

points. (1) The GEAC claimed that the trial was done without its permission. I also added that Shantha Biotechnics denies the allegation and claims that it had the DCGI's permission. Mr Prasad agrees with this statement by saying 'a tussle between two government agencies has dragged us into the controversy'. (2) Families of dead subjects have not been adequately compensated. Mr Prasad has not disputed this point. (3) There was no independent enquiry into the cause of deaths. Mr Prasad has not disputed this point either.

The only point of dispute is the number of deaths. He himself agrees that a 'Bangalore-based NGO inflated the number of deaths from two to eight.' However in the next paragraph he contradicts himself by saying that total deaths were in fact six. His company's product-related deaths were three while those related to the comparative drug was another three. Nowhere did I say that all the eight deaths (six admitted by Mr Prasad) were due to Shantha Biotechnics' brand. The deaths took place in a clinical trial sponsored by Shantha Biotechnics. In any case, the issue is not whether eight, six or two people died. Even one death is too many. Mr Prasad has himself raised many other points, not mentioned in the article and attempted to answer them as well.

Chandra M Gulhati, Editor, *Monthly Index of Medical Specialities*.

### Medical professionals and kidney transplantation

The kidney trade is regularly reported in the press. The most recent such report is from Mumbai where a nephrologist has been arrested for his involvement in a kidney transplant racket (1). Over the years, doctors have been charged with pocketing crores of rupees through illegal transplants. In one case, a number of donors are reported to have died following surgery, with their bodies disposed of without autopsies. It is possible that some of the doctors blamed are innocent. It is for the law of our land to decide.

Living donor transplantation is lawfully practised in India in the context of related renal transplantation as per The Transplantation of Human Organs Act, 1994. However, even among relatives, instances of family pressure on the donor have been reported (2).

In India, commerce in organ transplantation is prohibited. Authorisation of donation by unrelated living donors is

permissible if found to be ethical and altruistic. This has often been misused. It is sad that a few doctors choose to participate in organ trafficking. Their involvement ridicules the nobility of our profession, of medical ethics and the rationale of self-regulation. However, there is no reason for the entire profession to share the collective blame for the misdeeds of a few.

The physician has a duty to inform patients of the costs and benefits of any procedure. One doubts if the poor people who 'donated' their kidneys were informed of the risks of donation, or told that they would receive no health care for any complications following the donation.

There are reports of transplantation tours by citizens of developed countries to obtain paid non-related living organ transplant from the developing countries (3).

Despite legislation permitting the removal of organs from brain-dead persons more than 95 per cent of transplants in India are performed from live donors, perhaps the largest live programme in the world (4).

The overall silence by medical professionals and their associations is perturbing. If we choose not to heed the signals, some day harsh medical regulations may suffocate this profession. Doctors are entitled to a fair return on their investments. There are many ways this could be ensured even as the profession regulates itself.

In conclusion, while we need to condemn wrong practices, we also need to ensure that innocent doctors are not maligned. This would mean a total commitment by Indian medical associations to regulate our matters ourselves.

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