

FROM THE PRESS

Ward boys are better surgeons

The civic administration has ordered an inquiry into the complaint that ward boys at Bhabha hospital, Bandra, Mumbai were suturing the wounds of patients and administering local anaesthesia with the full knowledge of doctors. Dr Shirish Borkar had taken his carpenter to the hospital for treatment where he was shocked to see a ward boy suture the head wounds of another patient. The medical officer on duty told Dr Borkar that the ward boy would, in fact, do a better job than a doctor.

Times News Network. BMC orders probe after ward boy sutures patient. *The Times of India*, Mumbai. June 7, 2004.

Touts in the morgue

At Mumbai's busiest morgue in JJ Hospital, the grief of families struggling for the release of their loved ones' bodies is a goldmine for gangs of touts. Families waiting for bodies towards the end of the day, when doctors stop performing postmortems, are told that they can get the bodies released if they pay Rs 4,000—or wait till the next day. The touts say they must pay Rs 1,000 to doctors to deal with the bodies urgently, Rs 400 to the person who sews up the body and the rest to various other people to expedite the procedure. The dean of the hospital said the touts are not linked to the hospital.

J Dey. Living off the dead. *The Indian Express*. March 19, 2004.

Public relations

When a Mumbai surgeon recently imported a state-of-the-art machine, he hired a public relations agency, which drummed up the needed media coverage for Rs 50,000.

Public relations agencies say that the number of doctors on their client rolls has increased sharply. Doctors pay between Rs 25,000 and several lakh for services ranging from printing brochures to managing national campaigns. But it is a small charge for specialists when the investment bears returns.

The Indian Medical Council's code of medical ethics says a doctor cannot solicit business or advertise but it does not specifically mention indirect marketing.

Vaishnavi C Sekhar. City docs are on to a new PRactice. Self-promotion comes at a price. *The Times of India*. June 9, 2004.

AIDS patient treated badly

A doctor at Mumbai's Cooper Hospital slapped and abused a patient after he discovered she was HIV positive. Two days later, the patient died of medical complications.

'I agree that there are many hospitals which treat patients shabbily and we are trying to create more awareness

amongst doctors and the class 4 staff, but things are much better than what they used to be a few years ago,' said Dr Alka Gogte, Director, Maharashtra District AIDS control society.

Anonymous. HIV positive patient abused by doctor. *South Asia Media Net*. May 30, 2004.

Accused doctors surrender

Two medical practitioners who had been absconding after being accused in the Bilkis Bano gang rape and massacre during the Gujarat violence surrendered before the chief judicial magistrate of Ahmedabad. Dr Arun Kumar and his wife Dr Sangeeta Prasad were found guilty of not conducting proper medical and postmortem tests on the rape and murder victims. The Central Bureau of Investigation found that they did not even bother to take the victims to the hospital for the postmortem and 'haphazardly conducted the tests at the scene of crime'.

Times News Network. Bilkis case doctors surrender. *The Times of India*, Mumbai. April 29, 2004.

Practice without a degree

A survey on health care in Udaipur, Rajasthan, found that 41% of those in the private sector had no medical degree, 18% had no medical or paramedical training at all and 17% had not even graduated from high school. In private clinics or practices, 68% of patients were given an injection and 12% were given a drip compared with 32% and 6% in public facilities, respectively. On an average 45% of medical or paramedical personnel were absent from government run sub-centres and 36% were absent from primary health centres. The sub-centres were closed 56% of the time during their regular opening hours, discouraging people from walking an average of 1.4 miles from their village.

'These data paint a fairly bleak picture: villagers' health is poor; the quality of public service is abysmal; private providers—unregulated and for the most part unqualified—provide the bulk of health care in the area,' say the researchers.

Sanjay Kumar. Much health care in rural India comes from unqualified practitioners. *BMJ* 2004;328:975. doi:10.1136/bmj.328.7446.975-b.

Petition against OTC sale of mifepristone

The Rajasthan State Human Rights Commission directed the state government to stop over-the-counter sale of mifepristone on the grounds that it violated the Medical Termination of Pregnancy (MTP) Act. The commission asked the government to ensure that the drugs were dispensed only on the prescription of doctors authorised to conduct MTPs and working at centres approved by the

Director of Health Services. It also asked the government to prosecute drug manufacturers, medical practitioners and retailers violating the law.

The commission's orders were in response to a petition filed by Dr S G Kabra who pointed out that the pills were freely sold over the counter. The State Drug Controller admitted that drug shops in Kota, Banswara and Jhalawar were found selling mifepristone without the prescription of a gynaecologist. The commission also took note of Dr Kabra's assertion that criminal interference with women's bodies was not recorded or reported when they were treated for life-threatening complications in regular hospitals after the drug was administered.

Special Correspondent. Govt. told to stop free sale of abortion pills. *The Hindu*. March 22, 2004.

Need to document evidence of torture

The need to properly document evidence of torture was highlighted at a training programme for medical practitioners organised by the Indian Medical Association and the Torture Prevention Centre, India, in Kochi.

K Narayana Kurup, former acting chief justice of the Madras High Court, told doctors that honestly recording their findings of injury in postmortem findings would assist courts in arriving at the truth in custodial crime. Some members of the medical profession were not up to the standards expected of them in giving true postmortem certificates and recording injuries inflicted on the victim.

S D Singh, Honorary Director of the Torture Prevention Centre, India, said health professionals could be a link between the needs of the victims and the legal system.

A panel discussion on 'Examination of torture victims and diagnosis' and 'Treatment management of torture victims and medical testimonials' was held on the occasion.

Staff Reporter. Torture: stress on documentation of evidence. *The Hindu*. March 29, 2004.

Ways to make money

Western Railway authorities in Mumbai detected a massive racket in medical certificates issued by government doctors in Tamil Nadu and Karnataka. The certificates, costing between Rs 500 and Rs 1,000, are used to obtain train ticket concessions of up to 75%.

S Vijay Kumar. Fake medical certificates worry railways. *The Hindu*. June 10, 2004.

Call to relax clinical trial regulation

Drug companies are pressuring the Indian government to relax regulations on clinical trials to capture lucrative outsourcing contracts from the West.

The Confederation of Indian Industries is calling for 'automatic approvals of all phases of clinical trials', if

applications are not cleared within a stipulated time frame.

Critics argue that the Drug Controller General of India is not technically equipped to deal with the likely deluge of clinical trial applications.

Dinesh C Sharma. India pressed to relax rules of clinical trials. *Lancet* 2004; **363**: 9420.

IMA call to legalise off-label prescription

The Indian Medical Association has sought legislative changes allowing doctors to make off-label prescriptions of drugs 'as long as unflinching medical literature has given them confidence for such therapy'. 'Doctors write off-label prescriptions in the best interest of patients, but they have a responsibility to interpret information received from any source before making clinical decisions,' the association said. Amendments to the Indian Medical Council Act two years ago made off-label prescribing illegal.

The controversy over off-label use of drugs grew after a drug company was accused of promoting the anti-cancer drug letrozole for the treatment of infertility in women.

Ganapati Mudur. Indian Medical Association wants off-label prescribing. *BMJ* 2004; **328**:974.

Demand for right to health care

The Jan Swasthya Abhiyan, a coalition of voluntary organisations, has urged political parties to support its demand for a National Public Health Act, codifying right to health.

At present, India spends about 0.9% of its gross domestic product on health care, compared to the average of 2.8% spent by some less developed countries.

According to a World Bank study published in January 2004, nearly 82% of all health spending in India is private. It also pointed to health inequities such as the poorest 20% getting only 10% of subsidies, while the richest 20% capture 33%.

Dinesh C Sharma. Indian health groups demand right to health. *Lancet* 2004; **363**:9414.

Nepal cabinet passes a directive on abortions

Maya Thakuri died of abortion-related complications three months before the Nepal cabinet passed a directive laying out conditions under which hospitals can perform abortions. This follows on a two-year-old law that makes abortions legal in certain situations. Under the new directive, only registered medical institutions and doctors with valid licenses can perform abortions which can only be done with the woman's consent, and only if the foetus is less than 12 weeks old. In cases of incest and rape, abortions are allowed up to 18 weeks.

Till the directives are finalised, the regulations enforced and the law followed, women's rights activists say, there will be more unnecessary deaths of women like Maya in under-equipped and clandestine clinics.

Women in urban areas have always had access to safe abortion, without the fear of criminal sanction. As they can afford it, they get discreet and safe medical attention.

Although specialists say sex-selective abortions are not as common in Nepal as in China or India, it is a growing phenomenon and could be one of the unforeseen consequences of partial legalisation of abortion without proper guidelines and enforcement.

Bajracharya M. Now that there is a law for safe abortion, maybe Nepali mothers will not have to suffer and die needlessly. *The Nepali Times*. February 20–26, 2004. http://www.nepalnews.com/ntimes/issue184/nation_3.htm

Fake homeopaths in Pakistan

The increasing number of fake homoeopath doctors in North West Frontier Province is of concern. About 200 clinics operate in Peshawar city alone. These unauthorised 'clinicians' lure patients through stickers pasted on walls and in buses, offering guaranteed treatment for all sort of ailments at an affordable cost. They get their degrees from privately-run institutions which lack classes, qualified teachers, proper courses, laboratories and other infrastructure required in a medical college.

A health official told *Dawn* that the government was in the process of establishing a health authority to regulate the practice of doctors, drugs and diagnostic centres.

Ashfaq Yusufzai P. Number of quacks in NWFP increasing. *Dawn* May 12, 2004. <http://www.dawn.com/2004/05/12/local27.htm>

Pakistan petition calling for a ban on the organ trade

A fresh petition seeking a legislative ban on the sale and purchase of kidneys and other human organs was moved with the Lahore High Court.

Advocate M D Tahir had filed a petition in 2002 referring to the sale of kidneys by about 400 people of Kot Momin in Bhalwal. He had submitted that villagers were operated upon at a private hospital in Rawalpindi and paid Rs 40,000 each. Each kidney was later sold for Rs 400,000. The court directed the Punjab government to submit a reply to the contents of petition. The petition is still pending.

In his new petition, Mr Tahir has stated that the trade in human body parts, particularly kidneys, has spread to

Mianwali, Vehari, Faisalabad, Sheikhpura, Hafizabad, Rawalpindi and Lahore where a mafia of doctors and their agents is engaged in buying kidneys from the poor for a low price and selling them to the affluent at exorbitant prices. He stated that the mafia had developed contacts abroad and rich people from other countries were paying exorbitant prices for kidneys. The petitioner said members of the National Assembly and the Punjab legislature were maintaining a criminal silence over this inhuman trade.

Correspondent. Plea for banning kidney trade. February 12, 2004. <http://www.dawn.com/2004/02/12/local20.htm>

Pakistan: syringe re-use to inject cows

A letter to *The Lancet* from Pakistan comments on the widespread practice of health care workers circulating used syringes for re-use to inject cows with oxytoxin. This puts all those handling the used syringes at risk of blood-borne infections such as HIV and HBV. The writers urge WHO, UNICEF, and the Government of Pakistan to take immediate steps to educate health care workers and the general public about the dangers of such practices.

Khabir Ahmad *et al*. Novel means of spread of bloodborne infections in Pakistan. *Lancet* 2004; **363**:9425.

US doctors and execution

Dr Sanjeeva Rao used to look after the inmates at a US state prison. After the state started using lethal injections in 2000, he monitors and helps execute the process. If the prisoner's heart monitor does not flatline after the injections are given, Dr Rao orders for more poison.

Some critics say that doctors who participate in executions violate the most fundamental tenet of medical ethics, while others say that lethal injections, the almost universal form of execution in the US, can be performed humanely only by medical professionals. About 25 US states allow or require doctors to be present at executions.

The American Medical Association's ethics code says that 'a physician, as a member of a profession dedicated to preserving life when there is hope of doing so, should not be a participant in a legally authorised execution,' forbidding prescribing drugs, supervising prison personnel, selecting intravenous sites, placing intravenous lines, administering injections and pronouncing death. However, a survey found that more than 40% of doctors would be willing to perform at least one of the forbidden activities.

Lipak A. Should doctors help with executions? No easy ethical answer. *The New York Times*. June 10, 2004. <http://www.nytimes.com/2004/06/10/national/10death.html?ex=1087892103&ei=1&en=782d9da41ea5cbdc>