

serve kudos for Organising this excellent multidisciplinary meeting. In the closing session he requested guidance on how succeeding meetings should be organised. In particular he asked for suggestions on topics to be discussed (with special emphasis on topics relevant to India). Should such meetings be between Indian workers or should

foreign experts be invited? Can there be international collaboration on medical ethics? Which are the specific areas where the Max Mueller Bhavan can help?

Interested readers should get in touch with him.

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INHHRO conference of Health, human rights, ethics

The Johannes Wier Foundation for Health and Human Rights hosted a conference of the International Network of Health and Human Rights Organisations (INHHRO) from November 3 to 5, 1995 in the Netherlands. Its objective was to share details of the work done by the organisations associated with the network and to discuss a document titled "Making standards work: an international handbook on good prison practices"¹ issued by Penal Reform International, The Hague. Representatives from seventeen health and human rights organisations and other invitees participated in this conference. Due to constraints of space, only two issues pertinent for our readers are discussed in this report.

(1) While 'Making standards work' is a well researched and useful book for prison authorities, health and human rights activists interested in implementing the international standards in prisons, the standard of health care inside and outside the prison generated debate and raised ethical issues. The document says that the level of health care and medication in prison should be at least equivalent to that in the community outside it. An obvious question raised by the document as well as the participants, particularly those from underdeveloped countries, where the level of health care actually available to a vast majority of poor is abysmally low, was, 'Should medical care in the prison be better than that available or would be

available to that prisoner, outside it?' The document answers the question in the affirmative as while a person outside is at liberty to seek better treatment, a prisoner is deprived of such an option. This position runs parallel to the situation in USA where a better standard of health care is legally granted to prisoners and psychiatric patients undergoing involuntary hospital treatment, but not to those uninsured and the underprivileged.

(2) The second issue related to interaction between human rights and health organisations. While the human rights organisations have largely concentrated on the violation of liberty of individuals or groups by the state, progressive health organisations have given priority to people's right to health care.

The first level of interaction between these two sets of organisation has resulted in the health organisations taking active interest' in opposing the violation of human rights by health workers and their participation in coverups. They have also provided treatment to victims of torture. However, we have yet to see human rights organisations broadening the scope of their work by incorporating the right to basic health care as a major human rights issue. Mutual broadening of perspectives will play a crucial role in consolidating the shared work of human rights and health organisations. Indeed, adequate attention to people's right to health care by human rights movements and similar active interest in prisoners' right to health care by the

health movement would reduce the apparent dichotomy between the demand for good health care for prisoners when underprivileged people outside prisons are not getting even low level primary health care as a basic right.

As regards India, Danish doctors discussed the health of displaced Kashmiri people who were tortured by security forces. A study of police custody deaths (1981-90) in Maharashtra by CEHAT, Bombay was also presented. The representation by the Forum for Medical Ethics Society to the Supreme Court of India on its January 1995 judgement directing the prison doctor to participate in the death penalty' in violation of medical ethics, was discussed. Individuals and organisations participating at the Netherlands conference decided to appeal the Chief Justice of Supreme Court of India for a review of the judgement.

References:

1. Penal Reform International: 'Making standards work: an international handbook on good prison practice. The Hague: Penal Reform International. 1995. 176 pages.
2. Jesani Amar: Supreme Court judgement violates medical ethics (Editorial). *Medical Ethics* 1995;38. AMAR JESANI

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CORRESPONDENCE

Determining fetal sex

Prenatal sex determination with a view to aborting female fetuses is ethically and morally abhorrent. Prohibiting sex determination by law will not, in itself, eradicate this practice but it does send a strong signal that society condemns such abortions. It is ridiculous to argue

that because a law does not immediately achieve what it seeks to do, it is useless. One may as well say that since the law prohibiting murder does not prevent murder, why have it?

Does the law prohibiting sex determination make things worse for women? Here Ruth Macklin treads on the quicksands

of determining nuances of oppression. Her arguments that unwanted female children may be murdered; or that they may be given less food and health care; and that women who fail to bear male children will be forced to have more children than they want; or face desertion are all based on calculation of

degrees of oppression; The preference for males is part of a continuum of oppression of women. This oppression has to be fought as a whole. Attempting to reduce oppression by permitting some of its forms is a myopic endeavour. Whilst one sympathises with these desperate women one cannot condone advocacy, by activists, of the practices to which they are driven.

History is full of examples of oppressed people collaborating with their oppressors in the hope of escaping or mitigating their cruelty. History also records that such hope have always proven futile.

The law prohibiting sex-determination may make things worse for some women in the short term. The long term beneficial effects for women must, surely, have greater weightage than an assumption on degrees of misery.

I hope that Macklin did not spend much time or effort in determining that the law

against prenatal sex determination has not changed the preference for baby boys or enhanced the status of 'women. In all societies, laws are merely statements of the intentions of society. They are part of an attempt towards a desirable situation. Laws form a part of culture and legislation against sex determination is part of an attempt at changing cultural attitudes. No activist is so naive as to believe that laws alone will change society.

Macklin's concern on the 'limited choices' of women in India and China is misplaced. Permitting sex determination and the abortion of female fetuses will only prolong the suppression of women. We need to widen the choices available to women till they equal those available to men. This can only be done by opposing oppression at every front - political, cultural and social - and defeating it.

The question of endangering the sex

ratio is of secondary importance. Nature tends to produce an equal number of boys and girls. Tilting the ratio is evidently unjust.

Macklin examines the issue of sex determination from an extremely short-term perspective. This is an inherent limitation of the liberal humanist approach which focusses on immediate consequences for a few whilst ignoring long term consequences for society and civilisation. Sex determination to favour baby boys is a gross example of gender injustice. Every civilised person should fight against it,

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Reference

1. Macklin Ruth: The ethics of sex selection. *Medical Ethics* 1995;3:61-64.

