

FROM THE PRESS

Mass caesareans in Kerala: unseemly haste

Twenty one caesarean sections were performed at the state-run Cherthala Taluka Hospital in Kerala over a period of two days (April 16 to 18). This was reportedly done in total disregard of whether the women patients in question were in a position to deliver normally and whether the hospital had the facilities, such as bed strength, for the post-delivery care of mothers and infants. Consequently, the women and infants had to lie on the floor post surgery, according to reports. The Cherthala hospital is mainly used by fisher folk and coir workers, and has the capacity to conduct a total of just six surgeries a day.

The District Medical officer, Dr KM Sirabuddeen, who carried out a probe, recommended suspension of three gynaecologists and the hospital superintendent. The reason for their scandalous haste was, apparently, that the concerned doctors had holiday plans for the long Easter weekend. They were exposed by relatives of the patients who complained that some of the women could have waited for a normal delivery, but were not allowed to do so.

A similar incident was reported from the Kadakal government hospital, Kollam District, where 16 C-sections were performed over three days, from April 16 to 19, apparently because the anaesthetist wished to go on leave. An inquiry has been ordered there too by the District Collector.

Besides this incident, experts say, Kerala's figures for caesarean sections regularly exceed the WHO norm of 15 per 100 deliveries, and have, on occasion, touched 45 per 100 deliveries. The state government has now announced the setting up of a team of experts to inquire into this alleged mass malpractice.

The youth and women's wings of all the major parties have demanded strict action against the offenders. The state human rights commission has asked the health ministry for a report on the matter.

PTI. 21 caesarians in 2 days in Kerala Govt Hospital. Outlookindia.com April 23, 2011. Available from: <http://news.outlookindia.com/item.aspx?719725> PTI. More 'mass caesarians' in Kerala. *The Asian Age* April 25, 2011. Available from: <http://www.asianage.com/india/more-mass-caesarians-kerala-976> HT Correspondent. Mass C-sections: 4 docs suspended. *Hindustan Times*. April 23, 2011. Available from: <http://www.hindustantimes.com/Mass-C-sections-4-docs-suspended/Article1-688878.aspx>

Ethical to show reality?

A cancer awareness campaign jointly organised by the Ministry of Health and Family Welfare (MoHFW) and several organisations, including the Tata Memorial Hospital, the World Lung Foundation, and the Indian Dental Association, has culminated in ChewOnThis.in, a website that reveals vividly the terrible effects of using tobacco, whether in cigarettes or the smokeless variety.

Initially, a short video was made, showing horrifying images of sufferers from oral cancer at the Tata Memorial Hospital, Mumbai, but the ministry rejected it as "too gory for general viewing". The focus was then shifted to an individual patient, a young man aged 24, who was shown being interviewed and discussing his condition in the first video; while the second video was shot after his death in October 2009. The idea was to bring home to viewers the impact of the death of a young person they had identified with. These were both aired on television.

The group of organisations later convinced the authorities to use the censored footage, which would have a more forceful impact, on the internet. "ChewOnThis.in exposes the images the tobacco industry doesn't want Indians to see," said Sandra Mullin, Senior Vice President, Policy and Communications, World Lung Foundation. "Sometimes reality is too graphic for TV but new media allows us to appeal and interface directly with citizens. The campaign shows how young men and women suffer with gruesome oral cancers, some with windpipes or tongues removed." The year-long public health campaign plans to SMS more than 2 million Indians as well as place picture ads on social networking sites leading to the two-minute web video with these images. The site is said to have received 4,000 hits on day one.

BK Prasad, Joint Secretary, MoHFW, Government of India, said; "Chewing tobacco is a major health challenge to the country as it causes 80-90% of the oral cancers. We are more concerned because India shares the highest burden of oral cancer in the world. We have already launched an intensive prevention campaign against the use of tobacco, especially chewing tobacco."

According to Dr PC Gupta of the Healix-Sekhsaria Institute for Public Health, "The shocking reality is that smokeless tobacco is highly addictive and contains many cancer-causing agents. Its effect on the soft tissue in the mouth and throat is so virulent that people can suffer cancerous lesions after only one or two years of chewing." Dr Gupta adds, "We know that the images are unpleasant but the increasing figures of oral cancer are equally disturbing. Also, they are not photo-shopped images, they are real pictures,"

Jyoti Shelar. Graphic oral cancer video that the govt didn't want you to see. *Mumbai Mirror*, April 23, 2011.

Furore over Fukushima risk levels

The Japanese are battling for survival in the continuing combined disaster of earthquake, tsunami and nuclear radiation. Meanwhile, there seems little consensus on medical norms regarding what can be called safe levels of radiation and groups of experts have been slugging it out on this issue.

The US advocacy group Physicians for Social Responsibility (PSR) has recently criticised press reports which said a safe

threshold is 100mSv for ionizing radiation exposure. It said that there are no safe doses of radiation and any dose can increase an individual's risk for the development of cancer. Tilman Ruff, of the University of Melbourne, states that there may be a threshold for some effects of radiation, but not for cancer. Ruff, who is also a member of the International Physicians for the Prevention of Nuclear War, dismissed as "self-interested" those parties implying "a threshold for radiation exposure below which there are no adverse consequences," Peter Burns, of Australia's nuclear safety agency ARPANSA says the media have tended to overplay the health effects of small amounts of radiation. However, both experts agree that "There is no level below which we believe radiation effects can't occur." Most importantly, the impact of radiation is greater on the unborn, infants and children, especially girls, as compared to adults.

All the while, the most vulnerable segment, the workers at the Fukushima Daiichi nuclear plant, has been working round the clock to prevent a nuclear meltdown and endless radiation leaks. They have had some success, but the ever-present fear of radiation and continuing stress are endangering the physical and mental health of workers in Fukushima. These workers have to depend chiefly on themselves and their co-workers in order to keep on working. They suffer from insomnia, dehydration and high blood pressure and are at risk of developing depression or heart trouble, according to Dr Takeshi Tanigawa, an epidemiologist who examined them.

Dr Tanigawa said the workers get little rest, no baths or fresh food, and are under constant threat of exposure to radiation, which is so high in many areas, that robots are being used to take measurements. He feels the work conditions don't meet the basic rights guaranteed to workers by Japan's constitution. According to him, although emergency conditions may have justified harsh working hours in the early days of the crisis, the situation has now "become chronic." "TEPCO (Tokyo Electric Power Company) and the government don't think about them. The workers must do a good job, but they do not have any support," he said.

"They feel a deep sense of responsibility to be there," he said. "I asked many if they wanted to stop, but they responded, 'Who would do this if I didn't?'" Meanwhile, the ethical dilemmas of how to safeguard these workers who have already been exposed to radiation; of whom to send in if they are relieved; and of how to complete those essential tasks necessary to protect the general population without injustice to the workers, still have to be tackled.

As a first step, the UN Scientific Committee on the effects of Atomic Radiation (UNSCEAR) said it will study the radiation impact of Japan's nuclear disaster on people and the environment, but it did not expect to detect any major health effects. The study is expected to take two years to complete.

T Ruff. Children of Fukushima need our help. *Kyodo News*, April 26, 2011. Available from: <http://english.kyodonews.jp/news/2011/04/87835.html>.

L J Walker, Workers at Fukushima Daiichi Nuclear Plant under huge psychological pressure. *Modern Tokyo Times*, May 1 2011. Available from: [moderntokyotimes.com/.../workers-at-fukushima-daiichi-nuclear-plant-under-huge-psychological-pressure/](http://www.moderntokyotimes.com/.../workers-at-fukushima-daiichi-nuclear-plant-under-huge-psychological-pressure/). A Saleh, No 'safe' threshold for radiation: experts. *ABC Science*, March 31, 2011 Available from: <http://www.abc.net.au/science/articles/2011/03/31/3177889.htm> Reuters. UN body to probe Fukushima radiation impact. May 23, 2011. Available from: <http://www.reuters.com/article/2011/05/23/us-japan-fukushima-un-idUSTRE74M3VT20110523>

China revamps organ transplant law

After a longstanding scandal about organs being removed from executed prisoners for use in transplants, China has made substantial efforts to prevent such crimes, including cracking down on transplants performed by medical institutions without transplant qualifications, and punishments ranging from fines and jail terms to dismissal and cancellation of licences of doctors.

The *China Daily* newspaper, in the first public acknowledgement, in 2009, of the reliance on prisoners for body parts, had said that 65 per cent of donations came from Death Row. Huang Jiefu, the country's Deputy Health Minister, stated that condemned prisoners were "definitely not a proper source for organ transplants".

Despite a 2007 regulation barring trading in human tissue, the demand for new organs far exceeds legitimate supply. About one million Chinese need organ transplants each year but only one per cent receive them. To meet the demand, an illegal trade in organs has boomed in a country that puts to death more convicted criminals than the rest of the world combined.

There has also been a surge in living donors. About 40% of transplants were carried out with organs from living donors in 2009, up from 15% in 2006, according to Professor Chen of the institute of Organ Transplantation, Tongji Hospital. China's newly revised criminal law, which the top legislature adopted in February of this year, is the first to enumerate crimes related to transactions in human organs.

Criminals convicted of "forced organ removal, forced organ donation or organ removal from juveniles" could face punishment for homicide. Those convicted of organising people to sell human organs could receive a prison term of a maximum of five years and a fine, while those involved in serious cases could serve a term of more than five years.

Launching a new service to encourage more legitimate donations, Mr Huang stressed the rights of prisoners and said: "Transplants should not be a privilege for the rich." The new donation system, piloting in 10 provinces and cities, will encourage post-death donations and start a fund to provide financial aid to the needy and to donors' families.

J Macartney. Death row organ donor scandal exposed in

China. *The Sunday Times*. August 26, 2009. Xinhua. China to launch nationwide crackdown on illegal organ transplants. CNTV, April 19, 2011. Xinhua. China to crackdown on illegal organ transplants. *China Daily*, April 19, 2011.

Negligence in sex selection investigations benefits the culprits

Union health ministry reports reveal that only 55 convictions have been achieved out of 805 cases filed in 17 states, under the revised Pre-conception and Pre-natal Diagnostic Techniques Act (PC and PNDT Act). Most of the other cases have been shelved due to "poor investigation and insufficient evidence against the accused." While the highest number, 161 cases, were filed in Rajasthan, not one of these has resulted in a conviction.

The other states have not fared much better. 23 out of 54 cases filed in Haryana, 22 out of 112 in Punjab, four out of 82 in Gujarat, three out of 139 cases filed in Maharashtra, two out of 61 in Delhi, and one out of two in Chandigarh resulted in convictions. The figures are slightly better in the sealing of ultrasound machines, with Gujarat first, with the sealing of 168 machines, Haryana second, with 133, Maharashtra third, with 82, Rajasthan fourth, with 76, and Orissa fifth, with 68 machines.

With India's child sex ratio dropping to 914 girls per 1000 boys in the provisional Census figures for 2011, as against 927 girls in the Census of 2001; this has been the worst showing since 1947. The union health secretary met with health officials of 17 states to decide how to better implement the PC and PNDT Act. The plan of action places more emphasis on follow up of cases, strengthening legal assistance and training the judiciary and public prosecutors.

State officials have been told to monitor blocks under their jurisdiction with a higher density of ultrasound machines, stationary or portable; register every operational machine, strictly enforce filling up of the necessary Form 'F', and ensure that doctors convicted under the Act permanently lose their licences to practise.

K Sinha, Only 6% of doctors held for sex-selection practices convicted, *The Times of India*, April 20, 2011 Available from: http://articles.timesofindia.indiatimes.com/2011-04-20/india/29450665_1_ultrasound-machines-court-cases-convictions K Sinha. Sex selection to cost doctors licence. *The Times of India*, April 21, 2011. Available from: http://articles.timesofindia.indiatimes.com/2011-04-21/india/29458945_1_ultrasound-doctors-selection

Something rotten in the state of India?

The Supreme Court recently ordered the Central government to release one million additional tonnes of cereals to prevent starvation deaths and reduce malnutrition in the country. The court was incensed that the states had lifted only 40% of their allotment during the year 2010-11 for distribution under the public distribution system, Antyodaya Anna Yojana, for the poorest of the poor. While hearing a petition by the People's Union of Civil Liberties on the issue, the apex court criticised

the Planning Commission for fixing a rate of Rs 15 to 20 per capita per day as the norm for classifying people as being below the poverty line (BPL), and asked the Commission to revise its benchmark in line with the Tendulkar Committee's recommendations on consumption per day in urban and rural areas.

While the government had offered to release only 50 lakh tonnes, the Court questioned its rationale in a situation where inadequate storage was resulting in grains either rotting or being burnt. It asked the PUCL, the Justice Wadhwa committee, and government representatives to jointly work out the modalities of the distribution.

Dhananjay Mahapatra. Release 1 mn tonnes of cereals: SC. *The Times of India*, May 15, 2011.

Indian firm to stop exporting 'execution drug' to US

Sodium thiopental is a sedative so far used, in combination with two other drugs, in executions by 34 US states that carry out capital punishment by lethal injection. As the sole American manufacturer stopped producing the drug last year, the authorities have been facing a shortage. Most of the concerned states now import the drug from overseas, with Indian firms being key suppliers.

Kayem Pharmaceuticals, an Indian supplier of sodium thiopental, which distributed the drug to Nebraska and some other states, has announced, under pressure from Reprieve, a United Kingdom-based provider of legal assistance to prisoners, that it will no longer sell the drug to American prison departments. According to Kayem's website, the company decided to stop selling the drug as the clients' purpose is purely for lethal injection. However, it continues to sell the drug to Angola and other markets. Several other Indian firms are reported to be exporting the drug, but they do not do so directly to the US.

Meanwhile, four US states, including Texas, Mississippi and Arizona, have begun using pentobarbital, a stronger sedative often used to euthanise animals, in executions.

India halts lethal drug export to US, Press TV, April 8, 2011. Available from: <http://www.presstv.ir/detail/173706.html> AFP. Alabama switches execution drug. *Google.com*, April 27, 2011. Available from: http://www.google.com/hostednews/afp/article/ALeqM5iNX36VDYLemW_r27_2IRZ3YDm3Hg?docId=CNG.8c02dc1f70911ad531053577b7a01385.2d1 Ullekh NP. Once bitten, Kayem Pharmaceuticals not shy about new pastures. *Economic Times*, April 12, 2011. http://articles.economictimes.indiatimes.com/2011-04-12/news/29410000_1_lethal-injection-prisons-navneet-verma Indian firms not to sell sodium thiopental to US jails. *Rediff.com*, April 6, 2011.

**Compiled by Meenakshi D'Cruz
email: meenakshidcruz@gmail.com**