

FROM THE PRESS

The truth behind truth detecting tools

The Law Commission of India's report on truth detecting tools has recommended a ban on practices like narco-analysis, brain fingerprinting and polygraph, which are increasingly used during police interrogations. The commission, headed by Justice Lakshamanan, expresses concern over the frequent use of these techniques. These so called truth detecting tools not only violate basic human rights, they also are scientifically inaccurate. In fact narco-analysis and polygraph techniques favour the one who lies. The commission also stated that the technique of brain fingerprinting is in its nascent stages and has not yet received scientific legitimacy.

The report encourages forensic scientists to dissuade the police from using these tools. Their failure to dissuade the police will be seen as being party to psychological coercion of an undertrial by the police, which will be treated as a human rights violation. The report encourages judicial intervention by making courts responsible for demanding accountability from the police using these techniques.

Another committee, headed by D Nagaraj, which questioned the validity of truth detecting tools, has been dissolved without adequate explanation, soon after it submitted its report. The home ministry, which set up the committee, has remained evasive regarding the committee's sudden dissolution.

J Venkatesan. Polygraph relies on trickery, not science: Law Commission. *The Hindu*, May 7, 2009. Akshaya Mukul and Vishwa Mohan. Govt panel doubts brain mapping test. *The Times of India*, August 5, 2009.

Evidence that circumcision reduces risk of HIV

Recent studies conducted in South Africa, Kenya and Uganda reveal that circumcision lowers the risk of sexual transmission of Human Immunodeficiency Virus (HIV) by 50-60%, by Human Papilloma Virus (HPV) by 35% and by Herpes Simplex Virus (HSV) by 25%. HPV causes cervical cancer and HSV causes herpes. The routine practice of circumcision is expected to lead to a reduced rate of cervical cancer for women and of HIV infection for both men and women.

Despite the evidence, it is not easy to promote circumcision as views on the practice remain deeply embedded in social and cultural politics. The medical community fears to enter such a politically charged realm. The United Kingdom (UK) has decided against promoting circumcision as a public health initiative. While the incidence of all the three diseases is relatively low in the UK, and vaccines against cervical cancer are easily available, the absence of debate is suggestive of the political potency of the issue. As Barry Evans, consultant epidemiologist and specialist in sexually transmitted infections at the Health Protection Agency, UK puts it, "(v)ery few say let's look at the evidence, weigh it up and decide if it is worthwhile."

Jeremy Laurance. Should all boys be circumcised? *The Independent*, May 19, 2009.

Doctor murdered for conducting abortions

George Tiller, a doctor who performed abortions, was murdered in a church in Wichita, Kansas, US. Dr Tiller was one of the few doctors to provide late-term abortions to women whose life was threatened by continuation of the pregnancy or who were carrying a foetus with anomalies.

Tiller is not the first doctor to be murdered for performing abortions. "There is a long history of violations to physicians' physical security—including murder, attempted murder, and assault and robbery—without adequate protection from the state," said Nancy Northrup, president of the Center for Reproductive Rights.

Abortion has been controversial in the US, and attacks on abortion centres by anti-abortion protestors are not uncommon. Dr Tiller had faced such attacks numerous times. US President Barack Obama has expressed indignation over the killing of the doctor and spoken of the need to resolve the abortion issue, seeking common ground and consensus. He vehemently condemned acts of violence against those providing abortions.

Janice Hopkins Tanne. US abortion doctor murdered in Kansas while in church. *BMJ*, June 6, 2009.

No healthcare for the internally displaced in Sri Lanka

The poor health services of war-ravaged Sri Lanka have been criticised by international bodies. There is an acute shortage of healthcare facilities and healthcare personnel. There is also a need for psychosocial relief centres.

The government has worsened the situation by preventing international agencies from entering camps of internally displaced people. Given the enormity of the healthcare crisis, this ban affects the very survival of the people in camps. Doctors working for aid agencies have been held in custody as well. Some have expressed the fear that doctors are being coerced into taking back their earlier testimonies of State violence and their estimates of death tolls and atrocities.

John Zarocostas. International criticism prompts Sri Lanka to improve health services for conflict victims. *BMJ*, June 6, 2009. Julian Borger. Sri Lankan doctors paraded to recant over 'false' casualty figures. *Guardian*, July 8, 2009.

Assam's law to make doctors accountable

Assam is considering making doctors accountable by fining them Rs 300 if they are found not attending to patients. Doctors will also be fined if it is learned that they had delayed

treatment unnecessarily. The Right to Health bill makes certain provisions that ensure a better functioning health system. It stipulates the number of visits that the health minister and the commissioner must make to government hospitals every year to address patients' grievances

Suggestion boxes will be installed at all hospitals and the complaints of patients will be taken very seriously. Junior doctors in hospitals, who are studying for their post-graduation, will be evaluated and marked according to their interaction with patients.

The health and family welfare minister, Himanta Biswa Sarma, said the bill would serve to better the potential of government hospitals and improve the patient-doctor relationship which is the top priority today. This bill will be tabled in the monsoon session of the Assam assembly.

Staff reporter. Dispur set to make doctors pay the price for dereliction. *The Telegraph*, June 10, 2009.

Sex selection amongst Asian immigrants in the US

In the US, researchers studied census data and birth records in the US and concluded that sex selection is common amongst Asian immigrants, especially in the Chinese, Indian and Korean communities. Though the cultural reasons for preferring a male child over a female one may not exist in America, the preference and the practice continue.

This has raised many ethical issues. Fertility clinics that advertise services for sex selection have come under public criticism. Most fertility clinics, however, espouse a relativist position on this issue. In the words of Jeffrey Steinberg, medical director of the Fertility Institutes, "(c)ulturally, there are a lot of strange things that go on in the world, (w)hether we agree with it, it's not harming anyone."

Sam Roberts. US births hint at bias for boys in some Asians. *The New York Times*, June 14, 2009.

Government to remedy shortage of doctors in PHCs

In an attempt to overcome the shortage of doctors in Primary Health Centres (PHCs), the government has promised monetary incentives to doctors willing to work in remote villages.

The government has been trying to improve health facilities in villages through its National Rural Health Mission programme, launched in April 2005. This has led to an increase in number of PHCs and increased recruitment of staff, though the shortage of staff continues.

However, experts feel that financial incentives are not enough. The current move to encourage doctors to work in villages has overlooked the lack of infrastructure, such as essential medicines which prevents doctors from taking up positions in rural PHCs.

Ganapati Mudur. More pay will not be enough to attract doctors to villages, experts say. *BMJ*, July 11, 2009.

Medical "advertorials"

A consumer welfare organisation has written to the Tamil Nadu Medical Council calling for stringent measures to prevent hospitals and private practitioners from advertising their services in the media.

The secretary of the Coimbatore Consumer Cause, Kathirmathiyon, expressed pain at the "gross violation of the ethics by some medical practitioners. Many of them give advertisements of their profession in the name of education... Some of the medical practitioners advertise to project themselves as if they are the best medical practitioners offering effective cure to the public for ailments." Some get their articles published with photos and address with a view to luring patients. He opined that things had worsened to the extent of advertisements such as "have one consultation and get another free".

The Indian Medical Association's Coimbatore's general secretary S Karthik Prabhu said doctors could inform the public on the timings of consultation, but not on what types of services they offered. "At the same time, some services that are of public interest can be published, but not those of a revenue generation model."

Special Correspondent. Appeal for action against medical advertisements. *The Hindu*, July 17, 2009.

Regulating health insurance

The health insurance sector might soon have its own regulatory body. This regulatory body will draft guidelines and rules that would standardise health insurance practices across the board, ensuring compliance with ethical standards and controlling fraudulent practices prevalent in the sector. A committee headed by S B Mathur, secretary-general of the Life Insurance Council, has suggested that this body comprise insurance companies, healthcare institutions and third party administrators.

This body, the Health Insurance Development Council, will run as a non profit organisation and serve as a system for grievance redress. The Mathur committee highlighted the need for transparency in the health insurance sector, especially in payment processes between healthcare providers and insurance companies, and the vast differences in costs of treatments across hospitals. Hospitals are not forthcoming regarding the information requested by insurance companies and there are frequent delays.

Srikumar Bondyopadhyay. Pill for health insurance. *The Telegraph*, July 21, 2009.

Financial crisis reduces access to treatment for AIDS

The global financial crisis has reduced funding for HIV/AIDS, which is affecting the enrollment of new patients for free antiretroviral drugs.

The international medical relief organisation Médecins Sans Frontières issued this warning in a report on the opening of the International AIDS Society meeting in Cape Town, South Africa.

The report has also recommended monitoring treatment resistance. It also suggests the use of the newer drug tenofovir for first line treatment as it delays viral resistance, instead of the older and cheaper stavudine. It has asked drug companies to place their patents in a "patent pool" so that the use of combination drugs is possible, and the costs of second/third line treatments can be regulated.

Bob Roehr. HIV clinics in South Africa are halting enrolment of new patients as funding stalls, MSF warns. *BMJ*, July 25, 2009.

Abortion ban in Nicaragua

The Nicaraguan government has passed a bill that will imprison both women seeking abortion and doctors assisting them. It has banned abortions, and doctors who do not follow this ban risk losing their licenses and/or being imprisoned. The ban contradicts the obstetric protocols laid down by the Ministry of Health, which recommend abortion in cases where the woman's life is at risk. This will result in women with miscarriages being viewed suspiciously as having had induced abortions, and being refused life-saving treatment

Those at highest risk are teenagers who often seek care after botched, backstreet abortions. This does not bode well for Nicaragua which has the highest teenage pregnancy rate in all of Latin America and the Caribbean, and a growing number of teenage maternal deaths. The ban on abortion could result in an increase in suicides by pregnant teenagers who cannot seek medical care.

Andrew Cole. Nicaragua's abortion ban criminalises doctors and endangers lives of women, says report. *BMJ*, August 1, 2009.

WHO reports reveal the murky reality of Indian CROs

The World Health Organisation has published reports and sent out notices that bring to attention violation of ethics and human rights by clinical research organisations in India. The WHO has drawn attention to two major issues: consent, and the rights of trial subjects. It has issued a notice of concern to Bombay Bioresearch Centre and has also published a report on GVK Biosciences. Both the report and the notice highlight the unethical practices that prevail in these organisations

The clinical trial industry in India is estimated to make one billion dollars by 2010. Such massive growth can be attributed

to the fact that clinical trials in India are cheaper and have fewer restrictions than they have in developed countries. CROs in India are notorious for deviating from standard practices. The violation of rights of trial subjects is a matter of concern. There are instances of subjects being made to sign forms that absolve the CRP of liability for side-effects if the subject fails to report them to the CRO in a stipulated time.

Kumar Shankar Roy. WHO lists problems with Indian CROs; UN body issues 'notice of concern' to clinical research cos for 'major deviations'. *The Times of India*, August 3, 2009.

Problems of the H1N1 flu vaccine

Governments worldwide are getting ready to launch vaccination programmes against H1N1 flu. According to the director of the Institute of Allergy and Infectious diseases at the National Institutes of Health in the US, initial testing of an H1N1 vaccine developed by Sanofi Pasteur in 500 adults "raised no red flags" after 14 days, and the institute expanded the study to include children aged 6 months to 17 years.

A survey of 15 countries carried out by *BMJ* correspondents found that most governments are planning to vaccinate at-risk groups of people and healthcare staff when a vaccine becomes available, probably in late September or early October. But some countries are yet to decide whether to include children. Germany's health ministry has said that it is awaiting clinical trial data. Some countries, like Croatia, are following guidance issued by the World Health Organization, while others, such as France, are awaiting an advisory notification from the European Medicines Agency.

Nonetheless, the vaccination plans might land up in controversy. A survey in the *BMJ* found that just over half of 8,500 healthcare workers in Hong Kong said they would not be vaccinated against H1N1 flu because of fears of side effects and doubts about the vaccine's effectiveness. Evidence from 11 focus groups conducted in Canada before the current pandemic also indicates that parents and healthcare workers may refuse to be vaccinated or to vaccinate their children if they believe that the risks outweigh the benefits. And a survey by Israel's ministry of health similarly found that at least 25% of the population is not willing to be vaccinated against H1N1 flu.

Z Kmietowicz. Opposition to swine flu vaccine seems to be growing worldwide. *BMJ*, August 26, 2009.

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