

FROM THE PRESS

Doctors and the CAT scam

With the arrest of Ranjit Singh, the CBI exposed an enormous racket in papers for management and medical entrance examinations. Some interesting bits of information given to the press by CBI 'sources': Ranjit Singh is a qualified doctor. Some 150 doctors are reported to have been involved, acting as touts for Singh; several of them were formerly his clients. The medical entrance examination question papers cost between Rs 10 lakh and 12 lakh. The service was promoted by word of mouth, by satisfied 'students' and their parents who found it cheaper than paying donations to private colleges. His list of clients included a large number of doctors with whom he had an unwritten agreement that they would prescribe medicines manufactured by his pharmaceutical company Redon till their wards completed the course. Redon registered a turnover of Rs 60 crore in its first year. Singh is reported to have made Rs 100 crore a year through the CBSE medical exam papers alone.

Pratyush Kanth. Doctors acted as paper touts. *The Times of India*. November 26, 2003

Dipak Mishra. Few knew that Ranjit was a CAT 'king'. *The Times of India*. November 26, 2003

Surgery by the beach

What do you get if you combine Ajanta–Ellora, Mahabaleshwar and the Konkan coast with 20,000-odd medical specialists and hi-tech tertiary care hospitals?

On November 19, 2003 the Medical Tourism Council of Maharashtra was formally launched in the presence of health minister Digvijay Khanvilkar, chief secretary Ajit Nimbalkar, medical education secretary G S Gill, FICCC-WRC chairman Sushil Jiwrajka and union minister of state for commerce and industry S B Mookherjee.

The point: Maharashtra has a 'winning combination' of tourist destinations and world-class healthcare facilities which can provide treatment at one-fifth the cost in western countries. The medical tourism industry is expected to grow at 30 % annually. Public hospitals are also a part of the deal. Khanvilkar declared that the government was upgrading these hospitals to attract the middle-class medical tourist.

Times News Network. Government launches medical tourism council. November 20, 2003

Need to protect nurses in hospitals

The Delhi High Court has admitted a petition seeking registration of an FIR against Shanti Mukund Hospital, GTB Hospital and their doctors for allegedly failing to take proper care of a nurse who was raped and blinded by an employee of the Shanti Mukund Hospital in

September 2003. The National Commission for Women (NCW) had held both hospitals guilty of medical negligence and called for cancellation of Shanti Mukund's licence. The victim was left unattended for hours after the rape became known, and eventually referred to the GTB hospital which delayed treatment. The NCW also issued recommendations for protection of nurses.

Rape of nurse: NCW blames 2 hospitals *The Hindu*. September 20, 2003

Tribune News Service. Assault on nurse: HC admits petition against hospitals. October 17, 2003

Code of ethics for hospitals in Andhra

Private nursing homes and hospitals in Hyderabad will now have to follow a code of ethics requiring them to standardise their rates, make their billing transparent, counsel patients and follow clear procedures for diagnosis and treatment. The code is to be followed by all the 450 institutions registered under the Andhra Pradesh Private Hospitals and Nursing Homes Association's Hyderabad and Rangareddy district branch. Inpatients must be told why they are being admitted, results of preliminary tests, plan of treatment and the estimated cost.

Bureau report. Code of ethics laid down for Andhra nursing homes. *Pharmabiz Hospital Review*. September 16–20, 2003

HC directive to review Nursing Homes Registration Rules

The Delhi High Court has asked the Delhi state government to review the Delhi Nursing Homes Registration Rules, 1993, to improve services offered by ICUs in nursing homes in the state. It also asked the government to implement the recommendations of an expert committee on nursing homes. These recommendations cover space, drugs, equipment and staff requirements in nursing homes and ICUs, including specialist ICUs. The committee was formed after the doctors and management of Sunderlal Jain Charitable Hospital were held liable for the death of a patient in the ICU.

Joe C Mathew. Delhi HC demands review of Nursing Homes Registration Rules. *Pharmabiz Hospital Review*. September 16–20, 2003

Tooth extraction or heart surgery?

How much could it cost to get some teeth extracted? Well, it could be Rs 1,16,777, if you happen to be the dependant of a Bharat Sanchar Nigam Limited (BSNL) employee. That is the bill handed over by a Kolkata-based employee for getting his son's teeth extracted at the private Suraksha Hospital. The hospital says the extraordinary charge is because the patient developed complications and had to be shifted to the ICU.

The result at BSNL: a circular stating: 'It is imperative that a thorough analysis be made... regarding empanelment

of hospitals and the rates applicable there.’

Sunando Sarkar. A lakh and more to pull out teeth—clinic bill sends telecom giant staggering. *Telegraph* November 20, 2003

The state of public hospitals in Kolkata

If private hospitals charge exorbitant rates, the state of government hospitals in Kolkata is surely of far more concern. A number of reports in the *Telegraph* in October and November describe scenes of patients dying for want of care, or because the necessary drugs and equipment are not available. Touts lurk in the hallways and everything, from drugs to a hospital bed, is available at a price. The government responded by suspending doctors, cutting pay, and other such punishments. Aggrieved patients attacked doctors, sending them on strike, and naturally, political parties have made use of the situation. www.telegraphindia.com

12 medical colleges derecognised

The Maharashtra University of Health Sciences has prevented 12 medical colleges in the state from admitting new students and asked them to re-apply for recognition when their infrastructure meets the guidelines of the Medical Council of India. These include two government-run colleges, five ayurvedic colleges, one homoeopathic college and one dental college.

Express News Service. Univ derecognises 12 medical colleges. *The Indian Express*. November 7, 2003

Videoconference to testify on medical negligence

A Mumbai court will hear the evidence of a New York-based doctor through videoconference in a criminal case alleging medical negligence. The case was filed by P C Singhi who claimed that his wife died at the Bombay Hospital due to the medical negligence of Dr Praful Desai, honorary surgeon and head of the Department of Oncology. The US doctor who will give evidence supporting Singhi's case is unable to make the trip to India.

Express News Service. Hearing evidence, from New York to city court. *The Indian Express*. November 11, 2003

Doctor commits suicide

The apparent suicide of Dr Vinod Gobind Baramera, a resident MBBS doctor, has triggered off discussion on the stress faced by medical students who must cope with long working hours and the emotional attachment to patients in distress. This is worse for students coming from small towns or underprivileged backgrounds, who may have difficulty in socialising with urban and well-off students.

Shailesh Bhatia. Doctor commits suicide in Nanavati Hospital. *Mid-day*. October 1, 2003

Publicity-seeking doctors criticised

Members of the Karnataka Legislative Council expressed

their displeasure over the ‘undue publicity’ gained by a heart hospital in Bangalore ‘in violation of medical ethics’. The AIPJD member, M P Prakash, asked the Medical Council of India to take action against publicity-seeking institutions.

Staff reporter. ‘Bangalore doctors crave publicity’. *The Hindu*, Bangalore. July 23, 2003

Nepal hospital regulations: can we have an update?

In July 2002, the Nepal government announced plans to regulate health services effective from January 2003. This was announced at a workshop organised by the Ministry of Health in Kathmandu on ‘Review of criteria for private health institutions in Nepal’. The guidelines laid down include the following: (i) Medical professionals would not be allowed to work at more than two institutions. (ii) Private hospitals and nursing homes would have to provide facilities for emergency, outpatient and surgery services, among others. (iii) Hospitals with over 100 beds would have to have a blood bank. (iv) Charges would be determined by a committee formed by the government.

Institutions would be required to display, for the general public, information about their services, names of attending doctors and their academic qualifications, available health equipment and manpower, and the fees charged. Institutions registered as research centres would have to carry out research on a minimum of two new subjects in a year.

Himalayan News Service Kathmandu. Medical professionals can't work in more than two organisations from 2003. *The Himalayan Times*. July 31, 2002

Bangladesh: how to reduce long lines at public hospitals

Over 1,500 people visit outpatient departments at the Dhaka Medical College Hospital, Bangladesh's largest hospital, every day. Two medical officers in each department struggle to provide treatment of some sort to the crowd, despite the shortage of equipment and drug. The rush is regulated by brokers who direct patients to the same doctors' private chambers for speedy treatment—where these patients, who are the poorest of the poor, will have to pay. Patients who need inpatient treatment must give a bribe to get a bed. All this happens under the nose of the hospital authorities.

Ataul Gani Sumon and Nurul Islam Hasib. Poor outdoor services provoke patients outcry. *The Independent*, Bangladesh. October 26, 2003

<http://independent-bangladesh.com/news/oct/26/26102003mt.htm#A7>

When in doubt, take it out

When the Pakistan Medical Association investigated an epidemic of abdominal pain and other symptoms from what seemed to be a water-borne disease, it came up with surprising results. Doctors in Chokera village near Sargodha had not identified the cause of the problem, but

that did not stop them from making some money by performing appendectomies on more than 120 people.

The local health officer expressed inability to comment on the cause of the problem and also avoided comments on the surgery conducted by private medical practitioners.

By our correspondent. Appendectomy performed without any 'justification'. *Dawn*, Sargodha. August 18, 2003

Doctors must protect themselves in Pakistan

In the light of doctors being killed in Karachi, Pakistan, the Forum of General Medical Practitioners has taken up the responsibility of helping doctors get an arms licence and train them in the use of these weapons. A letter-writer provides phone numbers of doctors to contact for this service.

Letter in *Dawn*, Karachi. October 8, 2003

Sri Lanka: healthcare workers' strike

Some 80,000 Sri Lankan healthcare workers went on strike demanding salary increases, paralysing work in public hospitals in the island.

This was the latest of a series of strikes in 2003 beginning with registered medical practitioners, doctors, nurses, paramedics, technicians and minor staff, mostly over salary anomalies. They crippled services—resulting in a few deaths from lack of medical attention—and prompted the mobilisation of hundreds of soldiers to help out in state hospitals.

Trade union activists called the use of the armed forces a violation of the Constitution and a repression of trade union rights. Others expressed anger at the striking

medical staff and supported the government's use of unarmed soldiers to help poor patients.

Patient rights groups such as the National Movement for the Rights of Patients support an arbitration process for the Health Ministry and trade unions to settle disputes and prevent recurring strikes by healthcare workers.

Khabeir Ahmad. Sri Lankan health workers strike over "salary anomaly" *Lancet* 2003;362:1049

Feizal Samath. Is it proper to strike at health services? *The HimalayanTimes*, Kathmandu. October 25, 2003

Missing girls

The continued skewing of the child sex ratio in India has shocked demographers and policy-makers. Calculated as the number of girls per 1000 boys in the age group of 0–6 years, the ratio declined from 945 girls per 1,000 boys in the 1991 census to 927 in the 2001 census. (It was 976 in 1961.)

In the 2001 census, four states—Punjab, Haryana, Himachal Pradesh and Gujarat—had less than 800 girls per 1000 boys. The reason: an epidemic of sex-selective abortion supported by cheap ultrasound machines used for sex determination, used even in remote areas despite legislation.

These 'missing girls' essentially means that millions of medical consultations leading to abortions have taken place with the active connivance of the medical community, who make a quick buck out of them, says Dr Puneet Bedi, a Delhi-based gynaecologist.

The United Nations Population Fund's report 'Missing' can be accessed at <http://www.unfpa.org.in/>

Sanjay Kumar. Ratio of girls to boys in India continues to decline. *BMJ* 2003;327:1007.

Training in research ethics

The University of the Philippines-Fogarty International Center Bioethics Program is accepting applications for an intensive training in research ethics review on April 2–6, 2004 in the Philippines.

We are giving priority to individuals from various fields who have sufficient background and interest in the ethical review of biomedical research. An applicant must submit an application letter together with his or her curriculum vitae that may indicate any of these: research experience, current membership in ethics committee(s) and prior training workshops related to research ethics.

Economy two-way air tickets, accommodation and board will be provided for qualified scholars. In addition, we will accommodate participants who can fund their own travel and accommodations. Applications and inquiries may be sent to Ms Czarina Mercado at bioethics-training@kssp.upd.edu.ph.