

## FROM THE PRESS

### **Resounding 'No!' to asbestos plant in Bihar**

The District Magistrate (DM), Muzaffarpur, stopped construction work and imposed prohibitory orders in the area around the Kolkata-based Balmukund Cement and Roofing Ltd's Rs 31-crore factory at Chainpur-Bishnupur in the district. This was in response to a popular protest, sustained from July 2010 through January 2011, against the construction of the asbestos plant at Chainpur-Bishnupur. Protestors alleged gross violations of environmental norms and concealment of health hazards by the company management. The protesters said that the government had declared fertile land in the area as arid and allowed the plant to be set up despite their protests. Undeterred by the DM's move, villagers continued their protest, demanding a total ban on the plant.

Ironically, while asbestos mining is banned in India, trade, manufacture and use of the material are allowed. The Bihar chief minister, Nitish Kumar, has stated that his government had not permitted the plant although the central environment ministry and the state investment promotion board had cleared it. While recalling the police force from the site, Mr Nitish Kumar said, "As of now asbestos is not a prohibited thing. There should be uniform process and asbestos factory should be stopped all over the country." Veteran trade unionist Sachidananda Sinha, a leader of the agitation, said, "This is the first time that villagers are out on the streets protesting against the setting up of an asbestos factory. Three villagers of Bishnupur-Chainpur, working in an asbestos factory near Jaipur, died recently. Health hazards caused by the mineral fibre are a source of genuine concern."

It is disturbing that more asbestos plants are under construction at Bihiya and Bhojpur in Bihar, while 10 more plants are in the pipeline. Barry Castleman, the world's leading asbestos hazard expert, had written to both the Bihar chief minister and the central minister for environment, in early January, warning them against the hazards of setting up more factories. Activists of the Toxic Waste Alliance assert that asbestos is banned in 55 countries, including those in the European Union and the US. It is said to have caused 10,000 deaths per year in the US, according to health department statistics, and has cost the industry \$70 billion in damages and litigation expenses

Gopal Krishna, convenor of Ban Asbestos Network India (BANI), has said "We have calculated from the cases of lung cancer alone, we are suffering 30 asbestos related deaths in India per day." Lung cancer is not the only culprit. A study, cited on the BANI website, entitled 'Asbestos exposure and ovarian fiber burden', found that "Epidemiological studies suggest increased risk of epithelial ovarian cancer in female asbestos workers and increased risk of malignancy in general in household contacts of asbestos workers." Dr Sanjay Chaturvedi, Head, Department of Community Medicine, University College of Medical Sciences, Delhi, is quoted as saying, "Even if a single fibre is inhaled, it is

capable of causing mesothelioma and that has been proved by epidemiological, clinical and experimental studies."

**Rashme Sehgal, Asbestos causing 30 deaths per day in India, *The Asian Age*, January 21, 2011; Shoumojit Banerjee, Bihar puts on hold new asbestos projects, *The Hindu*, January 23, 2011; Debra S Heller, Ronald E Gordon, Carolyn Westhoff, Susan Gerber, Asbestos exposure and ovarian fiber burden, *American Journal of Industrial Medicine*. May 1996.**

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### **Makeover for China's cosmetic surgery industry**

China's booming cosmetic surgery sector got the wrong kind of publicity when Wang Bei, a popular contestant on the smash television hit *Super Girl*, died as a result of a cosmetic procedure. In addition, an investigation revealed that the surgeon carrying out the operation was not fully qualified. Now, the ministry of health intends to regulate and supervise the industry to protect consumers. One possible stimulus could have been the over 20,000 malpractice suits filed against practitioners.

Cosmetic procedures have seen a substantial boom in China, particularly as globalisation has made liposuction, face lifts, breast enlargement and leg extension surgeries all very popular. In a public hospital in Shanghai, a double fold operation on the eyelids costs around \$360, while breast implants cost around \$2,500. In the 1990s the trend was towards the creation of larger noses and double slit surgery to make the eyes look rounded. This has given way to a reduced demand for Caucasian features, but the market for plastic surgery is worth £ 1.8 billion today and about 3 million people in the country have had cosmetic procedures in 2010 alone.

The huge earning potential has seen even unqualified personnel in beauty salons perform cosmetic surgical procedures. Though the government introduced national standards in 2002, raids have revealed that many clinics pay scant regard to these rules. One surgeon is quoted in the report as saying that the existing standards need to be reviewed and updated, and that customers should check the credentials of surgeons before going under the knife.

The *China Daily* has reported that there have been more than 200,000 botched operations between 1993 and 2003, and described the double slit eyelid operation as the "most popular and the most dangerous-cosmetic procedure." Botched eyelid surgery can result in nerve damage, damage to the eyelid or even blindness. In the circumstances, strict controls seem overdue.

**Medic 8. China's cosmetic surgery industry gets its own face lift, *Medic 8*, January 26, 2011; He Dan. Ministry tightens checks on plastic surgery industry, *China Daily*, November 29, 2010; Malcolm Moore, Chinese Communist Party develops taste for cosmetic surgery, *The Telegraph*, January 1, 2010.**

## UK NHS reform a huge gamble, say critics

The UK Health and Social Care Bill which went before Parliament on January 19, 2011, attempts to transform the healthcare system in the country. The Bill seeks to transfer responsibility for public healthcare to groups of GPs; change National Health Service (NHS) tariffs; alter systems of accountability; and introduce opportunities for new healthcare providers, some from the private sector. It has been criticised as a harbinger of huge job losses, by the NHS unions among others. The Department of Health has stated that "consortiums that make savings, for example by successfully reducing admission rates, will accrue the savings themselves rather than these savings remaining with the provider." This too, has been attacked by the British Medical Association (BMA) which has warned that the positive aspects of the NHS revamp plans, like putting greater control into the hands of patients and clinicians, will be overshadowed by the attempt to increase competition and cut costs which will ultimately affect the quality of healthcare.

Defending the Bill, Prime Minister, David Cameron, claimed that the reform was essential "as our health outcomes lag behind the rest of Europe," and promised that the reforms would see public service professionals being made accountable to people "rather than the government machine." He admitted, however, that job losses could not be avoided. The government is hoping to save £5 billion over the next 3 years on account of the new scheme.

The Bill will put 80% of the health budget into the hands of the GP commissioning consortiums, which will be monitored by an independent NHS commissioning board. Currently, about 140 such consortiums have joined the scheme, but the number is expected to touch 300 by the time the scheme is operational. A similar system has been in force in the US for 20 years and a recent study carried out in the US by the Nuffield Trust has concluded that unless strong management systems are in place, the GP consortiums will fail. The government, on the other hand, says the move could "motivate doctors to deliver efficient, high quality, and coordinated care that reduces numbers of avoidable and repeated admissions to hospital." All this must be viewed against the background of the worldwide trend towards privatising healthcare systems, including those that, as in the UK, have been seen as models of good healthcare.

**Jacqui Wise, Putting commissioning into GPs' hands will save £1.3bn every year, says the government, *BMJ*, January 29, 2011; Zosia Kmiotowicz, Cameron defends moving NHS "from closed markets to open systems", *BMJ*, January 22, 2011; Nigel Hawkes, Unions attack plan to allow providers to offer cut price services, *BMJ*, January 22, 2011.**

## Nestle "awareness" pact with public universities questioned

Nestle, the baby food multinational corporate, has entered into

a confidential memorandum of understanding (MoU) with four Indian universities for "nutrition awareness programmes." Furthermore, these programmes are meant for adolescent girls attending government aided rural schools.

This has been revealed by an NGO, Breastfeeding Promotion Network of India (BPNI) in a letter to the secretary for school education and literacy, Anshu Vaish. The letter protests against "brand promotion using the public education system" and points out that the agreement clearly indicates conflict between public and corporate interests.

Nestle is said to have signed an MoU with the Punjab Agricultural University (PAU) Ludhiana; the National Dairy Research Institute, Haryana; the University of Mysore, Karnataka; and the GB Pant University for Agriculture and Technology, Uttarakhand. Under this agreement, Nestle and the faculty of these four universities began a joint initiative which was launched in April 2009 by the union minister of state for rural development, Agatha Sangma, and Nestle India's chairman, Helio Waszyk.

BPNI argues that the MoU basically allows Nestle to indulge in brand promotion in the guise of nutritional programmes in the public education system. Significantly, when BPNI filed an application under the Right to Information Act (RTI) with PAU seeking information, the university refused to respond and reportedly wrote a letter to Nestle asking its opinion about the RTI application. Eventually, Ajay Pal Singh Kang, Nestle India's senior manager, corporate affairs, replied saying: "The contents of the programme are of commercial and confidential nature and the disclosure of which may harm our competitive position."

Meanwhile, Himanshu Manglik, communications manager of Nestle, is reported to have said that the nutrition education programme was a very good one and that the company had nothing to hide and was willing to share the contents of the programme with anyone who was interested.

**Rema Nagarajan, MNC in secret pact with universities for food education, *The Times of India*, January 24, 2011; Kathy Jones, Four national universities in a soup over Nestle-sponsored nutrition awareness programs. *Medindia. Net*, January 24, 2011.**

## Organ transplant amendments may go through soon

The scheduled amendments to the Transplantation of Human Organs Act, 1994, are likely to be passed during the current session of Parliament. The Transplantation of Human Organs (Amendment) Bill, containing these amendments, has been hanging fire since December 2009. The original act was passed 15 years ago, but is considered to have been honoured more in the breach. Several cases have been exposed of thriving transplant racketeers, in which poor and gullible individuals have been pressurized into parting with their organs by the illegal trade, winked at by the authorities.

The amendments seek to impose strict punishments on hospitals and individuals profiting from the illegal organ trade, while also facilitating transplants for patients in urgent need of them. So far, the law has been seen as a hurdle in the way of genuine cases, while failing to curb criminal transplant rackets. The proposed amendments seek to facilitate transplants by broadening the definition of blood relatives, increasing awareness among medical professionals and the lay public about the need for organ transplants, mobilising potential donors, and providing for 'swap donation' of organs among relatives whose blood groups differ from those of their recipient, while matching another's.

Currently, audits have shown that barely 19% of organs from brain dead patients are donated in the country. The authorities are planning to raise this figure substantially. Some proposed measures are: giving prompt intimation of brain death to relatives, making it compulsory for ICU staff to suggest organ donation, making it easier in medico-legal cases to simultaneously perform a post mortem with organ retrieval surgery. The last two steps would prevent the deterioration of valuable organs, besides reducing the delay in handing over a body to relatives. Of course, new ethical challenges will be thrown up while implementing these measures, which could put medical personnel under pressure to obtain consent.

At the same time, safeguards are sought to be tightened by setting up state authorisation committees to scrutinise all applications for unrelated donations and preventing all hospitals not registered with the relevant scrutinising authority from carrying out transplants. Hospitals harvesting organs as well as those conducting transplants are to be registered with these committees which will also monitor their functioning. Harsher punishments have been proposed for those performing illegal transplants. The amendments also seek to regulate the transplantation of organs for foreign nationals.

**Ramesh Shankar, Transplantation of Human Organs Bill may get final parliament nod soon, *Pharmabiz.com* February 28, 2011; Newstrack India, Govt proposes amendments in Human Organ Transplant Act, *Newstrackindia.com*, March 11, 2011.**

## **Flagrant violations uncovered in Mumbai's Masina Hospital psychiatric ward**

A committee of experts appointed by the Directorate of Health Services (DHS) has, after an investigation, reported serious malpractices in the functioning of Mumbai's 110-year-old Masina Hospital's psychiatric ward. The revelations were made after Pushpa Tolani, a Mumbai resident, filed a complaint before the Maharashtra Human Rights Commission (MHRC), alleging that her friend, a woman of 55, had been wrongfully detained at the hospital for over two months. The MHRC passed the matter on to the DHS for action, after which the team, led by Dr Sanjay Kumavat, and including Advocate Chaya Haldankar, Dr Vinayak Mahajan and Dr Geeta Joshi, personally met these patients. The team stated that it found another 20 patients who had been illegally detained at the hospital.

The committee has charged the hospital with detaining patients without consent, sometimes at the behest of "relatives sending patients away due to vested interests"; employing unqualified staff; forcibly administering psychotropic drugs; exceeding the required dosage of medication; and overcharging the relatives of patients. It has also stated that the hospital does not follow up with the patient's rehabilitation, or maintain patient records, but focuses only on active psychiatric cases.

Dr Yusuf Matcheswala, who heads the psychiatric ward, has stated that while the patient in question was under his treatment for three years, she had been admitted into the ward voluntarily for two months. He also argued that "Ours is the only psychiatric ward in the city. We cannot close down because of such minor drawbacks." Meanwhile Dr Kumavat said, "If the hospital fails to straighten up in the stipulated time, their licence will be revoked and the mental health facility will be shut down. The matter is also under the purview of [the] human rights commission. If they are found guilty of violation of the act, as per IPC they can face imprisonment up to five years and cancellation of licence."

**Sobiya Moghul and Jyoti Shelar, Health chiefs raise alarm on Masina's house of horrors, *Mumbai Mirror*, January 3, 2011.**

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