

recognising traditional practices, it carries the inherent danger of losing “experience-based and personalised aspects” of such care. The authors acknowledge that the 11th Five Year Plan with measures to strengthen traditional practices is a step in the right direction.

Family care providers play a significant role in the spectrum of healthcare, especially in a resource-poor setting like India. Shilpa Karvande and her colleagues explain the role of family caregivers in the scenario of HIV/ AIDS, a physically, emotionally and financially draining responsibility. Healthcare programmes, especially support programmes involving family support, will succeed only if there is a planned approach to address the needs of caregivers.

Sexual harassment is one of the most common stress factors that women health workers encounter in the work place. Paramita Chaudhuri in this chapter looks at different dimensions of such harassment, the support and redress mechanisms in place, and loopholes in these mechanisms. She concludes by noting the need to implement stronger monitoring mechanisms and put stricter regulations in place to prevent sexual harassment at the workplace.

In the final chapter Anagha Pradhan, Renu Khanna and Korrie

de Koning elaborate on a programme on gender sensitisation of male multipurpose workers. There is a growing recognition of the role that men play in women’s sexual and reproductive health. This chapter gives us insights into the challenges and approaches of sensitising male multipurpose workers about gender, and the benefits that the system can reap from such an effort.

The book also contains poems by Gieve Patel, reflections of his career as a healthcare provider. He takes us through the world of a medical practitioner - the experiences, the pain, the doubts and, finally, the hope that drives the world of the patient and the provider.

Policies and programmes are the skeletons upon which entire health systems are built and survive. These policies are often based on expert group or international consultations and do not represent the most critical voice - that of the provider who interacts directly with users of the health system. There is a need to engage in consultations with sufficient representation from all sections of the community, including both providers and health seekers. The book under review is a significant effort to bring to light the many voices that are not heard in policy or programme documents.

FILM REVIEW

NATASHA ANWAR

Shaukat Khanum Memorial Cancer Hospital and Research Centre, Lahore, PAKISTAN e-mail: nat_nabi@yahoo.co.uk

***Guzaarish*. SLB Films and UTV Motion Pictures. Director: Sanjay Leela Bhansali**

Guzaarish is the story of a quadriplegic, who after 14 years of valiant survival, decides to petition the court to allow him to die. As his health deteriorates, he is clear that he does not want to be dependent on machines. With the knowledge that he will soon be on a ventilator, he wants to be allowed to die peacefully, while he still has the ability to decide; but will the courts, society, his friend, his nurse and his doctor give him this liberty?

In the first five minutes of the film, you are witness to a man, Ethan Mascarenhas, once described as the greatest magician in the world, now paralysed from the neck down; as he is woken up by a beautiful, exotic-looking woman. She is his nurse, Sophia, played by Aishwarya Rai Bachchan. In a refreshing change from the characters the actress usually portrays, Sophia is strong, and meticulous in her care for Ethan. One day, Ethan calls his lawyer, Devyani, and asks her to petition the court for the right to die. Initially, Devyani is shocked and disturbed, but slowly begins to understand his decision and is willing

to help him. When Sophia reads about his wish to end his life, she reacts with anger and frustration.. There is a compelling argument between Devyani and Sophia, with an outburst of emotion from Sophia, who has earlier been very controlled. Again, for her and others in the film, Ethan is the object of their intense emotion, yet no one understands his desire to die.

Everyone overlooks the most important fact, which is, that Ethan is existing, thinking and breathing just like the others,, but is not “living” anymore. He keeps having flashbacks of his glorious days as the “greatest magician in the world”. Not that he has given up on life. Following his accident, he has written a book about being paralysed and started a radio show called Radio Zindagi; all of which reminds us that life is indeed beautiful and worth struggling for, no matter what. Now he has reached a point after which he feels death would be the most dignified and worthy end.

Since euthanasia is not recognised as legal, the judge dismisses Ethan’s first plea. However, Ethan soon petitions listeners of Radio Zindagi and makes an appeal for their understanding. His fans don’t want to lose their RJ. Some suggest that he

needs counselling, and others accuse him of being a coward and opting for the easy way out. Before a crucial hearing at his home, Ethan's mother, Isabel, arrives to see him and offer support for his petition. Finally, Ethan gets his chance to explain to the judge, his decision to die. He compares his life to being locked in a box, unable to move, but wanting to do so.

For me, there were several riveting moments in this film, particularly, the death of Ethan's mother. Ethan is lying in his bed and his mother's coffin is placed next to him. It is a very powerful visual, suggesting the similarity of Ethan's position., You feel deeply sorry for him, not even being able to touch his mother for the last time. Another memorable scene shows Omar, a young man to whom Ethan agrees to pass on his legacy, graduate as a magician with flying colours. Ethan asks him to pull a piece of cloth from under him and he unfolds yards and yards of white cloth. Omar is as excited as a child.

Ethan is happy just watching the joy on Omar's face, symbolic of the gift of magic Ethan has given Omar, with its endless possibilities.

Intrigue, anxiety, anguish and romance- all come across so well. A heart-wrenchingly beautiful soundtrack and tantalising cinematography capture the essence of the film. One small criticism would be about the ending, with a party scene.. I would have preferred a quiet close to the film, but it dragged on for an additional 20 minutes. Perhaps the intention is to make the audience feel comfortable with the hero's death.,tThe problem is that, as a society, we are so uncomfortable at the thought of anyone wanting to die, that we have to sugarcoat it. So we call it mercy killing.

Euthanasia evokes powerful emotions in both its advocates and adversaries. I do hope that both will see this film as opening the door to a subject that has been neglected for far too long.

MEDIA REVIEW

The "morning after" pill: misleading messages

SAUMYA RASTOGI

MPH final year student, Tata Institute of Social Sciences, VN Purav Marg, Deonar, Mumbai 400 088 INDIA e-mail: saumyainvincible@gmail.com

Ever since emergency contraceptives (ECs) have received a go ahead in the Indian pharmaceutical market, myriad advertisements featuring ECs have hit television, the internet and the print media. Out of the various EC advertisements, this particular ad is especially appalling as it sends out entirely misleading messages.

The minute-long ad starts with the wife accusing the husband of having phoned another woman on the morning of their first anniversary. The husband replies that she was just his office colleague. The wife wants to be reassured that her husband still loves her and tells him that she doesn't want anything to come between them. He reassures her and shows her a condom pack and suggests that they should celebrate their anniversary. The wife looks outraged and reminds him that she doesn't want "anything" to come between them. Then she opens a drawer and shows him a "feminine utility pack" which contains an emergency contraceptive - L pill. The next visual shows the happy-looking couple, with a background voice saying "L pill, emergency contraceptive, it's beyond pregnancy".

I object to this ad on a number of grounds. First, the theme that runs through the ad is itself very misleading. It conveys the message that emergency contraceptive pills can be used as regular contraceptives, essentially in place of condoms. The word "emergency" has been overlooked and after having

seen the ad, it seems as if the makers want ECs to be used as a regular method of contraception. There is not much research available on the adverse effects of ECs on prolonged use, but there are definite immediate side effects like nausea, vomiting, headache, diarrhoea, bleeding between menstrual periods (spotting), weight gain, acne, stomach cramps, rash, swelling or bloating, skin spots and breast tenderness, etc. Therefore one should not ignore the harmful effects these pills could have on the body, if they were used as casually as this ad intends to convey.

My second objection to this ad is that it rides on the common myth that a condom is only for preventing pregnancy, and reinforces it. It blatantly undermines the importance of using a condom as a way of staving off sexually transmitted diseases including HIV, especially among the young and the less aware. It weakens the efforts of all those who have steadfastly been working to promote the use of condoms as a way of preventing HIV. "Wanting nothing to come between two partners" is as trivial as an excuse could get to start using emergency contraceptives.

Thirdly, this ad makes no effort to specify the efficacy of the pills, their side effects and the fact that they do not give protection from STDs. These are over-the-counter drugs, needing no prescription, so all the information people get