

FROM THE PRESS

Distorted priorities in health policy

In response to the recent Parliamentary Committee's report on the PATH cervical cancer trials, a comment in *DNA* argues that the report has brought to light an issue that goes far beyond the PATH trials. This is the right of an independent nation to decide its own health policy, a right which has been threatened by the existence of "global donor agencies with pockets deeper than WHO but with a narrower approach and scientific acumen." These agencies, while funding massive immunisation campaigns in partnership with national agencies, decide the priorities of national health policy and these may not be in the nation's best interest. The comment analyses three examples of this trend: the HPV cervical cancer vaccine which was intended for use in the country's Universal Immunisation Programme even before being certified as suitable for the purpose; the pentavalent vaccine, a replacement for the older and cheaper DPT vaccine, which includes vaccines against hepatitis B and haemophilus influenzae type b. Its use has been controversial because of its price and its reported link with the deaths of vaccinated infants; and the costly rotavirus vaccine against diarrhoea, the inclusion of which have also been criticised.

The author suggests that spending money on the improvement of nutrition and sanitation would have a far more durable effect on the health of the Indian people than making expensive additions of dubious benefit to the national immunisation programme. Over and above this, he says that the decisions on what to include in such a programme must be those of the sovereign government of the country, not of foreign agencies.

Dinesh C Sharma, New tools of charity (and business), *DNA*, September 24, 2013, Available from: <http://www.dnaindia.com/analysis/column-new-tools-of-charity-and-business-1893109>

Order on medical negligence compensation to be challenged

In a recent judgment, the Supreme Court enhanced the amount of compensation awarded in the Anuradha Saha medical negligence case to Rs 6.08 crore with interest, from the initial Rs 1.73 crore fixed by the National Consumer Disputes Redressal Commission (NCDRC). Of the total sum, Rs 25 lakh is to be borne by the three treating doctors, and the rest by the hospital.

Anuradha Saha, a young NRI doctor, was taken ill with recurrent rashes while visiting India. She was treated at the Advanced Medical Research Institute (AMRI), Kolkata and prescribed two doses of Depo-Medrol injection every day. When her condition worsened, she was admitted to AMRI, then to Mumbai's Breach Candy Hospital, where she died. At the latter hospital, her condition was diagnosed as toxic epidermal necrolysis.

Her death is said to have been caused by an overdose of the steroids administered at the AMRI. The 15-year-old case has taken many tortuous turns, culminating in the recent Supreme Court judgment. The judges increased the compensation based on the following principles: that the verdict would act as "a deterrent and a reminder to those doctors, hospitals, nursing homes and other connected establishments who do not take their responsibility seriously," ; and that the Supreme Court's own earlier verdict upheld the right to health as a fundamental right under Article 21 of the Constitution.

The court expressed the hope that the government would pass legislation to ensure that patients who spend vast amounts of money, even borrowing funds, to secure their health are protected from negligence, especially in private healthcare institutions; and that medical professionals and institutions would update their knowledge regarding any new developments and rare diseases so as to avoid such needless deaths.

The judgment has been criticised by the Indian Medical Association (IMA), which has decided to file a review petition against it. In a statement, the secretary-general of the IMA said it would send negative signals to young aspirants to the profession. Further, he said that in calculating the compensation, the court has taken into account the earning capacity of the young patient for an additional 30 years, but not that of the doctors and the hospital. He also objected to the fact that the judgment does not consider the rates of compensation in motor accident cases affecting healthy victims, unlike this case, in which the patient was already ill. The secretary-general added, "The compensation cannot be high if a rich patient has died and it cannot be low if a poor patient was a victim of negligence." The IMA has also reiterated its demand that medical services should be excluded from the scope of the Consumer Protection Act, 1986 and complaints in the field should be decided only by medical tribunals.

Vidhi Rathee, IMA to be a party in the review petition against SC judgement in Anuradha Saha case, *Indian Medical Times.com*, November 21, 2013, Available from: <http://www.indiamedicaltimes.com/2013/11/21/ima-to-be-a-party-in-the-review-petition-against-sc-judgement-in-anuradha-saha-case/>. IANS, SC awards NRI Rs 6.08 crore medical negligence compensation (Third Lead), *business-standard.com*, October 24, 2013, Available from: http://www.business-standard.com/article/news-ians/sc-awards-nri-rs-6-08-crore-medical-negligence-compensation-third-lead-113102401195_1.html

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