

FROM THE PRESS

No safety in nuclear medicine

The Atomic Energy Regulatory Board inspected 28 of the 117 nuclear medicine units in India -- and has noted safety violations in each of them. Chairperson Dr K S Parthasarthy said the violations caused concern.

Some transgressions observed: workers did not use personal dose meters; they worked without gloves, thus contaminating their hands; they smoked and ate within the facilities; waste was disposed of in a cardboard box instead of the recommended foot-operated waste bin; radiation-measuring equipment was faulty, as was the process of isolating patients after treatment. The clear lack of a safety culture and tendency to ignore precautions could lead to more serious violations.

The application of nuclear medicine in India is modest (160 nuclear medicine physicians and 220 technologists) compared to the US (over 2,700 physicians and 14,000 technologists). But safety is should still be a high priority, particularly with the doubling of units in the last two decades.

Times News Network. N-medicine units are violating safety norms. *The Times of India*, April 25, 2002.

Delayed emergency care

Twenty-nine-year-old Kaberi Roy died 24 hours after a 'successful' appendicitis operation. Her parents have filed a criminal case blaming Dr B L Chitlangia and his associates at Bombay Hospital for medical negligence. They hold that had their daughter would have survived if she had been operated upon promptly. She was operated upon 15 hours after her emergency admission.

Dr Chitlangia admitted that the cause of death is not known but holds that the surgery was done properly. He denies a delay in surgery, saying the wait was for appropriate medical reasons.

Manju Mehta.. Family blames Bombay Hospital for death of daughter after surgery. *The Times of India*, July 12, 2002.

The doctors of tomorrow

A first-year MBBS student at Jawahar Lal Nehru Medical College in Raipur was stripped and made to run naked through the college complex for wearing coloured trousers, a violation of the dress code for junior students. Following a complaint by the student's father, Raipur police arrested two of the accused students. A third is absconding. All three have been expelled from the college hostel (but not, apparently, the college). The director of medical education, Dr R C Bhola, says, "I have asked the dean of the medical college to submit a detailed report. We will take appropriate action."

Express News Service. MBBS student stripped, made to run naked. *Indian Express*, July 25, 2002.

Regulating medical devices

A special body is needed to regulate the use of medical devices such as those for laser surgery, said Dr RB Vajpayee, professor of ophthalmology at AIIMS. In the absence of such a system, such devices may be misused. Dr Vajpayee conducted a study which concluded that the use of the lasik laser for correcting eye defects, may be inappropriate for many Indians because of they have smaller corneas on an average. This can result in complications if adequate screening precautions are not taken.

Times News Network. 'Body needed to regulate use of medical devices needed'. *The Times of India*, August 7, 2002.

Regulating infertility treatment

The Indian Council of Medical Research has unveiled draft guidelines to regulate infertility treatment in India, prompted by concerns about unethical practices in infertility clinics.

The guidelines specify infrastructure requirements and a code of practice for infertility clinics, as well as additional training for gynaecologists who specialise in the treatment of infertility through assisted reproductive technology. The council has also proposed the creation of a government agency to license infertility clinics and ensure that they adhere to standards. The agency would also have the power to fix the upper limit of charges for gamete donation and surrogacy.

The council's draft guidelines will be debated over the next three months, after which a final version will be sent to the government for legislation.

Ganapati Mudur. India considers government agency to license infertility clinics. *BMJ*, September 14, 2002.

Privileged postings

An enquiry by the Mumbai Municipal Corporation has found that an estimated 1,200 civic medical practitioners in the city manage to retain their posting beyond the stipulated three years. A massive transfer drive is planned to rectify the situation.

Abhishek Sharan. Civic body raps errant doctors for overstaying. *Indian Express*. October 7, 2002.

What ban?

The Supreme Court directed all states and union territories to take action against clinics advertising sex determination tests in violation of the law. Meanwhile, in Dharwar, Karnataka, the state health department seized two mobile diagnostic machines. These were being used to conduct sex determination tests for between Rs 100 and Rs 1,000, followed by an abortion if the foetus was female.

PTI. SC calls for immediate action against sex-test ads. *Indian Express*, October 8, 2002. Seethalakshmi S. Female foeticide as 'killers' change base. *The Times of India*, November 7, 2002.

Boys will be boys

Over 100 students from the B Block hostel of BJ Medical college in Ahmedabad representing the North Gujarat lobby and traditional fiefdom of former MCI president Ketan Desai broke into the rival A block armed with steel pipes, tubelights and other weapons. They were celebrating reports that Dr Desai was to be exonerated of corruption charges. They injured at least 10 students in the attack, two critically.

The injured doctors chose to be treated in a private hospital rather than the Civil hospital where they did not feel safe. Eye witnesses said the perpetrators included Dr Deepak Limbachiya, now an assistant professor.

Times News Network. Ex-MCI chief's backers split heads in Gujarat hospital. *The Times of India*, October 26, 2002.

Free samples

A British and German genetic study that analysed material

from people in Kerala has renewed a debate on the need to regulate the flow of human biological material from India. The study analysed DNA from saliva of 988 healthy people from a coastal region in Kerala with the world's highest levels of natural radiation. Indian scientists ask how the researchers took samples out of the country without approval, reiterating concerns that India's diverse population might serve as a source of valuable genetic information with potential commercial value. Guidelines introduced in the late 1990s permit export of biological material for research only with approval from the health ministry.

The UK researcher, Dr Peter Forster, said informed consent was obtained from the volunteers and the university's ethics committee had approved the study. He added that the study had no commercial application.

Ganapati Mudur, Indian scientists object to export of human biological material for research *BMJ*, November 2, 2002

Trial subjects or guinea pigs?

As foreign pharmaceutical companies target India for 'cheaper and faster' clinical trials, how are research subjects protected from harm during such trials? There are many mechanisms - but most of them don't do what they are supposed to do.

The Indian Council of Medical Research guidelines are not necessarily enforced. Once a research project gets ethical approval, there is no authority to monitor the research to ensure that it is carried out ethically.

EC members are often handpicked by those who have an interest in the trial, says Dr Sanjay Nagral, member of the Forum for Medical Ethics Society in Mumbai.

Companies pay volunteers: a drug company recently paid Rs 2,000 to volunteers for an anti-rabies vaccine trial at the Haffkine institute, notes Dr SM Sapatnekar, director of the Haffkine Institute. Such amounts will surely influence the 'informed consent' of poor and amount to inducement.

Drug companies also 'donate' research equipment to institutions conducting trials - which is bound to colour the result of research.

Deepa A. 'Give medical councils more powers to regulate clinical trials'. *The Times of India*, November 7, 2002.

Premarital HIV mandatory

Even as the Maharashtra government ruled out mandatory HIV tests before marriage, village elders of Hivare Bazar near Ahmednagar, Maharashtra, have decreed that any outsider planning to marry someone from their village will have to be tested for HIV beforehand. If the gram sabha approves this proposal, it will be enforced from next April.

State health minister Digvijay Khanwilkar recently stated that mandatory tests would add to the social and ethical problems associated with the disease, and a law to this effect would be in violation of NACO guidelines.

Siddhartha D Kashyap. Village all set to make HIV test mandatory. *The Times of India*, November 3, 2002.

Public gives up on the medical council

The Maharashtra Medical Council has never been more efficient than over the last three years after it was taken over by a court administrator following allegations of bogus

voting. The backlog of cases is being tackled, hearings are held and judgements handed out. But the number of complaints has dropped sharply, says Dr S M Sapatnekar, the court-appointed administrator. The widespread perception that the medical profession is unethical should have led to an increase in complaints, but the MMC's reputation is such that the public no longer considers it the appropriate forum for redressing grievances against doctors.

Rekha Dixit. Medical council battles to salvage its pride. *The Times of India*, November 11, 2002.

Professional colleges must charge fees to all

An eleven member Constitutional bench of the Supreme Court ruled that there will be no more 'free' or 'payment' seats in medical, engineering and other professional colleges in the country. Fees will be uniform for all students in any particular college, though they may differ from area to area depending on the costs incurred by the college.

The bench held as unconstitutional the scheme framed by a two-judge bench in 1992 fixing 'free', 'payment' and 'management quota' seats while admitting students in professional educational institutions. That scheme was framed to check capitation fees. The bench held to "the principle that there should not be capitation fees".

Manu Desai. No more 'free' and 'payment' seats in professional colleges? *Bombay Times. The Times of India*, November 13, 2002.

Medical tourism, brain drain

With an estimated shortfall of 20,000 nurses in the UK and US, Indian health care majors have jumped into the fray with services to train and place Indian nurses in hospitals abroad. Already, reputed hospitals lose 20-25 per cent of their nurses to hospitals abroad, usually in the Gulf. This will soon include the UK and US, said Dr Arti Verma of Max Health Care.

At the same time, medical tourism is predicted to double in the next few years as health services in India are a fraction of what they cost in the West. Apollo hospital gets 10-11 foreign patients every month. Five to seven per cent of Escorts' patients are from abroad. Though most of the traffic is from West Asia, south-east Asia and Africa, "We are talking to international health insurance companies so our hospitals are recognised and Non Resident Indians can combine their treatment here with family visits," says Dr Yogi Mehrotra of Indraprastha Apollo hospital.

Sujata Dutta Sachdeva. Wanted abroad: Florence Nightingales. *The Times of India*, November 17, 2002.

Will a code result in responsible advertising?

The Organisation of Pharmaceutical Producers of India has unveiled the code of ethics for advertisement of drugs. The object of the code is to ensure responsible advertising in promoting medicines which may be purchased by the public without any prescription and for which therapeutic claims are made.

In his address on understanding the Indian consumer the managing director of Morepen Ltd emphasised the role of the housewife in household drug purchases. He described the company's concept of a housewife's 'pitara' which consists of a number of OTC drugs and also some ethical drugs stored for self-mediation. The latter have generally been bought after the first prescription has been made by the family physician.

The executive director (consumer pharmaceuticals) of Johnson & Johnson, USA, said the Asia-Pacific OTC market was valued at \$ 15.1 billion in 01. The varying sizes of OTC markets in different countries were determined by purchasing power, awareness, definition of OTC, competition, government regulation and cultural differences. "Self medication is accepted as part of treatment options in health care in this part of the world."

Express News Service Economic Bureau. Code of ethics for ad on drugs unveiled. *Indian Express*, November 20, 2002.

MCI to be monitored

A watchdog committee set up by the Supreme Court will probe the process by which the Medical Council of India grants recognition to medical colleges. The members of this committee are Padmabhusan Dr N Rangabhasham, neurologist PN Tandon, orthopaedist Bhabsali and former vice-chancellor of the Rajiv Gandhi Health University, S Kantha.

Times News Network. SC sets up panel to probe MCI's working. *The Times of India*, November 21, 2002.

Death after kidney donation?

At least 20 youths from UP and Bihar are reported to have died in Amritsar and Jalandhar after donating their organs because they were not given proper post-operative care. This is reported to have taken place over the last two and half years. A member of the gang arrested for this racket is reported to have confessed that he cremated 15 bodies under fake names and addresses. The authorisation committee for kidney donation was found to have authorised transplants on the basis of false affidavits. Arrest warrants have been issued for an advocate who was allegedly instrumental in preparing fake affidavits for Rs 10,000 each.

Ajay Bharadwaj. 20 die in Punjab as kidney racket flourishes. *The Times of India*, November 21, 2002.

Elections IMA style?

The president elect of the Indian Medical Association, Maharashtra, Dr Dilip Guha, has ordered an inquiry into allegations of bogus voting during its annual conference in Sangli. Two voters, who were registered as doctors from Mumbai, stated under interrogation that they were not doctors but had come to vote for Dr Vasant Shenoy, general secretary of the Mumbai suburban west branch. Dr Shenoy said he had nothing to do with the two men. After this incident came to light Dr Guha received other similar complaints. Sources said many doctors aspired to become office-bearers of the IMA because of the money associated with pharmaceutical firms that sponsor events. The IMA has a membership of 1.5 lakh doctors in India.

Times News Network. Probe ordered into IMA polls. *The Times of India*, November 23, 2002.

Public services do better

A survey of patient satisfaction at the King Edward Memorial Hospital in Mumbai, the city's largest public hospital, found that not only were the majority of patients satisfied with its services, they also rated the hospital better than private clinics they had attended before admission to KEM.

The survey, by the Association for Consumer Action in Safety and Health, interviewed 490 patients admitted to various wards in the hospital. A majority came from households with monthly incomes of less than Rs 5,000, and many had spent between Rs 20,000 and Rs 50,000 before coming to KEM.

Many came from outside Mumbai.

Seventy per cent felt doctors gave good treatment though they did not communicate enough and other staff were unhelpful. Many felt post-operative care was poor. The food was okay but bed linen was inadequate and the toilets dirty. People had to wait long for tests and treatment, and were not informed of delays. Even subsidised services were much too expensive. Over 90 per cent were unaware that a grievance cell existed in the hospital.

Dr Arun Bal of ACASH says the survey demonstrates the need for public hospitals. Dr. N Kshirsagar, dean, KEM hospital said the survey has led to some changes but much of the problem lies in money shortages. The hospital needs Rs 9 crore annually but gets only Rs 3 crore.

Rekha Dixit. KEM services better than private clinics, says survey. *The Times of India*, November 23, 2002.

Kerala doctors strike

On October 1, 2002, Doctors all over Kerala responded to a call by the Indian Medical Association, Kerala State Branch, to strike in protest against the increasing attacks on doctors and hospitals. They demanded legal protection and other health personnel in discharge of their duties.

At the Emergency State Working Committee meeting in Guruvayur, IMA Kerala State president Dr PT Cheriyan announced that the strike call was binding to all IMA members and that anyone defying the IMA's directives would be seriously dealt with.

Landmark strike by the doctors of Kerala state. IMA (Kerala state branch) Newsletter, Number 54, October 2002.

Guidelines for the drug industry

The US government has issued a Compliance Program Guidance for Pharmaceutical Manufacturers to control drug company handouts to the medical profession. The recommendations, however, are voluntary.

The Guidance warns drug manufacturers against paying or otherwise encouraging doctors and pharmacists to switch patients from the products of one company to those of another, offering entertainment, travel, or other benefits for attending drug information programmes, and providing financial incentives to large scale purchasers of drugs.

Compliance Program Guidance for Pharmaceutical Manufacturers can be read at www.oig.hhs.gov

Charles Marwick US tackles drug company gifts to doctors. *BMJ*, October 12, 2002

The IMA and the kidney trade

A close look by *The Hindu* at an inquiry report by the Indian Medical Association, Kerala branch, seems to have dug up a can of worms. The reports appeared between October 25, 2002, and December 2, 2002.

The IMA inquiry into the kidney transplant racket in the state concluded that money did change hands between kidney donor and recipient - but that doctors and hospitals knew nothing about it. Apparently the doctors were earnest but innocent.

The report documented irregularities in various hospitals but