

FROM THE PRESS

Medical professionals and interrogation- 1

After a series of setbacks, the Delhi police received a shot in the arm when a special court upheld its plea to conduct a brain mapping test on Rahul Mahajan and Sahil Zaroo in a drug abuse case. The prosecution "should be given full opportunity to investigate the matter and to know the truth to the best of their ability and efforts," stated Justice SN Gupta, the special judge granting permission for the test.

Times News Network. Court allows Rahul, Sahil brain-mapping. *The Times of India*, Mumbai, June 30, 2006, page 13.

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India's first laboratory for the research and design of brain mapping is to be set up in Bangalore, with the Centre approving the Centre of Brain Science for Forensics. This will be India's first concrete step towards developing tools for preventive forensics, the science of preventing crimes, by reading the mind. Preventive forensics is the new buzzword for security experts around the world.

"In the last five years there has been a lot of advancement in brain mapping," Dr D Mohan, director of the Bangalore Forensic Science Laboratory, has stated. "We employed fingerprinting in 2000 and have further developed it. Major strikes can be averted with brain fingerprinting. The centre will help us develop better technologies."

Mayank Tewari. First brain mapping lab in Bangalore. *Sunday Hindustan Times*, Mumbai September 17, 2006, page 1.

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A feature article on the use of brain mapping and narco-analysis for interrogation contains some useful information. The Bangalore Forensic Science Laboratory has conducted more than 700 brain mappings and 300 narcoanalysis tests since it first started in 2000, including on the bandit Veerappan, the "fake stamp king" Telgi and gangster Abu Salem. According to the director of the laboratory, "Any investigator who understands narco-analysis and brain mapping will use them in all cases. Their accuracy is unmatched and their procedures are very transparent. There is no question of torture." According to Dr S Malini of the BFSL, these tests have a 97 per cent "success rate." "Brain mapping and narcoanalysis are the best ways to ensure that no innocent is punished." Narco-analysis requires the presence of a clinical psychologist and an anaesthetist during the test. After the subject's blood pressure and pulse rate are read, the anaesthetist administers a dose of sodium pentothal or sodium amytal. To get the subject talking about the relevant issue, pictorial and oral stimuli are given. The questioning begins once the subject displays a steady stream of thought.

Mayank Tewari. We have ways of making you squeal. *Sunday Hindustan Times*, Mumbai, September 17, 2006, page 9.

More than a toothache

The National Consumer Commission commented on medical

practitioners indulging in adventurism. The commission was deciding the case of Pawan Kumar Gupta of Rishikesh, who had visited a dentist, a Dr Sardana, to get rid of an upper molar, and lost his life.

After the tooth extraction, Gupta developed an inflammation and was referred to a Dr SK Jain. Dr Jain changed his medication and when this failed referred him to a Dr R K Bhardwaj. Dr Bhardwaj found that Gupta was a diabetic – something the other doctors had missed. The condition continued to worsen, forcing Gupta to be hospitalised. In the hospital, Dr Jain attempted a procedure to drain the pus from Gupta's wound but Gupta died shortly after the procedure. The commission noted that Jain should have called for an ENT specialist or a general surgeon and an anaesthetist before "making such an adventure."

G Ananthkrishnan. Patient dies after tooth extraction. *Indian Express*, Mumbai, August 11, 2006, page 5.

Disposing of the evidence

The Patiala (Punjab) district authorities decided to dig a sewage line near the Sahib Nursing Home where a large number of human female fetuses had been dumped. Several had been found earlier in a pit along the sewage line. The nursing home owner, Pritam Singh, and his wife, Amarjeet Kaur, were arrested for conducting illegal abortions.

HT correspondent. Foetal find; Patiala sewer to be dug up. *Hindustan Times*, Mumbai, August 11, 2006, page 10.

Insurance disclaimers

The national consumer commission has come down heavily on a medical insurance company for rejecting a claim on the ground that the applicant's occasional bouts of imbalance must have led him to suspect that he was suffering from a tumour. The company had argued that Mithilesh Kumawat knew he was suffering from a serious disease and suppressed this information before taking a policy.

Mr Kumawat is to be reimbursed Rs 42,000 claimed by him, and paid Rs 5,000 for harassment.

A recent survey has identified repudiation of medical insurance claims as the most common complaint against insurance companies. The survey was based on the inputs of 1,700 complaints against insurance companies received by the National Consumer Commission over one year.

Times News Network. Medclaim justice in tumour case. *The Times of India*, Mumbai, August 16, 2006, page 11.

Some rules for charitable hospitals

The Bombay High Court observed that charitable hospitals must remember the "cause for which they came into existence" and directed 390 charitable hospitals in the state, including 70 in Mumbai, to reserve at least 10 per cent of their beds for indigent or weaker section patients. Hospitals have been directed to

put aside two per cent of their earnings for treating indigent patients, and must prominently display a notice about their status as charitable institutions. They must also file returns to the charity commissioner every quarter. Emergency treatment must be provided without demanding a deposit first.

These were some of the recommendations of a 13-member committee investigating the practices of charitable hospitals following a public interest litigation filed by city advocate Sanjeev Punalekar alleging that hospitals were not providing treatment to poor patients despite using various government concessions. The order came into effect on September 1.

According to the provisions of the Bombay Public Trust Act, 1950, hospitals run by "state-aided public trusts" are legally bound to provide free medical treatment to poor patients. The scheme will be reviewed after a year.

HT correspondent. 70 hospitals asked to keep 10% beds for poor. *Hindustan Times*, Mumbai, August 18, 2006, page 2. Times News Network. HC tells pvt hospitals to reserve beds for the poor. *The Times of India*, Mumbai, August 18, 2006, page 10.

Continuing education for dentists

The Dental Council of India has put in place a system of mandatory continuing dental education that will take every dentist in the country back to college. The DCI forwarded its recommendations to the government in order to draft the Mandatory Continuing Dental Education Act. All dentists will have to devote at least 10 hours a year to upgrade knowledge and skills by attending lectures. This will be necessary to renew their licence.

Hemali Chhappia. It's back to college for dentists. *The Times of India*, Mumbai, August 26, 2006, page 7.

Amputation racket

Authorities in Uttar Pradesh have initiated a probe against one of two doctors from the state who allegedly agreed to amputate the limbs of beggars, while another doctor has been questioned by the police in Delhi. In Ghaziabad, the chief medical officer of the state government MMG hospital has been asked to investigate Ajay Kumar Agarwal, one of three doctors named in an expose by CNN-IBN, and submit a report within three days.

Agarwal has been untraceable since the story was aired. In Delhi, police detained BK Bansal, who runs a clinic in the Old Rajinder Nagar area, in connection with the story. He has denied all the allegations. The third doctor, Arvind Agarwal, secretary of the Orthopaedic Association of Barreilly, is also untraceable. The outgoing president of the Indian Medical Association has said that the doctors' IMA membership would be revoked. The CNN report showed the doctors accepting to do the amputations for Rs 10,000.

Anonymous. Two docs untraceable. *Mumbai Mirror*, July 31, 2006, page 14.

Vaccine trial controversy

A proposal to test a genetically engineered Japanese encephalitis (JE) vaccine in children has alarmed some of India's top virologists who fear that the vaccine could introduce a new disease or make an existing virus more deadly. The country's Genetic Engineering Approval Committee cleared the vaccine trial saying the manufacturer had convinced them that the risk was "minimal".

The trial was originally to take place in Thailand in 2005 but a Thai government official stated that the World Health Organisation did not support the trial and it was eventually abandoned. The vaccine manufacturer, Acambis, did not reply when asked why the trial was moved to India.

The vaccine could be ideal for India which currently combats JE with an expensive vaccine which the country cannot manufacture on a mass scale. But one concern is that the vaccine has a yellow fever virus component, and yellow fever does not exist in India. Another concern, according to Kalyan Bannerjee, former director of the National Institute of Virology, Pune, is the threat of recombination or the emergence of new viruses. A third concern is that the vaccine has never before been tested on children. "We need more studies before injecting in our children," said Sudanshu Vrati, a virologist at the National Institute of Immunology, New Delhi.

K S Jayaraman. Indian vaccine raises spectre of new disease. *SciDev.net*, July 5, 2006.