

FROM THE PRESS

Cholera or “just gastroenteritis”?

Civic health officials in Mumbai prefer to say that “there is no case of cholera in the city”, only gastroenteritis.

But medical staff at the Kasturba Hospital for infectious diseases say that at least four or five cases were detected in the months preceding the monsoons. Stool samples have shown the presence of *Vibrio cholerae* recently, and two persons are in the isolation ward. Doctors feel the municipal corporation refuses to acknowledge the cases of cholera as it would mean admitting that its water supply was contaminated. Pathologist Avinash Phadke says that he notified three cases to the BMC in the last year, but also cautions that this is no reason to panic as all strains do not cause an epidemic.

In the state-run JJ hospital a hand-written chart in Marathi mentions that cholera cases have been reported from various parts of the city. When asked to comment on the “cholera” diagnosis scrawled on BMC case papers, the municipality’s executive health officer Jayaraj Thanekar said, “Junior doctors must have written the diagnosis.”

Times News Network. BMC blames junior doctors for cholera diagnosis. *The Times of India*, Mumbai, October 16, 2006, page 5. Madhavi Rajadhyakshya. It’s not gastro but cholera, insist experts. *The Times of India*, Mumbai, October 18, 2006, page 7.

Public information or panic?

The Brihanmumbai Municipal Corporation has instructed private hospitals not to declare dengue on the basis of their own diagnoses. A show cause notice was issued to the Asha Parekh hospital for publicly stating that a patient who died in their hospital had dengue, before informing the BMC. “They created panic and it may well be the wrong information,” said BMC executive health officer Jairaj Thanekar, who argues that the test used by private hospitals is a screening test and cannot be used to confirm the diagnosis.

The hospital’s director insists that their diagnosis was based on a combination of clinical evidence and the results of the IgG screening test; direct isolation of the virus, possible only in the National Institute of Virology in Pune, is expensive and time consuming, and used for research purposes only. Further, all suspected and confirmed cases are being reported to the BMC.

Private hospitals from all over the city have seen a spurt in suspected cases of dengue, malaria and fever. The Holy Family hospital in Bandra sees at least three suspected dengue every day and Medical Director KG Nair says they have had one dengue death every week. But the BMC says there are currently only four suspected dengue cases in the city.

Anjali Doshi and Aditya Ghosh. As dengue spreads, BMC gags private hospitals. *Hindustan Times*, Mumbai, October 6, 2006, page 3.

Life in prison for some...

Eight years in Patiala Jail, the recently published autobiography of a convict in a Punjab jail, describes the special treatment

received by the powerful. “These doctors prefer rich traders, government officers and influential people,” writes Mandeep Gaur, a former convict. “They provide VIP facilities to them at their own hospitals. Such prisoners are kept in special wards...” When these prisoners wanted to move out the doctors would advise “emergency treatment” and rush them to the local hospital.

Gur Kirpal Singh Ashik. Docs help rich prisoners get a good life, writes convict. *The Times of India*, Mumbai, October 20, 2006, page 15.

...and life in prison for others

Jail life is not as comfortable for others. Arvind needed surgery for tubercular meningitis but “No CT scan could be done as finances weren’t available from jail authorities despite repeated attempts,” according to medical documents.

Malathy Iyer. System ill-treats ailing prisoners. *The Times of India*, Mumbai, December 9, 2006, page 9.

Fudging laboratory samples

Concerned over the increasing distortion of evidence by law enforcing agencies, the union home ministry has issued a “code of ethics” to all forensic laboratories. It was noticed that physical clues of criminal cases that were referred to two or more laboratories were not portions of the same sample. This led to differences of opinion among the laboratories, often resulting in the acquittal of the culprit.

Rajeev Bhattacharyya. Forensic labs directed to follow ethics code. *Indian Express*, Mumbai, November 10, 2006, page 7.

Treatment or testing?

The ministry of health and family welfare has ordered an inquiry into an anonymous complaint that Shreon Cancer Research Institute and SKS hospital in Tamil Nadu conducted clinical trials on 400 healthy people by misleading them that they were being given a medical check-up.

HT correspondent. Clinical trial in the garb of check-up, 400 fall ill. *Hindustan Times*, December 7, 2006, page 7.

Private-public partnerships

Corporation-run hospitals in Mumbai will receive a second-hand MRI machine as a “donation”. The Sancheti Trust will be given premises within the hospital to run the machine, its own doctors will operate it and charge a fee of Rs 2,500. Some patients will get the test free. Corporation officials say a private organisation will be run more professionally.

Some point out that equipment at municipal hospitals is often out of order, and is not repaired for months on end, forcing patients to get the test or treatment privately, at much higher rates. But others note that handing over public hospitals to private organisations will benefit private players at the cost of poor patients.

Times News Network. Docs question MRI machines ‘donation’. *The Times of India*, Mumbai, November 2, 2006, page 10.

If nothing else works, try narco analysis

An accused in the Malegaon Serial bomb blasts case will be taken to Bangalore for narco analysis and lie detector tests. "The accused in this case are not cooperating in the investigation, so we are conducting scientific tests on them as it would help us to carry out a fair and meticulous investigation," said an officer attached to the anti-terrorism squad.

Times News Network. 'Conspirator' in Malegaon blasts faces narco tests. *The Times of India*, November 6, 2006, page 7.

The right to a safe working environment

The Delhi high awarded Rs 7.5 lakh compensation to a nurse who was raped by a ward boy in the Shanti Mukund hospital, and then lost her eye as a result of the attack as well as the negligence of the private hospital and the government's Guru Tegh Bahadur hospital. Shanti Mukund was ordered to pay Rs 5.5 lakh for failing to provide a safe working environment to its staff and for its negligence, and GTB hospital was ordered to pay Rs 2 lakh for its negligence.

Bhadra Sinha. Compensate raped nurse, hospital told. *The Times of India*, Mumbai, November 12, 2006, page 9.

Warning before sterilisation

The Bombay high court directed the state government to put up notices in hospitals informing the public that family planning operations were not 100 per cent successful. The order was passed on a public interest litigation filed by a couple who conceived a child after a tubectomy. The PIL also asked that couples who underwent such surgeries be informed about proper post-operative care.

Times News Network. New hospital sign: FP not 100% fail-proof. *The Times of India*, Mumbai, page 1.

License renewal for doctors

After a gap of 15 years, allopathic doctors practising in Maharashtra will be able to renew their licenses. Doctors applying to the Maharashtra Medical Council (MMC) for renewal will receive a "smart card" which, some people believe, will weed out quacks.

The MMC is meant to be the watchdog of the medical profession and its members are supposed to judge complaints of medical negligence. However, elections to the MMC held in 1999 were declared void by the high court and later Supreme Court, because of fraudulent electoral processes. Since then the MMC has been managed by a state government-appointed administrator. There is also an on-going case against the MMC elections in the high court.

Meanwhile doctors welcome the renewal of registrations as it paves the way for new elections. It will also get the MMC funds, Rs 500 from each of the 100,000 doctors in the state.

Malathy Iyer and Madhavi Rajadhyaksha. Docs to finally renew their registration. *The Times of India*, Mumbai, December 16, 2006, page 10.

A hospital without doctors

"There is no doctor at work," is the shocking response to the queries of pregnant women who are visiting the civic-run Oshiwara maternity home in Mumbai. Sources say five resident

doctors at the hospital have stopped coming to work. Poor pregnant women from the area depend on this maternity home for their health care. The medical superintendent of peripheral hospitals states that there are sufficient staff, 10-15 deliveries are carried out daily, and no one is turned away. But others disagree. "We are not taking more patients as there is only one junior doctor here," said a staffer. Five doctors quit within a span of three days because they "were working without basic facilities."

Times News Network. *The Times of India*, December 14, 2006, page 5.

Denied treatment

A 46-year-old woman died on the way to Hinduja hospital in Mumbai, allegedly after being denied treatment at the Joy Hospital, in Chembur. Uma Koyande suffered a heart attack but the hospital said it had no room in its intensive care unit and asked the family to take her elsewhere. A Supreme Court judgement states that every doctor and hospital whether public or private has to administer emergency treatment in a life-threatening situation.

Anjali Doshi. Denied treatment, woman dies. *Hindustan Times*, Mumbai, November 9, 2006, page 5.

AIDS patient denied treatment

A patient with AIDS was forced to spend a week outside Bhagwati municipal hospital in Borivli, Mumbai. Bishwajeet said he was shooed away every time he went anywhere near the hospital gate and this reporter saw the security guard raise a baton in threat when he entered. He was finally admitted after the reporter informed the hospital's medical superintendent. When asked why the man had to suffer such negligence, Dr AV Bhat, senior medical officer, said, "The hospital beds are already packed with 85 fever cases. The hospital does not have separate wards for such patients who may be suffering from infections like TB."

"It is mandatory for public health care hospitals to admit patients even if they do not have wards exclusively for AIDS patients. The patients should be treated for opportunistic infections," said Dr SN Sapatnekar, director, Avert Foundation, India.

Viju B. Hospital shuns AIDS patient. *The Times of India*, Mumbai, October 31, 2005, page 3.

Hospitals turn away patient

Fifteen-year-old Shazia in Mumbai was turned away from three hospitals— Ruby, BSES and Nanavati—when she went to them for emergency treatment for a profusely bleeding head wound. Finally doctors at the municipal Cooper hospital sutured the wound.

Times News Network. Three hospitals turned down hammer victim. *The Times of India*, November 8, 2006, page 8.

Equipment scam

Maharashtra public health minister Vimal Mundada suspended five senior medical officers and three department employees when an inquiry uncovered a massive scam involving supplies. An officer in the Murtizapur health centre, Akola district, submitted bills of Rs 27 crore for supply of non-clinical material, to the treasury for realisation. The amount was released between

April 2004 and October 2006. None of this material was received by the department.

Prafulla Marpakwar. Five med officers suspended. *The Times of India*, Mumbai, November 28, 2006, page 5.

Careless post-mortem

The Maharashtra government has suspended Bhandara civil surgeon KD Ramteke for alleged carelessness in handling the post-mortems of the Khairlanji massacre in which four members of a Dalit family were hacked to death. Instead of sending a senior doctor and a woman medical officer, Ramteke sent a junior doctor to conduct the post-mortem of the victims. Earlier the state had suspended a medical officer, A J Shende, who conducted the first post-mortem as he did not check the possibility of a sexual attack on the women, though the women's bodies were found naked. He did not take vaginal and rectal swabs and nail clippings (which are required procedure in cases of suspected rape) and send them for testing. Instead he ruled out the possibility that the women had been raped.

Pradip Kumar Maitra. State suspends 'careless' doctor. *Hindustan Times*, Mumbai, November 30, page 6. Parikshit Joshi. Conspiracy of silence. *Mumbai Mirror*, December 4, 2006, pages 1 and 4.

Blindness after cataract surgery

The Assam government ordered a judicial probe after 34 patients lost the sight of one eye following post-surgery infection at a government cataract surgery camp. The probe was announced after an expert committee reported that "There was some lapse in sterilisation/autoclaving process of the instruments and the linen. It seems non-adherence to the strict asepsis and sterilisation protocol given by the National Programme for Control of Blindness... may be an additive factor for this catastrophe." The minister denied the charge that the infection occurred because the government set an unrealistic target for the numbers of surgeries to be done.

Sushanta Talukdar. Judicial probe into cataract "catastrophe". *The Hindu*, Chennai, October 15, 2006, page 9.

The ward boy didn't do it

Ward boys are not doing sutures, blood collection and other medical work, stated Dr P Shingare, dean of the state-run JJ hospital in Mumbai. "Medical work is always carried out by trained staff, though sweepers, *ayahs* or wardboys assist in

holding difficult patients or carrying samples to the lab." Dr Shingare was writing in response to a patient's complaint that his blood was collected by a ward boy. "... he had his eyes shut when the medical staff were collecting blood. When he opened his eyes, he saw (the ward boy) transferring the blood from a syringe to a bottle. And presumed the worst."

However, at least three patients have complained that the ward boy would not only collect blood, he would also perform special procedures like draining fluid out of a patient's abdomen. Many senior doctors at JJ and other hospitals say that ward boys often double up as doctors' assistants. "A nursing student or an intern doctor is supposed to do the work but they are so slow that long-serving ward boys seem efficient in comparison," said a JJ doctor.

Sweeper didn't collect patient's blood: JJ dean. *The Times of India*, Mumbai, October 15, 2006, page 3.

Strong action

The Maharashtra state government informed the Bombay high court that it had filed cases against 2,493 quacks in the state. Of these, 212 were under investigation and 1,989 were pending. A grand total of 38 were proved.

Express News Service. State to HC: cases filed against 2,493 quacks. *Indian Express*, Mumbai, November 16, 2006, page 3.

Compensation claims cannot be inherited

Patients who have filed a case of medical negligence with a consumer forum have yet another reason to be worried. The case can be closed if either the complainant or the doctor dies. This does not apply for the legal heirs of a patient who has died due to negligence

However, when the negligence does not result in death, only the aggrieved patient can complain. If the patient then dies, the legal heirs cannot claim compensation under the law of torts, they can only make a limited claim for breach of contract. If the doctor dies, the heirs cannot be held liable though the hospital can be proceeded against.

Consumer forums must appreciate the necessity of dealing with such cases on a priority basis.

Jehangir B Gai. Medical negligence? Act now. *The Times of India*, Mumbai, December 10, 2006, page 5.

Thank you, reviewers

All submissions to the journal undergo an extensive review by internal reviewers from within the journal's editorial boards as well as external peer reviewers. We would like to thank all our editorial board reviewers, and also name the following external experts who have reviewed articles for the journal during 2006:

Sanjib Das Adhikary, Gita Arjun, Anurag Bhargava, Vijaylaxmi Kamat, Rachana Kamtekar, Kausar S Khan, Yash Lokhandwalla, K Mathiharan, Sanjay Mehendale, MR Hariharan Nair, Samiran Nundy, Prathima Radhakrishnan, Karuna Ramesh, Alok Sarin, Peush Sahni, Vidya Shivram and Avinash Supe.