

## FROM THE PRESS

### **Torture by doctors?**

When Abdul Karim Telgi, accused in the stamp paper scam, was injected with sodium pentothal, the results were apparently excellent, according to the director of the Karnataka State Forensic Laboratory. 'He vomited out the truth.' The thrill was partly due to the 'complicated' nature of Telgi's case. 'We were particularly happy since Telgi is also HIV positive, and this proves that we can tackle even complicated medical cases.' After a campaign by human rights activists, a Bangalore court restricted the administration of the drug to some Telgi case accused.

Dr S L Vaya at the Ahmedabad Forensic Science Laboratory has used sodium pentothal a number of times including against the accused in the Godhra burning. He describes this as a therapeutic experience: 'The result is a catharsis-like confession.' The use of truth drugs constitutes torture, according to the UN.

Ritu Sarin. Lie of the needle? *The Indian Express*. January 18, 2004

### **'It only raises our death figures'**

Authorities at the Sir Ganga Ram Hospital, Delhi have urged its consultants not to admit patients in an 'irretrievable condition' to the ICU and to personally make sure they have no infection. A senior consultant in the hospital argues that this 'strange order' goes against the basic tenet of medical science—that till a person is actually dead you cannot write him off and no matter how serious the case may be, a doctor has to treat him. Also, the doctor cannot say whether a patient has an infection just by looking at him/her.

Dr Nalini Kaul, medical director, says, 'The notice was issued because of the esteem our hospital holds in people's minds. As a result, it often gets moribund cases from other hospitals in a last-ditch effort by relatives to revive them. We are not able to help them and they often die within 24 hours of admission. No purpose is achieved except raising our death figures and often causing cross-infection in other patients.'

Times News Network. Hospital wants to close doors on 'dying patients' *The Times of India*. February 25, 2004

### **'We got her oral consent'**

A 32-year-old woman in Kerala has sued an infertility centre for allegedly implanting donor ova in her—without her knowledge and permission. Anitha Jayadevan has filed a case against Edappal Hospitals Private Limited, claiming Rs 20 lakh as compensation. She learned what happened after a DNA test was done elsewhere when the pregnancy failed.

Dr K K Gopinathan of the infertility centre states that the patient and her husband gave their oral consent to the use of donor ova. This oral consent was not recorded to keep the information from the hospital staff, as requested by the couple.

KR Rajeev. Woman sues hospital for fraud in pregnancy. *The Indian Express*. January 28, 2004

### **Doctors arrange surrogate mothers**

About 10 babies are delivered by surrogate mothers in Ahmedabad every year. Doctors look for healthy women under 30 years of age, from lower–middle-class families. They are paid between Rs 75,000 and Rs 1.5 lakh plus all medical expenses. It is the doctor's responsibility to ensure that the surrogate mother gets her payment and that she hands over the baby after delivery.

Rupam Jain Nair. Childless couples opt for surrogacy but keep mum. *The Indian Express*. February 4, 2004

### **Doctors in politics**

Deputy prime minister L K Advani's two-day visit to his constituency was marked by seven medical camps. Everywhere he went, doctors doled out free consultations and even X-ray examinations and pathology tests. His example is followed by other politicians. In Rajkot, sitting MP and union minister of state for health Vallabh Kathiriya organised a camp in which even operations were conducted, some done by the MP himself. Specialists from Delhi government hospitals were brought in to prescribe drugs to 20,000 patients.

'Doctors will easily be the most sought-after people for campaigning this election. Once the dates are announced there will be a flood of requests to doctors to hold medical camps across the state. The reason is simple: medical camps give instant results in terms of pleasing the vote bank,' said president of the Indian Medical Association Anil Nayak.

The finest example of the kind of influence doctors can wield is that of BJP's Jeetendra Patel who had no party base but won due to the goodwill of 1,500 doctors who went door to door canvassing for him, according to a senior doctor. Doctors are asked to canvass for parties on a personal basis, because of their immense hold over their patients.

Radha Sharma. Netas turn to doctors to ensure healthy poll results. *The Times of India*. February 24, 2004

### **Unsafe injecting practices**

Sixty-five per cent of injections given in the country are unsafe, according to a report submitted to the government.

The reasons: reuse, wrong injecting habits and improper syringe disposal techniques. The study looked at practices in 2,400 government and private facilities and 1,200 immunisation centres.

Toufiq Rashid. Shot in the arm may be shot in the leg. *The Indian Express*. January 16, 2004

### Strengthening the complaint mechanism

The Supreme Court gave three weeks to the Centre to frame into law three changes in the Code of Medical Ethics and Regulations for investigating complaints of medical negligence.

The three new rules that will be added in Section 8 (relating to Punishment and Disciplinary Action against doctors) of the Medical Council Act (MCA) are: (i) A complaint against doctors will be automatically transferred to the central MCI for adjudication six months after filing the complaint before any State Medical Council (SMC). (ii) Alleged victims of medical negligence may appeal against the decision by any SMC directly to the MCI. (iii) Non-medical members will have to be included in the body of all medical councils to avoid any conflict of interest in the investigation of allegations against errant doctors. (Currently only the Delhi Medical Council has members who are non-doctors).

J Venkatesan. Centre granted time to amend Code of Medical Ethics *The Hindu*. February 5, 2004

### Private medical colleges fall short of staff

Only one of the 17 private medical colleges in Maharashtra—run mostly by state politicians—has the staff and facilities to fulfil the norms of the Medical Council of India, according to a probe by the state department of medical education. The rest had a more than five per cent shortage of staff. Most staff worked part time; in some colleges professors shown as full-time staffers said they were part-time employees. The area set aside for medical education was put to other uses, including engineering, dental, catering and occupational therapy teaching.

Prafulla Marpakwar. Education barons in the dock, again. *The Indian Express*. December 15, 2003

### Medical colleges in Bihar

Bihar is likely to be left with only one government medical college with the executive committee of the Medical Council of India (MCI) recommending de-recognition of five state-run medical institutes in the state. They had been on notice for the past four to six years for glaring deficiencies that they failed to improve. If the general body of the MCI ratifies the decision, the state would be left with only one government medical college and two private medical colleges.

Press Trust of India. MCI panel for de-recognition of five Bihar medical colleges. *Hindustan Times*. February 25, 2004

### Professors linked to question paper leak

The CBI arrested Lucknow resident Dhirender Singh for his alleged involvement in stealing and leaking of a question paper of the All India Post Graduate Medical Education entrance examination in January 2002. Reports that the papers had been leaked gained credibility after the results were declared and 70 of the top 100 candidates from UP belonged to the King George Medical University (KGMU), most from the S P Hostel where the papers were reportedly distributed. Earlier, five others had been arrested for their alleged involvement, including an assistant professor of the KGMU and owners of two coaching institutes.

Press Trust of India. CBI raid on Lucknow's KGMU hostel. *Hindustan Times* February 6.

Press Trust of India. One more arrested in AIIMS paper leak case. *Hindustan Times* February 28, 2004

### Deaths in public hospitals

Tapan Deyashi, an asthma patient who went missing from R G Kar Medical College and Hospital, Kolkata was found draped over a garbage vat outside the hospital, dead from severe cold and shock.

In the past three months, at least five patients have walked out of state-run hospitals in the city, with the authorities remaining in the dark. In October 2003, Santosh Hela, a patient of Howrah State General Hospital, was found dead near a garbage vat, a day after he went missing. In another incident, a patient was killed after he reportedly jumped out of a window from the second floor of B N Bose Hospital in Barrackpore.

Correspondent. Hospital to vat death, again. [www.telegraphindia.com](http://www.telegraphindia.com) January 7, 2004

### The kidney trade again

*Frontline's* latest addition to its collection of stories on the kidney trade notes that the latest guidelines of the Tamil Nadu government have not solved the problem. No action has been taken on police cases revealing a nexus among donors, agents, hospitals and recipients.

According to a recent study, 'Implementation of THOA', by Dr V R Muraleedharan and S Ram Prasad, Indian Institute of Technology, Chennai, 'the commercialisation of kidneys is as common now as it was before the implementation of the Act and the present regulatory system is incapable of preventing it'.

Asha Krishnakumar. Organ trade: a cure worse than the disease. *Frontline*. [www.flonnet.com/fl2103/stories/20040213003509700.htm](http://www.flonnet.com/fl2103/stories/20040213003509700.htm), February 13, 2004

### The future of clinical trials in India

Indian contract research organisations (CROs) can access the US\$10 billion market for clinical trials if the health ministry makes policy changes enabling clinical trials in India along the lines of those elsewhere, according to the consulting firm Ernst & Young.

Currently India does not allow Phase I human trials (initial administration of the investigational new drug to healthy volunteers to determine the maximum tolerated dose) to be conducted in case of drugs of foreign origin, unless and until the trial is conducted outside India and the data are submitted to the drug regulator.

According to the report titled 'India's clinical capabilities', the clinical research sector will play a major role in India's biotech future. The Mashelkar panel, which was given a mandate to propose a revamp of the country's drug regulatory set-up, has recommended that Phase I clinical trials of new drugs of foreign origin in India be allowed at the same time as they are being carried out abroad.

Director of the National Institute of Immunology Sandip Basu states that India's vast and diverse disease and patient populations provide an enormous clinical research opportunity.

According to the report, international CROs have already recognised this opportunity and have set up operations in anticipation of policy changes. US-based Quintiles Transnational Corp has shifted the bulk of its data processing activity to India. Indian CROs too are mushrooming. According to the chairman of Biocon India, Kiran Mazumdar-Shaw, apart from Phase I clinical trials, Indian companies have a large opportunity in pre-clinical and proof of concept studies. 'The real opportunity lies in shortening timelines by speedy patient enrolments, made possible by the large patient populations that also lend themselves to sub-segmentation and statistically superior data,' she added.

The report said biotech companies in the US and Europe can forward integrate their drug development programmes at lower cost and shorter timelines in India. Sudhir Chowdhary. CROs await policy green signal to tap \$10 b clinical trials market. *Financial Express*. November 14, 2003

### **Infant burnt by make-shift incubator**

The state government has ordered inquiries into the death of an infant at the Jowai Civil Hospital, Meghalaya. The newborn suffered extensive burn injuries allegedly after it was kept on a metallic tray with a room heater below it, and died on November 27, 2003. Family sources said although the discharge slip showed that the mother was discharged on request on November 26, she was actually discharged on November 27 after the death of her child.

Correspondent. Probes to be completed soon. *Assam Tribune*. December 10, 2003

### **Doctors' strike—1**

About 2,000 junior doctors and 10,000 students of 10 government-owned medical colleges in Andhra Pradesh went on strike to demand a halt to indiscriminate sanctioning of private medical colleges and to end collection of user charges in state-run hospitals. The government declined to discuss the demands saying that

these issues were part of its policies and were non-negotiable. The doctors called off their strike after 42 days, following a direction by the Andhra Pradesh High Court, and agreed to join a committee with the government to find a solution for their demands.

Mohammed Shafeeq. Junior doctors call off strike. *Indo-Asian News Service*. January 23, 2004. <http://in.news.yahoo.com/040123/43/2b3cm.html>

### **Doctors' strike—2**

In Karnataka, doctors of the J J M Medical College, Bapuji Child Health Institute, and Bapuji Dental College went on strike when the hospital management demanded that they execute a bond promising not to do private practice. They withdrew the strike after three days. The chairman of the Bapuji Education Association refused to negotiate even if all the doctors resigned en masse. He said he asked for the bond as he had heard that doctors were diverting patients from the hospitals to their nursing homes.

Staff Correspondent. Doctors call off strike in Davangere. *The Hindu* February 2, 2004

### **Complaints against doctors in Pakistan**

More than 200 complaints against different doctors are pending with the Pakistan Medical and Dental Council (PMDC), allowing many accused doctors to continue examining patients, according to senior physician Aziz Khan Tank.

On the other hand, Dr Habibur Rehman Soomro, a senior member of the Association said that dozens of complaints had been dealt with by the PMA over the years. 'And I am happy to tell you that in 70% of the cases, we suggested that steps be taken against the erring doctors.' Reporters were told that people who had complaints against doctors must lodge them in the prescribed manner with the PMA. No doctor would be spared provided complaints were lodged in a proper manner.

Nizamuddin Siddiqui. 200 complaints against doctors pending with PMDC. *Dawn*. January 19, 2004

### **Negligent treatment in Bangladesh**

Day labourer Mofiz Uddin's wife Rashida Begum had been comatose for three weeks before the medical authorities responded to a complaint by her husband. Rashida was admitted to a clinic for abdominal pain, allegedly through the help of a broker. Her husband was told that his wife had a tumour in her ovary which needed to be removed. She was operated upon by a medical officer of Paba Upazila Health and Family Welfare Centre.

An official probe revealed that no laboratory tests were carried out before the operation; somebody 'not specialised in surgery' operated upon her; the patient developed cerebral hypoxia due to the anaesthesia; and the clinic her unregistered. The investigation took place only after her husband complained. There is no mechanism whereby such gross violation of professional ethics would be automatically noted and remedial action taken.

Is it a clinic or mercenary outfit? [editorial]. *Daily Star* Bangladesh. August 31, 2003. <http://thedailystar.net/2003/08/31/d30831020224.htm>