

## FROM THE PRESS

### **Law Commission guidelines on withdrawal of life support**

The Law Commission has said that a panel of medical experts can decide whether life-support may be withdrawn from the terminally ill. Patients and their relatives should notify a high court of the decision so that the doctor is immune from legal action. The commission maintained that "the withdrawal of life support to terminally ill patients has always been held lawful in all countries while euthanasia is and continues to be unlawful." It has recommended setting up a three-member panel of reputed medical persons having at least 20 years' experience to clear the decision to withdraw life support.

**Express News Service. Experts can decide on withdrawing life support: panel. *The Indian Express*, Mumbai, September 14, 2007.**

### **Government develops treatment guidelines**

The ministry of health and family welfare, the World Health Organisation and the Armed Forces Medical College, Pune, have collaborated in developing treatment guidelines designed to assist practitioners and patients make decisions on healthcare for 35 clinical conditions. The document deals with four levels of healthcare starting from rural setups with no diagnostic or indoor treatment facilities to large, well-equipped hospitals.

**Express News Service. Govt brings out a guide for medical treatment. *The Indian Express*, Mumbai, November 28, 2007.**

### **Documenting sexual assault: doctors ignore the evidence**

The Delhi police arrested two doctors and a nursing orderly of the Employees' State Insurance hospital on charges of destroying evidence in the rape and assault of a resident doctor. Police claim that chief medical officer Sunil Kumar Ravi, gynaecologist Arun and orderly HR Meena wiped out all clues that might have helped investigators. Officers said the doctors initially tried to mislead the police by saying that the victim had tried to commit suicide. There were visible strangulation marks on her neck as well as several bruises on other parts of her body which the doctors chose to ignore. The victim's clothes that she was wearing at the time of the assault are missing.

**Express News Service. Rape: two doctors held for destroying evidence. *The Indian Express*, Mumbai, October 17, 2007.**

### **Documenting sexual assault: "This child could not have been assaulted"**

A 14-year-old street child in Delhi who was sexually abused was refused admission to a rescue home. A doctor handling the medico legal case at the All India Institute of Medical Sciences stated that the boy enjoyed the sexual act as a "passive agent". No test was conducted for sexually transmitted diseases. At the Kasturba Niketan, officials refused to admit the boy saying that he could not have been assaulted as he was too dirty.

**Chetan Chauhan. Sodomised and shattered in Delhi streets. *Hindustan Times*, Mumbai, November 16, 2007.**

### **Forensic medicine: post-mortems over the telephone**

The police surgeon has issued a notice to four staffers attached to the Bhagwati Post Mortem Centre in Mumbai following reports that Abhijeet Gawde, the doctor on duty, was giving staff telephonic instructions on conducting autopsies and issuing certificates. The matter came to light when a sub inspector came to the centre to get a post-mortem done on his relative and noticed that the post-mortem was being done even though there was no doctor present. Dr Gawde was trapped by the anti-corruption bureau on the following day for demanding and accepting money from another doctor to write a favourable report.

**Rajiv Sharma. Post-mortem staff get notices of autopsy in doctor's absence. *The Times of India*, Mumbai, December 17, 2007.**

### **Forensic medicine: tampering with post-mortem reports**

Santosh Dube approached the Bombay High Court alleging that Rajesh Dere, a doctor in Sion hospital, tampered with the post-mortem report of his brother who died allegedly because of negligence by a Santosh Jaiswal, a private doctor.

**Urvi Mahajani. Sion doctor accused of fudging post-mortem report. *Hindustan Times*, Mumbai November 14, 1007.**

### **Doctor assaulted**

Anaesthetist Santosh Chaudhary, who along with his gynaecologist wife Sayli Chaudhary owns Mahesh Hospital in Kalyan, was beaten up and the hospital was ransacked by family and friends of a patient who had died in the hospital. The crowd held that the doctor's negligence had been responsible. Chitra Gulwe was recovering after treatment at Mahesh Hospital when she suddenly took ill. She was given artificial respiration for an hour but had died by the time the doctor arrived. As the news of her death spread, some 1,000 people gathered at the hospital, ransacked it and also assaulted the doctor. When the police arrived, the mob demanded that the doctor be arrested for negligence. The senior inspector of police stated that they would have to wait for a post-mortem report and the opinion of the medical council before deciding on whether to file a case against the doctor.

**Yogesh Sadhwani. Patient dies, doc thrashed. *Mumbai Mirror*, December 5, 2007.**

### **Desperate times call for desperate measures**

The Andhra Pradesh government gave its approval to an ordinance making assault on doctors a non-bailable offence. This was in response to the demands of 5,000 junior doctors in 10 teaching hospitals across the state. The doctors were on strike protesting attacks on them by patients' relatives. The ordinance, the first of its kind, makes attacks on doctors, nursing staff or any paramedic a non-bailable offence. The guilty can be sentenced to three years' imprisonment. While the government doctors' association resumed work, junior doctors stated that

the strike could not be called off as the government was yet to deploy special police force at all teaching hospitals in the state and arrest the politicians who had instigated the latest attacks.

**Express News Service. AP ordinance to make attack on doctors non-bailable. *The Indian Express*, Mumbai, December 18, 2007.**

### **More doctors on strike**

The Kerala high court got government doctors to suspend their two-month-old work-to-rule stir and asked the government to look into the doctors' demand for interim pay reforms. The current stir was a sequel to a 150 day non-cooperation agitation in 2006 for pay reforms. The government medical officers' association pointed out that the government had not kept its word regarding pay hikes and administrative cadre benefits to the doctors.

**Rajeev PI. HC gets Kerala doctors to end stir, for now. *The Indian Express*, Mumbai, December 8, 2007.**

### **Public private partnerships: for dialysis**

The Bombay Municipal Corporation proposes to outsource dialysis facilities in its Rajawadi hospital to a non-governmental organisation, Red Swastik Society, under a 10-year contract. The NGO will set up five units within the hospital, paying the BMC Rs 5,000 monthly. Three of the five beds will be reserved for municipal patients who will be charged Rs 250 per dialysis. The others will be for private patients who will be charged Rs 450. The patients will also have to pay the cost of the dialysis kits. At present dialysis is available in three municipal hospitals that are able to dialyse 50 to 60 patients daily.

**Times News Network. Private player to run Rajawadi dialysis centre. *The Times of India*, November 20, 2007.**

### **Public private partnerships: for rural health centres**

A number of private companies have approached the Maharashtra state government with proposals to manage some of its primary health centres (PHCs). The trust-run Hinduja hospital has offered to run five PHCs in Raigad. Nicholas Piramal is looking at PHCs in the malnutrition-prone belt of Nandurbar and Bombay Hospital is surveying PHCs around Pune. Health activists voice their reservations. "The provision of primary health care, especially to the poor, is the basic duty of the government," said Anant Phadke of the Jan Swasthya Abhiyan.

**Madhavi Rajadhyaksha. Corporates eye public health centres in rural areas. *The Times of India*. November 15, 2007.**

### **Sorry, no abortion without the husband's consent**

Observing that a woman's decision to undergo an abortion without her husband's consent amounts to cruelty, a district court in Delhi granted a divorce to a man who alleged that his wife did not inform him before terminating her pregnancy.

**Press Trust of India. Abortion without husband's consent is cruelty. *The Indian Express*, November 14, 2007.**

### **Sex selection 1: The Hyderabad story**

Hyderabad once had the dubious distinction of having the worst female-male sex ratio in Andhra Pradesh (dropping from 962 girls for 1,000 boys in 1991 to 941/1,000 in the 2001 census). This current sex ratio in the district is 1,014 girls

for 1,000 boys in the age group 0-5 years. This was done by mobilising women doctors and also monitoring the 800 scan centres in the city. With 2,032 scan centres, the state of Andhra Pradesh ranks third in the number of such centres, next only to Maharashtra and Tamil Nadu.

**Jinka Nagaraju. Hyd shows the way, reverses sex ratio. *The Times of India*, November 13, 2007.**

### **Sex selection 2: pre-conception kits on the market**

Sex selection kits have finally made it to the imported consumer goods markets in Punjab. Sold for about Rs 20,000, the kits enable the users to know the sex of the foetus within the first seven weeks of the pregnancy. The Punjab region members of the Indian Medical Association (IMA) propose to take up the issue at the IMA's national meeting. There are also reports that the US manufacturer has tied up with two hospitals in India.

**Amit Sharma, Gender 'testing' kit hits Punjab shops. *Hindustan Times*, Mumbai, November 23, 2007.**

### **Shortages in public hospitals 1: DTP vaccine**

Sevanti Patil (name changed) and her 45-day-old son were turned away twice from the civic health centre on Bhardawadi Road, Andheri West, Mumbai. The child was due for his DTP vaccine but the centre had no stocks. "Yes, there is a shortage of the vaccine," admitted a medical health officer requesting anonymity. The shortage follows a post-vaccine death after which the batch of vaccines was withdrawn. Though the tests cleared the vaccine, the stocks have not been released in the market, resulting in a shortage of this critical vaccine.

**Times News Network. Civic health centres run short of DTP shots. *The Times of India*, Mumbai, November 14, 2007.**

### **Shortages in public hospitals 2: cardiac stents**

For three months, the state-government run Sassoon hospital in Pune could not perform angioplasties because it had no stock of stents as the rate contract had expired.

**Express News Service. Sassoon runs out of stents, heart patients made to wait. *The Indian Express*, Mumbai, November 24, 2007.**

### **Shortages in public hospitals 3: HIV testing kits**

For more than a month, three major hospitals in the city have run out of HIV testing kits used to confirm a positive diagnosis. Patients approaching the counselling and testing centres at Nair, KEM and Sion hospitals are forced to wait 10 days instead of 48 hours for a preliminary diagnosis. These hospitals received around 900 patients for voluntary testing every month.

**Madhavi Rajadhyaksha. Three public hospitals run out of HIV kits. *The Times of India*, Mumbai, December 19, 2007.**

### **She was refused treatment and her baby died**

A pregnant woman delivered a stillborn child in the parking lot of the district hospital in Gurgaon after she was denied treatment in the hospital. Doctors allegedly told her family to take her elsewhere as it was a complicated case. The state government has been spending money setting up delivery huts all over Haryana to bring down maternal and infant mortality rates. The chief medical officer, SS Dalal, stated that if

the hospital referred the woman elsewhere it was duty bound to provide an ambulance and accompanying staff. An inquiry has been ordered and action will be taken against staff found guilty.

**Times News Network. Hospital turns away mum-to-be. *The Times of India*, Mumbai, December 10, 2007.**

### **He died because his father could not afford the security deposit**

Pashuram Landge took his 11-year-old son Devanand to the trust-run MGM hospital in Navi Mumbai for treatment following a snakebite. The hospital allegedly demanded a security deposit of Rs 15,000 before treatment. Devanand eventually died, apparently because of the delay in treatment.

"The legal position in such cases is clear. Any doctor whether in a private or public set-up has to give emergency treatment irrespective of financial considerations," says Dr Arun Bal who heads the Association for Consumer Action in Safety and Health.

**Times News Network. The right to emergency care. *The Times of India*, Mumbai, October 18, 2007.**

### **He died after he was refused anti-rabies vaccine**

The Maharashtra chief minister awarded Rs 2 lakh to the family of 12-year-old Yogesh Munimane. Yogesh was taken to the Aurangabad government medical college's centre for treatment after he was bitten by a dog. He was administered two doses of the anti-rabies serum free of cost but then referred to the municipal hospital. According to reports, the government hospital declined further treatment as his family was not categorised as "below the poverty line". There is no information on whether he continued treatment but he died two months after the dog bite. Aurangabad medical college dean Nandkumar Dravid confirmed that Yogesh was referred to the municipal hospital for treatment. "Though he was not below the poverty line we provided him the initial two doses free of cost. Since he was staying in an urban area he was referred to the civic hospital. After that we lost track of him." The anti-rabies vaccine costs Rs 1,500 for the five-dose course.

**Prafulla Marpakwar. CM gives Rs 2L to dog-bite victim's kin. *The Times of India*, Mumbai, December 14, 2007.**

### **Mental hospitals: inhuman 20 years ago, inhuman today**

In June 1987, following public interest litigation, a committee set up by the chief justice of the Bombay High Court visited the four government-run mental hospitals in Maharashtra - at Thane, Pune, Nagpur and Ratnagiri - and made 68 recommendations. These included: patients should be kept in a humane environment and treated with dignity; bathrooms and toilets should be clean; each patient should be given a cot, a mattress and clean linen that is changed regularly; patients should receive baths daily; and patients should be given an individual treatment plan prepared by experts. "Most of our recommendations did not involve any financial burden... but they were still not implemented," pointed out VR Mahajan, head of the committee.

Twenty years later, an inspection report on the same hospitals, filed by the principal secretary of public health before the Bombay High Court, has confirmed that they are still in a pathetic condition. There is a staff shortage at all levels. Little has been done to fill vacancies since the 1987 report. Two hundred and fifty four of the 1,155 sanctioned posts for the Pune hospital are vacant; 166 of 834 in Thane, 144 of 481 in Nagpur, and 62 of 214 in Ratnagiri. While in Nagpur all patients had cots, there was a shortage of 1,110 cots in Pune and 580 in Ratnagiri. In Thane, there were only 100 cots for 1,300 inmates, the refrigerator was not working and the kitchen was dirty.

An earlier affidavit filed by the joint director and deputy director of health services - also in response to public interest litigation - had stated that the all was well. The medical superintendents of two hospitals were served show cause notices for furnishing wrong information.

**Express News Service. Mental hospitals: conditions not proper, says inspection report. *The Indian Express*, November 22, 2007. Prafulla Marpakwar. 20 years after HC order, mental hosps remain in a mess. *The Times of India*, Mumbai. December 4, 2007.**

### **Doctors and the system: recording cause of death**

122 conservancy workers died between April and September 2007, according to statistics provided by the Bombay Municipal Corporation's department of solid waste management, following an application under the Right To Information Act. Two hundred and eighty eight died in 2004-5, 246 in 2005-6, and 247 till April 2006. The average age at time of death is 50 years. The corporation did not give the cause of death, stating that the medical cause is not recorded in the death certificate. Activist Kewal Semrani who obtained these figures, moved the Bombay high court to convert the public interest litigation into a criminal writ petition, claiming that the high rate of death is a blatant case of criminal negligence in providing those working in hazardous jobs with safety gear. These deaths are only among workers who sweep the streets; these are only part of the department's 22,000 strong workforce that includes sewerage workers who clean manholes, storm water drain workers, biomedical waste workers and morgue staff.

**Shibu Thomas. Two safai workers die every three days. *The Times of India*, Mumbai, December 13, 2007.**

### **Doctors and the system: no clean water, no food, no healthcare**

Defunct tube wells, food scarcity during the monsoon and the chronic absence of doctors are blamed for the cholera deaths of some 250 people in three southern Orissa districts recently.

Dasmantpur block has one community health centre, one area hospital and three dispensaries with a total of three doctors against the sanctioned strength of 12 to cater to a population of 74,000 spread over 558 km. Fifteen of the 30 labs testing water quality are defunct and just one junior lab assistant - instead of 13 staff -- mans each lab. Despite the lack of food in some villages emergency feeding was stopped, forcing people to eat mango kernels, according to local people.

**Soumyajit Pattnaik. Few doctors in Orissa cholera-hit areas. *Hindustan Times*, September 3, 2007**