerns.

Mahadevaiah and Nayak[1] presented the findings of a survey among medical professionals on perceptions of responders on blue whale challenge. They included clinical psychologists in the convenient telephonic survey and considered them as medical professionals, which is quite unusual because they are not considered as medical professionals by the Medical Council of India. Mixing up medical professionals and clinical psychologists in a survey bring up heterogeneity. The only other groups they included in the survey were psychiatrists and pediatricians. Hence, neither did they specify in the title that they have included only two kinds of specialists nor did they include other medical professionals such as general surgeons, orthopedic surgeons or dermatologists to call the sample the broad rubric of the “medical profession”. Moreover, surgical professionals might get more cases of children with suicidality due to self-inflicted injuries related to blue whale challenge game, who might not even attend pediatricians or psychiatrists because of stigma, poor reference system, and poor awareness among doctors and patients.

The medical professionals’ age and workplace and the locality of a patient who seeks clinical services may be very important factors. The blue whale is an internet game, so internet availability and use are important factors. The whole survey missed these important aspects. In the methodology section, the authors mentioned about the qualitative analysis. We did not find any narrative, ethnographic, phenomenological, grounded theory or case study model of qualitative analysis in the results or discussion part of the study. Assessing the level of knowledge among professionals, through questionnaires, cannot be considered qualitative research.

There is no difference between “description of the game” and “identifying the children” which are mere repetitions of different stages of the game. There are many awareness campaigns conducted government authorities like Ministry of Electronic and Information Technology[4] and National Commission for Protection of Child Right[5] and nongovernment organizations like UNICEF[6] which were not described by the authors. The effort of the authors is commendable, but they could have made the study more systematic and methodological with the help of a well-conducted survey manual.