

FROM THE PRESS

Guidelines on investigating medical negligence

The Medical Council of India (MCI) is formulating guidelines to investigate cases of medical negligence. The decision has been taken in view of the Supreme Court (SC) directive in a public interest litigation alleging lack of transparency and proper mechanism on the part of the MCI in dealing with cases of medical negligence. During the hearing of the case, the SC learned that there are no formalised procedures for the investigation of medical negligence.

Jayashree Padmini. MCI drafts investigation guidelines for professional misconduct. *Express Health care and Management*, February 16–23, 2003

Doctors absconding in Nepal

Faced with the crisis of personnel scarcity in the district health services, the Nepal government initiated action against 50 doctors employed in these organisations. These doctors are abroad, ostensibly for specialised training. 'Doctors deputed to various districts either take training or education leave and leave the country, causing a scarcity of doctors in remote areas,' said Mahendra Nath Aryal, secretary at the ministry of health, explaining the ministry's decision to take stern action against these doctors. However, despite the ministry's action, not a single doctor who went abroad on government or other scholarship programme, has shown any willingness to return. A few doctors have faxed their resignations from their government jobs.

Perina Pathak. Govt takes action against erring doctors. *Kathmandu Post*. www.nepalnews.com, February 25, 2003

Patient 'dumping' in Islamabad

Forty-five-year-old Mahfeela Bibi from Islamabad, suffering from possible haemorrhagic fever, was refused admission by the Rawalpindi General Hospital (RGH) and 'dumped' in the casualty ward of the Pakistan Institute of Medical Sciences. Dr Asif Mehmood, deputy executive director, was bitter about the way the patient was abandoned at their casualty ward by the RGH staff. He said, 'This is against medical ethics.'

PIMS official accuses RGH of violating medical ethics. *Dawn*, www.dawn.com March 12, 2003

Discussion on government-fixed fees for doctors in Nepal

A discussion on doctors' consultation fees was held between the Nepal Medical Association, Ministry of Health, Association of Private Health Institutions in Nepal, medical experts, consumer organisations, human rights organisations, journalists and lawyers. The discussion followed the government's new regulations fixing consultation fees.

As of December 2002, doctors' consultation fees were fixed at between Rs 75 and Rs 275, depending on whether they are MBBS, postgraduates, diploma holders, postgraduate MD or MS degree holders, and superspecialists. Follow-up visits within 10 days should be free of charge and later visits for the same health problem are charged at 50 per cent of the initial fee. There have been reports that the new regulations are not being followed.

A quasi-hearing on doctors' consultation fee. *Kathmandu Post*, www.nepalnews.com, March 29, 2003

HIV and discrimination by doctors

The Lawyers' Collective, an Indian legal cell working in the field of AIDS/HIV, has filed a petition on behalf of the Delhi Network of Positive People against the discrimination HIV-infected AIDS patients face at the hands of the medical community. AIDS workers point out that patients are discriminated against both directly and indirectly. Direct discrimination is when hospitals refuse to admit such patients; indirect bias is when a person is given a bed in a hospital but is not treated after that.

Experts say that one of the reasons for discrimination at health care centres is that medical personnel in India are not equipped with the basic precautionary gear needed to protect themselves against infection.

HIV-positive patients move court against uncaring health care system. southasia.oneworld.net, May 28, 2003

Banned abroad but not in India

The recent death of a two-year-old boy after being given an anti-nausea injection has once again brought into focus the use of banned drugs in India, unethical medical practices and the lax drug control system. Since 1995, metoclopramide—sold under the brand names Perinorm and Reglan—is globally prohibited for use in people below 20 years of age. However, in India it can be given to newborns. Two-year-old Akash died within hours of being given the drug. He reportedly died of acute dystonic reaction, a side-effect of metoclopramide known to occur predominantly in children and adolescents. The literature provided with Perinorm recommends its use for nausea and vomiting for all age groups, whereas Reglan does not give any information about its side-effects.

Toufiq Rashid. Use of banned drug leads to death of a toddler now. *The Indian Express*, June 3, 2003

Class action suit against Bayer

A class action suit has been filed against Bayer and three other companies for distributing contaminated blood products in Asia and Latin America after they were withdrawn from the US. Thousands of people with haemophilia contracted HIV infection or hepatitis C

through tainted blood products supplied by the companies. In a statement Bayer said: 'Bayer complied with all regulations in force in the relevant countries based on the amount of scientific evidence available at that time.'

Deborah Josefson. Haemophilia patients launch action against Bayer over contaminated blood products. *BMJ*, June 14, 2003

Unapproved drugs available in India

The Indian government admitted that drug formulations unapproved by India's drug regulatory agency and not evaluated for effectiveness are prescribed and sold across the country. The government made this statement at a court hearing on a public interest litigation challenging the use of the non-steroidal anti-inflammatory drug nimesulide in children, and unapproved combinations of nimesulide and other drugs for adults.

The drugs controller justified his decision to allow the use of nimesulide in children with statements from the Indian Academy of Paediatrics and personal opinions of several practising doctors that there was no justification for imposing a ban on the drug. Paediatricians, however, allege that medical opinion is being influenced by drug companies. Only Italy, India and Brazil allow the use of nimesulide in children.

G Mudur. India admits to unapproved drug formulations in market. *BMJ*, June 14, 2003

Hospital refused care because she was HIV positive

A woman in labour, suspected of being HIV positive, was turned away by several hospitals and nursing homes before she gave birth to a child in a government hospital in Rourkela. She was taken to the Ispat General Hospital, the Vesaj Patel Hospital and a few nursing homes where she was turned away, her relatives said. A press release from the Vesaj Patel Hospital said that the woman had undergone an ELISA test and was found to be HIV positive. 'We thought that it would be better if she went to the Ispat General Hospital which has an AIDS cell and other required infrastructure to ensure the safety of the patient,' it said. The Ispat General Hospital also refused admission to the woman.

PTI. Hospitals turn away HIV-positive woman in labour. *The Hindu*, August 3, 2003

Private medical colleges—part 1...

The Association of Andhra Pradesh Private Medical Colleges has asked the government to reserve 50% of the total medical seats in the private sector as management quota with fees of Rs 5 lakh per annum. At present, there is a three-tier annual fee structure in private colleges—'free' seats for Rs 15,000, payment seats for Rs 90,000 and NRI seats for US\$ 10,000 (around Rs 5 lakh). Of these, the last category constituting 15% of the seats, is left to the management. Ajay Kumar, president of the Association, said a study found that colleges incurred an expen-

diture of Rs 3.18 lakh per student annually.

Bureau correspondent. Private medical colleges in AP want annual fees of Rs 5 lakh. *Pharmabix Hospital Review*, June 1–15, 2003

Private medical colleges—part 2

The Medical Council of India has decided to accord permission for three more medical colleges in Andhra Pradesh, adding 450 seats to the 2,975 already available through 21 medical colleges, including 10 government colleges, in the state. Of these, 1,100 seats are in the private colleges.

Bureau correspondent. Three more colleges given permission. *Pharmabix Hospital Review*, June 1–15, 2003

Negligent doctors—part 1...

Seventeen-year-old Rajnis Patel of Bhawanipore, West Bengal, was admitted with a shin-bone fracture at the state SSKM Hospital. He died four months later after five botched operations, the first two reportedly carried out by postgraduate trainees. Following a police complaint, a three-member committee found prima facie evidence of negligence on the part of Dr Majumdar, a senior doctor who led the team of attending doctors. The West Bengal government suspended Dr Majumdar. Rajnis' family said that the doctors hardly attended to the teenager.

Sabysachi Bandopadhyay. Govt acts after teenager dies due to botched-up surgeries. *The Indian Express*, June 7, 2003

Why did the transplant donor die?

Subhash D donated part of his liver to be transplanted into Srikant Nahata but died 10 days after the transplant. Apollo Hospitals, Delhi, apparently did not feel the need to conduct a post-mortem even though death is extremely rare in the case of a donor in a liver transplant. Anupam Sibal, director medical services, Apollo Hospitals, said, 'We did not conduct a post-mortem because there was no doubt in our minds as to why the donor died. If there was something wrong with the operation he would have died right away, not 10 days after the transplant.'

Subhash was found to be medically fit to be a donor. The Authorisation Committee concluded that the donation was a voluntary one and not a commercial transaction. Mr Sibal claimed that Subhash was Mr Nahata's cousin but was unable to elaborate on the details of this relationship.

Sachin Parashar. Date of liver donor's death shrouded in mystery. *The Times of India*, July 12, 2003

Negligent doctors—part 2

Three doctors of a South Delhi hospital were sentenced to 14 days' judicial custody by the metropolitan magistrate after a patient died due to their negligence.

On September 15, 2002, Vikramjit Singh was admitted to

the Bhagat Nursing Home in Safdarjung Enclave for surgical treatment of a sinus. He was taken to the operation theatre by Dr Monica Bhagat, a gynaecologist, and given anaesthesia by Dr Chawla, a surgeon, and Dr Chandra Prabhakar. After about two hours, the doctors informed the patient's father that Vikramjit had suffered a cardiac arrest as a reaction to the anaesthetic. He was shifted to another hospital and died the same evening.

Dr Bhagat was charged with running a private nursing home without being registered with the Directorate of Health Services. Drs Prabhakar and Chawla were accused of operating without making proper arrangements for a cardiologist and life-support systems such as a ventilator. The Medical Council of India suspended Dr Prabhakar's license to practise for six months and directed Dr Bhagat to stop all patient activities in Bhagat Nursing Home until it was registered with the Directorate. Meanwhile, a case under section 304 of the Indian Penal Code for culpable homicide not amounting to murder was registered against the three doctors for which they have been put behind bars.

Vidya Krishnan. Three doctors sent to Tihar for negligence. 18-year-old dies after sinus operation. *The Pioneer*, August 2, 2003

Treatment for AIDS patients

The Supreme Court issued notices to the centre, states, the National AIDS Control Organisation and union territories in response to a public interest petition alleging that AIDS patients were not given treatment in government hospitals. The petition was filed by the Voluntary Health Association of Punjab. It sought a direction to the government to recognise and implement the right of AIDS patients to treatment and health as their fundamental right and provide free and equitable access to anti-retroviral treatment to HIV-positive patients.

Rakesh Bhatnagar. SC notice to govt for treatment to AIDS patients. *Times News Network*, August 4, 2003

Children don't get life-saving surgery

Some 9000 children are born every year in Tamil Nadu with heart defects that need surgery. Barely 10 per cent of them get it, according to K R Balakrishnan, head of cardiothoracic surgery at the Sri Ramachandra Medical College. Many die before their parents can raise the funds. Girls with heart problems are less likely to get treatment. There is a shortage of paediatric cardiac surgeons because adult cardiology is much more lucrative.

Feroze Ahmed. Parents have the heart to let them die. *Hindu Online*, August 18, 2003

Ethics review boards in developing countries

Leading ethicists called for the establishment of effective national and institutional ethics review committees in developing countries to protect biomed-

ical research participants from any possible harm or exploitation. They were speaking at the Second Symposium on Ethical Issues in Health Research in Developing Countries held in Karachi, Pakistan, from August 14 to 18, 2003. The ethicists also recommended the same standard of care and treatment for individuals participating in externally funded clinical trials in developing countries as would be provided to participants in the country funding the study.

Khabir Ahmad. Developing countries need effective ethics review committees. *Lancet*, August 23, 2003

No charity, no tax exemption

Refusing to believe that private trust hospitals were doing sufficient charity work to warrant state concessions, the Municipal Corporation of Mumbai identified 22 hospitals and withdrew the octroi tax exemption on imported surgical equipment and life-saving drugs. Among those black-listed are Lilavati Hospital, Bombay Hospital, Breach Candy, Jaslok, Nanavati and Hinduja. Trust hospitals registered with the charity commissioner are exempted from octroi duty and income tax. In return, they are expected to provide free treatment to 10% of their patients. The hospitals were unable to produce evidence of doing charity work.

The trust hospitals have challenged the circular in the Bombay High Court. 'We regularly submit returns of free or concessional treatment to poor patients to the charity commissioner,' said M L Bhakta, president of the Association of Hospitals.

Kaajal Wallia. Hospitals get charity check. *The Times of India*, August 30, 2003

Agreement on cheap generic drugs

The World Trade Organization reached an agreement that allows developing countries stricken with HIV/AIDS, tuberculosis and malaria to import cheap generic drugs.

The agreement waived the rule that production of cheap generic drugs without the consent of the patent holder—so-called compulsory licensing—must be primarily for the domestic market. This rule had effectively prevented developing countries without their own manufacturing capacity, such as India, from importing cut-price drugs from generic producers. The statement also called for special measures, such as distinctive packaging and different coloured tablets, to prevent drugs being smuggled back to rich country markets. Middle-income nations such as Mexico, Hong Kong and South Korea, promised they would resort to the patent waiver only in times of national emergency. However, Médecins Sans Frontières and Oxfam criticised the accord, saying it would do little to cut the price of essential medicines.

Clare Kapp. World Trade Organization reaches agreement on generic medicines. *Lancet*, September 6, 2003