

### ***Responsibility of researchers***

Genetics researchers and therapists have a strong responsibility to ensure that the techniques they develop are used ethically. By insisting on truly voluntary programmes designed to benefit directly those involved. They can ensure that no precedents are set for eugenic programmes or other misuse of the techniques by the state or the private parties. One means of ensuring the setting and observance of ethical standards is continuous

multidisciplinary and trans-culture dialogue.

The need of developing countries should receive special attention to ensure that they receive their due share of the benefits that ensure from the human genome project. In particular, methods and techniques of testing and therapy that are affordable and easily accessible to the populations of such countries should be developed and disseminated whenever possible.

# **Reproductive health care for women: a saga of excess, exploitation and violation**

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### ***Introduction***

The health care scenario for women, especially apropos reproductive health, is highly exploitative, with extensive human rights violations. Women are treated as expendable entities.

### ***Documented malpractice and possible cures***

Malpractice has been observed and documented in the following medical interventions relating to reproductive health.

### ***I Unsafe methods of abortion vis-à-vis Medical Termination of Pregnancy (MTP) Act.***

MTP Act provides the right to safe abortion to women to prevent their exploitation at the hands of unscrupulous abortionists. This professed purpose has failed. Presently unsafe (illegal) abortions far exceed safe abortions, the ratio being 20: 1.

As a result, unsafe abortions today constitute the single largest cause of pregnancy-related deaths. This is because the safety provisions of the MTP Act are not implemented by the health authorities. Whilst this may be just another example of the ubiquitous lack of monitoring by concerned authorities, a more sinister explanation could be a deliberate 'blind eye' to achieve population control through MTP.

The safety provisions in MTP Act require approval and monitoring of a MTP centre to ensure required surgical facilities and approval of the doctor's qualification, competence and training. Abortion after 12 weeks of pregnancy is allowed only after consultation with two doctors and abortion is prohibited after the 20th week of pregnancy.

**Remedy:** Ensuring facilities for safe abortion by strict implementation of the provisions of the MTP Act and by taking legal action against health authorities who fail to do so.

### ***II Unsafe Contraceptives***

Intra Uterine Device (IUD) is inserted without proper evaluation of the recipient woman for genital tract infection. This can cause ascending infection leading to pelvic inflammatory disease with painful menstrual periods, blockage of fallopian tubes, resulting in sterility or tubal pregnancy and even peritonitis leading to death.

Laparoscopic fallopian tube ligations are carried out improperly. This is due to compromise of mandatory surgical norms by using unsterile laparoscopes or by using unsafe procedures in place of those prescribed e.g. peritoneal insufflation with atmospheric air in place of carbon dioxide. At times, a cycle pump has been used for insufflation. As anticipated, the procedure fails and is attended by an increased rate of complications as the result of these unhygienic and unsafe practices. These lead to a high incidence of ectopic pregnancy and catastrophic illness with high mortality even where surgical facilities are available. The situation is worse in a rural setting. The estimated number of such deaths due to faulty tubectomies is 500 for the 5 million ligations presently done per year .

The use of contraceptive pills without prior tests to ensure normal liver function constitutes a much greater hazard in our population as there is a high prevalence of liver diseases such as viral hepatitis (3% of our population is in the carrier stage of hepatitis-B while hepatitis-E is endemic ) and amoebic hepatitis is common in our country. Other factors such as compromised liver function due to malnutrition, toxic damage from anti-tubercular drugs, consumption of aflatoxin from ill preserved food grains, toxic pesticide residues in food and water, and alcohol consumption increase the likelihood of liver disease in our population.

**Remedy:** Peers in the profession practising ethical medicine,. especially those practicing obstetrics and gynaecology should invoke and insist upon exact adherence to medical ethics framed under the Medical Council of India (MCI) Act.

### **III Prescription of unsafe drugs in pregnancy**

There is a large number of drugs specifically contraindicated in pregnancy and a still larger number of drugs that are considered unsafe in pregnancy and should be avoided as far as possible. At present, drugs are prescribed indiscreetly and indiscriminately unmindful of their Safety in pregnancy. This has caused a high rate of adverse outcomes in pregnancy such as miscarriages, still births and congenital defects.

**Remedy:** Establishment of Drug Information Centres to educate doctors and patients on the safety status of drugs in pregnancy.

### **IV Pesticide residues in food**

These have an especially deleterious effect on the pregnant mother and the child in the womb. It is responsible for adverse pregnancy outcome and congenital malformations especially of the brain and spinal cord, more so in female fetuses .

**Remedy:** Awareness and education programs with stricter implementation of the Insecticide Act.

### **V Aggressive advertisement of drugs and self-medication**

Women are targets for aggressive advertisement of drugs and tonics in the lay press as they are perceived to have concerns about menstrual periods, figure-consciousness and the well being of their children. The so-called uterine tonics, menstrual regulators, blood purifiers, slimming remedies and brain and health tonics for children are heavily advertised and encourage self-medication with drugs of doubtful and unproven efficacy, an obviously fraudulent practice.

**Remedy:** Insistence on implementation of the provisions of the Drugs and Magic Remedies (Objectionable) Advertisement Act that prohibits such advertisements. The offence is cognisable and the editor, publisher and advertiser are all individually and collectively liable. Action may also be initiated under the Press Council Act.

### **VI Advertisement of abortion**

Abortion is legal under the MTP Act but its advertisement is not permitted under the Drugs and Magic Remedies (Objectionable) Advertisement Act. Soliciting patients is unethical under the Medical Council Act. In spite of this, there is promotion and propagation of abortion through aggressive advertisements in lay press, railway

compartments, buses and billboards. Perhaps the lack of enforcement of the ban on advertising is because of its tacit but illegal use as a population control measure by the government.

Unsafe abortions with their attendant miseries and deaths are on the rise as a result of this policy and their number far exceed those in the pre-legalisation days .

### **VII Surgical excesses on women apropos pregnancy**

There is a rising trend of Caesarean births, unnecessary episiotomy as a routine in all first deliveries in hospitals. We also see rising rates of hysterectomy at an early age.

**Remedy:** Medical Council Act provides protection against unnecessary surgical interventions. This should be invoked to penalise wrong-doers.

### **VIII Experiments on women for contraceptive methods and methods of abortion**

Improperly planned, unapproved and unethical experiments by the population control zealots amongst medical men are presently widespread as reported in the Indian medical journals e.g. reports in **Journal of Obstetrics -and Gynecology**, India . For example, an abortion paste called FETEX PASTE was approved and used on a mass scale killing hundreds of women, till reports of the deaths led to its withdrawal .

### **IX Unregulated, assisted pregnancy**

Frequent genital tract infection and indiscriminate invasive interventions have resulted in high prevalence of infertility amongst our women. Infertility carries a great social stigma. Taking advantage of their emotional and social vulnerability, a crop of self-proclaimed, mostly unqualified and untrained fertility specialists has sprouted, claiming to provide hi-tech facilities, always at an exorbitant cost.

**Remedy:** Assisted reproduction should be strictly monitored, supervised and controlled. It should be cost-effective and subsidised as part of family planning programme.

### **X Gender bias in availability of health care facilities**

A survey of Rajasthan's leading paediatric hospital in Jaipur city showed that of all the children brought to the hospital, 70% were males and 30% females. Of those admitted to the hospital 80% were male. This bias in urban, largely educated population, calls for serious introspection.

Fee-splitting or dichotomy in any shape or form is always unethical. It means obtaining money from a patient without disclosing in the bill that is submitted, the manner in which it is made up. Should the patient come to know of the underhand manner in which the doctor has split the fee he received for professional service, 'with a practitioner who brought the patient to him, the patient can institute legal proceedings against the doctor. The offence is punishable in law.

-Dr. Rustom N. Cooper