

Trials for HIV drugs to start

The JJ hospital's ethical committee approved a drug trial in which the anti-HIV medicine Zidovudine will be studied for its efficacy in reducing the chances of HIV-positive pregnant women passing on the infection to their babies. The drug will be given during the last three months of pregnancy and during labour intravenously. Trials are proposed to be carried out at 11 centres in India. Other centres include hospitals in Pune, Bangalore, Hyderabad and Manipur. The project has been proposed by NACO and will be funded by UNICEF. If the drug is found to be effective, it will be introduced in the Maternal and Child Health programme. The project's duration will be around 18 months. A senior doctor revealed that the ethical committee could not arrive at a decision on two previous occasions because of lack of literature about the project. The literature was provided recently and the 16-member committee gave the go-ahead for the project.

JJ to test anti-HIV medicine. Rajiv Sharma, *Indian Express*, October 1, 1999.

Caution against promotion of new vaccines

New vaccines offering immunity against diseases such as chicken pox and hepatitis A should not be pushed for use either through schools, doctors or government programmes, say senior paediatricians.

"Our priorities are nutrition, better hygiene and good primary care," says Dr Raju Shay, national vice president of the Indian Academy of Paediatrics.

Doctors are concerned about the way vaccines are being pushed through schools. They cite the recent example of a prominent Delhi school administering a vaccine for H. influenza — an expensive vaccine which is of value only to infants and children up to 18 months — to grown-up children.

IAP president T Jacob John feels that the government has abdicated its responsibility of ensuring that vaccines are not used wrongly.

Use of new vaccines should be optional, say paediatricians. Kalpana Jain, *The Times of India*, October 12, 1999.

Charge more on Gandhi Jayanti

On October 2, Gandhi Jayanti, Vasuki Ram's son Sandeep underwent corrective surgery at Bangalore hospital. It was only when the bill was presented that

Mr Vasuki was informed that because Gandhi Jayanti was a holiday, the hospital charged them one-and-a-half times the normal rate for the operation theatre and the laboratory tests. The hospital did not inform him of this practice at the time of admission, or when he asked about the charges.

Bangalore hospital's extra charge on Gandhi Jayanti stumps patient. Sriranjnan Chaudhuri. *The Times of India*, October 15, 1999.

Surgical mutilation

Lured by dreams of a perfect body, plastic surgery fever has hit Peru. But some 2,000 unlicensed plastic surgeons have quickly turned these dreams into ugly realities, specialists say. There are only 150 qualified plastic surgeons in Peru. The fake surgeons, who charge between 200 and 300 dollars, leave patients deformed, scarred, traumatised, and in some cases dead. The fake surgeons advertise impossible remedies such as removing 90 per cent of body fat or 80 per cent of wrinkles. Jorge Moreno, president of the Peruvian Society of Plastic and Reconstructive Surgery, called on people thinking of having plastic surgery to investigate a doctor's qualifications to avoid being permanently deformed.

Fake plastic surgeons scar beauty dreams. Agence France Press. *Indian Express*, September 13, 1999.

Designer IVF

Three couples in Britain whose families have a history of certain cancers are to undergo pioneering IVF treatment in which embryos are only implanted after being screened. The research at University College Hospital in London is likely to prove controversial. The screening test only indicates a probability that a cancer might develop in childhood or later life — and in some cases the cancers are treatable.

Some say the work is another step towards "designer babies" in which genes would be selected for their ability to improve factors such as height or intelligence.

The research is the first in which parents can screen for cancers which their children are only likely to inherit. Until now, such techniques have only been used in families where there is a 100 per cent certainty that children with the gene will develop the disorder.

London doctors race to make cancer-free babies. *The Sunday Times*, *The Times of India*, August 9, 1999.

Misuse of drugs

Studies conducted in Delhi hospitals and medical institutions reveal a massive

overuse, misuse and unnecessary prescription of antibiotics by doctors. The studies were conducted by the Delhi Society for the Promotion of the Rational Use of Drugs as part of the WHO-India Essential Drug Programme.

In one of the studies on the use of antibiotics in respiratory infections and diarrhoea, 90 per cent of diarrhoea patients were prescribed antibiotics — all of which was unnecessary. The average percentage of unnecessary use of antibiotics for acute respiratory infection was found to be around 50 per cent.

Delhi gets an overdose of antibiotics. Radhika D Srivastava. *The Times of India*, September 22, 1999.

Ending HIV stigma

After a long and frustrating wait, an HIV positive truckdriver from Rajasthan walked out of the premier Central Institute of Orthopaedics at Safdarjung Hospital in Delhi, after an operation to correct a fractured hip.

The man learned of his HIV status when he was admitted to the hospital after breaking his hip in March, and a routine blood test showed he was HIV positive. Shunned by everyone, he remained in the hospital without treatment with his wife and children languishing on the footpath in the hospital compound.

None of the doctors would touch him because he was HIV positive, till Dr A K Singh, senior orthopaedic surgeon, formed a team of eight to conduct the operation. "Every HIV patient has the right to lead a dignified life. We took precautions to ensure there was no contact between blood and exposed cuts on the doctor's bodies," Singh said.

Delhi doctor breaches HIV stigma, ends patients' trauma. Press Trust of India, *Indian Express*, September 13, 1999.

The navy's own policy on HIV

The Indian navy has decided not to allow promotions or re-engagements for HIV positive sailors. Following a decision at a senior officers' conference, Indian Navy sailors who test positive for HIV will not be promoted or re-engaged after completing their assignment.

When asked why it was necessary to come up with a separate HIV policy, Navy Chief of Personnel Admiral Arun Prakash said: "This is a new disease. Our doctors know how to handle everything else." He insisted the Navy was following World Health Organization guidelines. The WHO denies laying down such health standards.

Indian navy ditches HIV positive sailors. Kalpana Jain. *The Times of India*, September 16, 1999.



Hospital in pathetic condition

The Delhi high court pulled up the central government for the condition of the burns ward in the capital's Safdarjung hospital and directed a team of lawyers to make a surprise visit to the premises. A division bench asked central government counsel for an explanation. "I have personally seen the condition and it is pathetic," Justice S K Mahajan observed.

HC pulls up Centre for Delhi hospital's plight. United News of India. *Indian Express*, October 6, 1999.

Gene disaster

An 18-year-old man in the US with a rare metabolic disease died while participating in a controversial gene therapy experiment, marking the first death attributed by doctors to gene therapy research. Jesse Gelsinger died after being administered a batch of genetically engineered viruses into his liver at the highest dose allowed under an experimental protocol approved by the US Food and Drugs Administration.

Some members of a federal committee that approved the study had expressed concerns about the experiment because they felt it posed unduly serious risks and included people who were already being treated successfully with conventional therapy. The experiment has been halted pending investigation.

The method was controversial because the genetically altered virus, which often causes severe inflammation, risked exacerbating the disease in some patients when it was injected directly into their livers, while promising at best only a transient improvement.

Gelsinger suffered a mild form of ornithine transcarbamylase deficiency, which blocks the body's ability to break down ammonia. Though this can cause death, he had the disease well under control with drugs and a strict diet.

Patient dies undergoing experimental gene therapy. Rick Weiss and Deborah Nelson. LAT-WP Svc. *The Times of India*. October 6, 1999.

Query about hospital lease

The Bombay high court directed the state government to file an affidavit explaining how and when it decided to lease land to Malti Vasant Heart Trust of which cardiologist Nitu Mandke is a trustee. A division bench was hearing a petition challenging the state's decision to lease prime land to Dr Mandke's charitable trust for a specialised heart hospital in Andheri.

The petitioner, the government central press industrial employees union, with 1,400 members, is seeking a stay on the construction on the grounds that the land was reserved for

residential quarters for its members. Almost three acres of the 20-acre plot reserved for the residential quarters was given to the trust in January this year.

HC asks government to explain lease of prime land to medical trust. Law reporter, *The Times of India*, September 24, 1999.

Consumer group criticises report on ECT

The draft of the US surgeon general's report on mental health created an uproar, after a consumer group released excerpts highlighting the efficacy and safety of electroconvulsive therapy (ECT) in the treatment of depression.

Essentially, the draft report says ECT is safe and effective, recommended for select groups of patients, and works faster than drug therapy. The National Mental Health Consumers' Self Help Clearinghouse calls the draft a "blanket endorsement" of ECT and argues that it overlooked studies finding ECT more dangerous and less effective than pharmaceuticals for severe depression, including studies finding higher suicide rates, cardiovascular problems, memory loss, and epileptic seizures, for people receiving ECT compared with those receiving drug treatment. The underestimation of the risks of ECT means that there is "no opportunity for truly informed consent" as required by law.

Consumer group criticises surgeon general on ECT. James Ciment, *BMJ*, October 23, 1999

Report spells out India's poor health

After 52 years of independence and despite billions of rupees being spent, the state of human development in India remains appalling, according to the India Human Development Report released by the National Council of Applied Economic Research (NCAER) with the support of various UN agencies.

Absolute deprivation remains extremely high in most parts of rural India, says the report. Only 25% of the population have access to tap water, 43% have domestic lighting, and only 33% use the public distribution system for essential commodities.

Most rural areas surveyed had no provisions for primary health-care services. At any point in time, an estimated 41 million people have major illnesses—with the highest recorded prevalence being for hypertension (589/100,000 population) and tuberculosis (423/100,000). "We are one of the most morbid countries in the world and that is a shame," says Abusaleh Shariff, principal author of

the report and head of Human Development at NCAER.

The 16% of households who live below the poverty line are forced to spend about 20% of their annual income on health care—while the more affluent spend less. More than 50% of India's population cannot afford education or health care, says the report.

Despite public health-care services, household expenditure on treatment of illness is substantial, fuelling the private market. "Cuts in public expenditure as a result of structural adjustment and privatisation of health care will adversely affect the relatively poor and vulnerable," warns the report, pointing to the urgent need to regulate private health services.

Sanjay Kumar, *The Lancet*

Medicine on the web

Answers to commonly asked questions regarding medical / medico-legal questions can be found at drknow@mailcity.com.

Double trouble

Ten-year-old Yaseen from Bijapur district in Karnataka was treated by a licensed homoeopath for fever with Septran. Within hours of taking the drug, he developed a reaction for which the doctor applied an ointment which caused the boy to develop erithematous patches all over his body. He was taken to another clinic where he was admitted for over a month. When he complained of losing his sight, the doctors advised that he be seen by an eye surgeon elsewhere. Yaseen underwent eye surgery but it was unsuccessful. The surgeon believes the sulpha drug Septran caused 'Steven Johnson Syndrome'.

The district forum found the homoeopath negligent and ordered him to pay Rs 2 lakh to Yaseen, plus Rs 5,000 towards costs. The homoeopath challenged the order at the Karnataka state commission, arguing that the patient did not hire his services; that there was no evidence of deficiency of service, and the compensation was excessive. However, the state commission upheld the district forum's decision.

Doctors can't practice two streams of medicine. *The Times of India*, Bangalore, September 6, 1999.

Delhi clinics pledge ethical practice

Sixteen nursing homes and clinics in Delhi have responded to the ongoing campaign against sex-selective abortion and pledged not to conduct sex determination



tests. They have also promised to prominently display a copy of the pledge that such tests are not conducted in their clinics.

The campaign involves the Indian Medical Association, the Medical Council of India, The National Council for Women, UNICEF and several NGOs. The IMA has asked all its state units to alert their members that they should not conduct such tests for the specific purpose of aborting female foetuses. Five hundred letters were sent out and 16 clinics responded immediately. Enquiries are being launched against four clinics which advertised that they offered the test.

16 Delhi clinics pledge not to conduct sex texts. Anita Katyal, *The Times of India*, November 14, 1999

The organ trade

The concern of well-meaning people and fear of the law has not curbed the organ trade in Amritsar, as racketeers find new methods to get their work done. It is reliably learned that between June 1, 1997 and December 31, 1998, the Authorisation Committee for Kidney Transplant granted permission for 350 cases. This committee is headed by the principal of the government medical college, Amritsar, with the civil surgeon and the heads of the college's medicine and forensic departments as its members. It is alleged that on an average one kidney transplant takes place every day in a private hospital.

Affidavits satisfying the needs of the law are secured by both the recipient of the donated kidney and the donor. The patient affirms that his or her parents are old or suffering from some disease and hence cannot donate their kidney, or their children are minors, or unwilling to be donors, or their blood group does not match. They also add that there is no financial material benefit given to the donor. A corresponding affidavit from the donor asserts that his parents are dead, that he is unmarried and alone, with no living blood relative, that he has lived with the patient's family for the last 10 years, and that he is "donating" his kidney "on humanitarian grounds.

False affidavits, conniving authorities behind organ trade in Amritsar. Special correspondent, *Voice of the Medico*. November 1, 1999.

Clinical trials for cervical cancer test

About 1.2 lakh women in Osmanabad district, Maharashtra, will participate in a five-year experiment to find a cheap and effective test for cervical cancer, the most common cancer among women. After their consent is taken, they will be screened by three different types of tests for cervical cancer

over five years, after which the results of each method will be collated and compared. The project is part of a global effort to prevent cervical cancer in developing countries, funded by a \$50 million grant from the Bill and Melinda Gates Foundation.

State women volunteer for trials to choose test for cervical cancer. Staff reporter, *The Times of India*, November 13, 1999

Hospital asked to pay for negligence

A division bench of the Kerala High Court directed Dr Antony Peter of Mercy Hospital, Thodupuzha, and the convent which runs the hospital, to pay 24-year-old Cicily Rs 1 lakh with interest as compensation for negligence which led to the loss of her foot. She had asked for Rs 3.5 lakh.

The hospital had challenged the Thodupuzha subcourt's order for Rs 1 lakh compensation. Cicily went to the hospital after she fell down and hurt her right foot. Her right leg below the knee was put in a cast. Some time later, her toes became discoloured, and developed blisters. When the cast was removed it was found that the entire foot had become septic. She was shifted to Kottayam Medical College where half her foot was amputated.

The hospital contended that they were not negligent or responsible for the gangrene. The court observed that the hospital had not exercised proper care and professional skill; that gangrene set in because the plaster cast was too tight.

Hospital to pay up as girl loses foot. Express News Service. *Indian Express*, November 20, 1999

Homoeopaths and allopathy

Homoeopath Ashwin Patel said he provided emergency treatment by injecting an allopathic drug into a critically ill patient, but the patient died and his widow sued the homoeopath. This and other similar cases led to the historic Supreme Court judgement forbidding 'cross-practice' between systems of medicine. In Gujarat, cross practice is a criminal offence, but it remains a grey area in most of the country. Now Maharashtra allows homoeopaths to practice allopathic medicine if they pass a six-month course in pharmacology. The Homeopathic Integrated Medical Practitioners Association (Maharashtra) called a press conference to point out that their course is rigorous and adequate. The Indian Medical Association did the same to note that the judgement would lead to the backdoor entry of homoeopaths into allopathic practice, besides ignoring an earlier Supreme Court judgement. The Maharashtra chapter of the

IMA is contemplating filing a contempt of court petition in a bid to overturn the latest judgement.

Medivision, reprinted in Quilon Private Medical Practitioners' Association, Kerala, Journal of Medical Sciences, July-August-September 1999

The QPMPA journal's editor notes that doctors and students in Kerala opposed the state government's move to give B-class registration in Allopathy for BMS Ayurveda graduates, and then to permit unqualified persons working in pharmacies and hospitals to practice modern medicine at the discretion of tehsildars. In the first case, the Supreme court held that doctors in indigenous systems can only practice their own systems of medicine. In the second case, the state government withdrew its plans in the face of opposition from doctors.

Surgical exhibitionism

Should doctors resort to 'heroic' surgery just to prove their expertise? Should they approach the media to publicise such 'feats', or should they present their work to their peers? And should the media not counter-check such claims before publicising them? The latest event to add to the on-going debate on the subject was the claim of Dr Thomas Varghese of the Medical Mission Hospital, Kolencherry, that his removal of medullary carcinoma with extensive nodal enlargement spreading from the base of the skull to the periphery of the heart was 'unique surgery'. Dr Thomas asserts that the surgery was unique because the surgery extended upto the pericardium. But is such an operation absolutely necessary? Others feel such surgery is just surgical exhibitionism. "There is nothing unique about the surgery. Glands exist and we clear them. He has done an extensive surgery but it is not something unique," says Dr T M Joseph of Medical Trust hospital, who feels the surgery was not indicated and should not have been done.

While Dr Thomas disagrees, there is unanimous feeling that he should have presented his surgical feat to his professional peers or published in medical journals, instead of going to the press. Dr Thomas says he has presented his achievements, but highlighting such feats through the media is an attempt to inform the public about the inherent dangers and the options available.

The debate continues, including whether the media behaved responsibly. Meanwhile, the IMA (Kerala) has referred the complaint against Dr Thomas to the Ethics Committee. **Doctors' dilemma over ethics of projecting 'heroic feats',** *The New Indian Express*, July 7, 1999

