

FROM THE PRESS

Delhi hospitals to be made user friendly

Existing advisory committees in Delhi hospitals may soon be replaced by more user-friendly Rogi Kalyan Samitis run by the government. All hospitals, including maternity homes, will have a Rogi Kalyan Samiti. These Samitis will ensure community participation in healthcare and monitor the utilisation of funds allotted to these healthcare institutions. This system put in place by the Delhi government, as part of its moves to improve healthcare institutions and make them accessible to the poor, will also check if public health standards are met.

A state-level Rogi Kalyan Samiti cell will coordinate and monitor the administrative functions of all the Samitis. Every Samiti will have a maximum of 11 members, with a member of the legislative assembly as chair, a senior government officer as vice-chair, and the hospital medical superintendent as secretary.

Special correspondent. Rogi Kalyan Samitis for better health care in Delhi. *The Hindu*, October 5, 2009.

Confidential medical records leaked

A television documentary exposing the sale of private medical records has caused a furore in the UK. A journalist posed as a marketing executive seeking patient information for promotional purposes. He bought 116 files containing detailed medical records from two people who claimed to work at a medical transcription centre in India where medical records were outsourced from the UK to be digitised.

Data leaks, however, are not new to the UK. Neither do they occur only during outsourcing. The National Health Service itself has lost thousands of medical records. Passwords of confidential health data have been carelessly left on the same storage device. Hard disks have been discarded without erasing the stored data. According to the assistant information commissioner, "Medical history is very sensitive personal data, which is likely to cause harm or distress. The law dictates they must keep this information confidential, but the NHS is by far the biggest offender within the public sector."

Anonymous. Thousands of NHS medical records lost. *The Telegraph*, May 25, 2009. Jo Macfarlane. Private medical records for sale: Harley Street clinic patients' files outsourced for computer input - and end up on black market. *The Daily Mail*, October 18, 2009.

Need for mental health care training: NHRC

The National Human Rights Commission has voiced the need for a compulsory paper on mental health, at the MBBS level. There is a severe shortage of mental healthcare professionals, and of research and institutions in mental health. P C Sharma of the NHRC noted: "The condition in most state-run mental

health institutions is deplorable. There is an urgent need to address the issue of rehabilitation of people who have been in such homes for a very long time."

There is also a need to move beyond custodial confinement of mentally ill people to care and treatment that allows them to become a part of society. The NHRC has also voiced the need for providing mental health care to villages. It has been organising meetings on mental health, involving non-governmental organisations and mental hospital authorities.

National Human Rights Commission, Delhi. *Human Rights Newsletter*, Vol 16, No. 9, September 2009. http://nhrc.nic.in/Documents/NewsLetter/SEPTEMBER2009_ISSUE.pdf Indo-Asian News Service, MBBS students should have separate paper on mental health: NHRC. *Hindustan Times*, October 19, 2009

WMA meeting, 2009

The World Medical Association (WMA) meeting, held in New Delhi in October, expressed concern about the medical profession's involuntary involvement in torture. It noted, for example, that in Iran, doctors have been forced to support inaccurate clinical documentation. Those who have examined bodies bearing evidence of physical torture and sexual abuse have had to remain silent.

Dr Otmar Kloiber, secretary general of the WMA, said, "We are very concerned about the rights of patients and physicians in Iran and wanted to send out a strong signal with this motion." The WMA comprises national medical associations of 95 countries. Iran is not among the 95 member countries.

The 183rd /184th Annual General Assembly of the WMA also commented on the practice of pharmaceutical companies giving doctors gifts. When these companies fund medical conferences and research, they are likely to set the agenda in these areas. The meeting called for increased transparency on this subject. If gifts could not be stopped, they could at least be made public.

The WMA can only draw up guidelines but cannot enforce them. However, such guidelines encourage medical associations to promote behaviour in keeping with the recommendations of WMA.

Jacqui Wise. World Medical Association calls on Iran to respect medical ethics code. *BMJ*, October 20, 2009. Times News Network. Docs told to avoid gifts from drug firms. *The Times of India*, November 2, 2009.

No palliative care for the dying in India

The terminally ill in India are let down by the healthcare system in more ways than one. A Human Rights Watch report reveals

how terminally ill people whose main need of the hour is palliative care do not receive any. India is the world's largest producer of opium, which is used to manufacture morphine. Yet many people in India suffer as most of this opium is exported.

The Human Rights Watch report states that the problem of palliative care has more to do with state policy than drug availability. The government has allotted funds for cancer control but not for palliative care. "This is despite the fact that more than 70 percent of (cancer) patients are incurable and likely to require pain treatment and palliative care," noted the lead researcher, Diederik Lohman. The situation is further worsened by narcotics regulation, which makes it difficult for pharmacies to acquire morphine.

Even the largest of cancer hospitals does not have trained health workers who can administer palliative care. There is a need to focus on training doctors to administer palliative care as well as allocating adequate funds for it. Given that 70% of the patients seen at cancer hospitals are beyond cure, and the only option that remains is providing them with palliative care, a failure to meet this need of theirs can cause them endless suffering.

Peter Moszynski. Lack of palliative care causes unnecessary suffering for India's terminally ill people. *BMJ*, October 31, 2009.

Sex determination out in a Mumbai nursing home

Two doctors from Mumbai have been sentenced to three years' imprisonment for violation of the Pre-Conception & Pre-Natal Diagnostic Techniques (prohibition of sex selection) Act of 2003. Dr Shubhangi Adkar and Dr Chaaya Tated of Shree Maternity Nursing Home, Dadar, were found guilty of conducting sex determination tests. The judge ruled against adopting a lenient stand towards these doctors and each has been fined Rs 10,000 per violation proved. This, along with the three year sentence, is the strictest possible punishment for violating the PNDT Act, 2003. The doctors violated the norms regarding advertising ultrasound equipment, especially with regard to sex determination during pregnancy.

An inquiry into an advertisement in a magazine promising the couple a baby boy led to a case being filed by a BMC officer against the nursing home in November 2004. The doctors have been made to pay a fine of Rs 30,000 each and have been on bail since the case began five years ago and continue to be on bail even after their conviction.

Swati Deshpande. Two docs in city get 3-yr jail for pre-natal sex tests. *The Times of India*, November 2, 2009.

Apollo Hospital commemorated by a postal stamp

Apollo Hospital has been commemorated by a Rs 5 postal stamp. The stamp was presented to Prathap C Reddy, founder and executive chairman of the Apollo Hospitals Group, by A Raja, union minister for communications and information technology, in Chennai on November 2. It is the first stamp

commemorating a private hospital's services and has raised questions given that Apollo has made it to the news or other reasons as well.

Not too long ago, Apollo – along with other private hospitals like the Rajiv Gandhi Cancer Institute and VIMHANS – was pulled up by the Delhi government for violating its agreement with the government. Under this agreement, private hospitals are given land at concessional rates in exchange for providing free services to poor and needy patients. However, this clause is more often flouted than respected. When Yogi Mehrotra of Delhi's Apollo Indraprastha was asked why the agreement was violated, he said, "We signed the agreement with the government but realised the difficulties only later."

Apollo hospitals had earlier come under the scanner in 2003.

The deputy chief minister of Tamil Nadu, M K Stalin, who was present at the function applauded the involvement of Apollo Hospitals with Tamil Nadu state development programmes. The stamp, he said, was a token of appreciation. He added, "Tamil Nadu is proud of its Apollo Hospitals. There was a time when the country's most talented moved abroad and Apollo Hospitals was one of the biggest reasons for the situation to change because of its superior healthcare services."

Special correspondent. Special stamp on Apollo Hospitals released. *The Hindu*, November 3, 2009. Soumya Viswanathan, Sapna Dogra. Free treatment clause is ambiguous, say hospitals. *Express Health Care Management*, August 15-31, 2003.

Obama lifts entry ban on HIV positive travellers

In the US, President Barack Obama announced that the long-standing ban on the entry of HIV positive travellers will be lifted effective early 2010. He made the announcement when signing a bill to extend the Ryan White HIV/AIDS programme, a government-funded treatment service for people with HIV/AIDS.

The ban, which was put in place in 1990, not only had no grounding in public health, but also was a violation of basic human rights.

The Associated Press. Obama to lift U.S. entry ban for those with HIV. *MSNBC*, October 30, 2009.

Tracing abandoned babies

An application under the Right to Information Act brought to light the lack of documentation of details regarding abandoned infants. The application, filed by Rajmangal Prasad, a social worker, sought details about abandoned infants at Babasaheb Ambedkar where they were sent and how many of them were handed over to the Delhi Council for Child Welfare.

While taking action on the application, the Information commissioner, Shailesh Gandhi, found that the hospital did not have documentation that would help trace the infants. This lapse, if not remedied, can lead to trafficking in infants. Though

some of the infants about whom the appellant had enquired could be traced, there was no system of documentation. The RTI application has led to efforts being made to put such a system in place.

Press Trust of India. Serious lapse at Delhi hospital in handling abandoned babies. *Hindustan Times*, October 2, 2009.

Aruna's story and the right to live with dignity

The much publicised story of Aruna Shanbaug, a nurse at the KEM hospital in Mumbai, who was raped and strangled by a ward boy in November 1973, is in the news again. The Supreme Court has received a request for permission to allow Ms Shanbaug to die by stopping nutritional support. The plea has been made by a journalist, Ms Pinki Virani, who has moved the court on Aruna's behalf.

Since she was assaulted, Ms Shanbaug has been lying in a vegetative state in the KEM hospital where she is cared for by the hospital's nurses. Her doctors have declared that there is no scope for improvement in her condition.

A Supreme Court bench comprising K G Balakrishnan, A K Ganguly and B S Chauhan has asked if Ms Virani's request is any different from a request for euthanasia.

The hospital's dean, Sanjay Oak, has stated "(w)e have no moral right to terminate her life. I am hopeful that the Supreme Court will also pass a judgment against euthanasia." Dr Oak has added that Ms Shanbaug is well taken care of at the hospital where she shares a special bond with the nurses who take care of her.

Shekhar Naphade, Ms Shanbaug's counsel, has asked: "Is not keeping the woman in this persistent vegetative state by force feeding violative of her right to live with dignity as guaranteed by Article 21 (right to life) of the Constitution?"

Dhananjay Mahapatra. SC admits woman's plea to end life. Paralyzed after sexual assault in 1973, nurse says stop force-feeding. *Times of India*, December 17, 2009. Jinal Shah. Against mercy death, KEM remembers Aruna as she was. *Indian Express*, December 18, 2009

MCI ethics code to be more stringent

The Medical Council of India has modified the Indian Medical Council Regulations, 2002, its voluntary code of ethics concerning issues of professional conduct, etiquette and ethics. The modified code, published on January 8, 2010, forbids doctors from accepting gifts in any kind, whether hospitality,

travel or money, either in their own name or in the name of their family members.

Research grants from the industry will be allowed provided that the source of funding and any conditions for this funding are declared. The modified code also mentions a number of requirements such as obtaining ethics committee clearances. Doctors and their associations are not permitted to endorse drugs or any other healthcare product.

Deccan Herald News Service. MCI sharpens ethics code for doctors. *Deccan Herald*, January 1, 2010.

3.5 year long course for rural doctors

The health ministry along with the Medical Council of India (MCI) is planning a 3.5 year long course of Bachelor of Rural Medicine and Surgery (BRMS). While this is done with the express purpose of remedying the shortage of doctors in rural areas, as doctors from other (largely urban) areas are not willing to practise in villages, it will also provide students from rural areas an opportunity to study medicine.

According to the scheme, "(s)election of students would be based on merit in the 10+2 examination with physics, chemistry and biology as subjects. A student who has had his entire schooling in a rural area with a population not more than 10,000 would be eligible for selection." (The MCI will also ensure that these BRMS students are registered with the MCI, thereby including them in the mainstream.) Dr Ketan Desai, director of the MCI, has stated that the scheme will be finalised by March 2010.

The new scheme follows a public interest litigation filed by Dr Meenakshi Gautam in the High Court that sought to get the MCI to decriminalise the practice of medicine by non-MBBS holders. This was seen as necessary if rural health workers and middle level healthcare providers were to be able to prescribe scheduled drugs, which at present can be done only by MBBS doctors. The current situation deprives the majority of the poor from access to healthcare by accredited providers.

Dhananjay Mahapatra . Medical degree in 3.5-years for rural docs. *Times of India*, December 30, 2009.

**Compiled by Supriya Bandekar
email : supriyabandekar@gmail.com**