

FROM THE PRESS

Staffing pattern: underlying cause of hospital deaths?

The rising number of deaths of patients (three in three days at the Sion hospital) admitted into Mumbai's public hospitals, and the subsequent assaults by furious relatives on junior doctors, have raised questions about staffing patterns in the institutions. 95% of cases are reportedly handled by junior residents as the number of senior doctors is inadequate. A senior doctor is quoted in the press as saying "When a patient walks in, junior residents often struggle in the absence of seniors.All the three incidents could've been avoided in presence of a more experienced doctor." Seniors are compelled to spend two days a week visiting 13 peripheral hospitals in which, they say, the type of cases they face could be handled by an MBBS doctor. Doctors are said to be asking for action against policy makers at civic hospitals for "jeopardising the running of the hospitals".

Meanwhile, the frustrated relatives of patients have been attacking junior residents, the nearest available soft target, after deaths in both Sion and KEM hospitals. This resulted in 2500 resident doctors in KEM, Nair, JJ, GT, and St. George's hospitals, joining a strike by Sion hospital residents. The immediate provocation for this was the attack on a resident, Dr Vishnu Dhadwad, who was locked in a room and beaten up. Dr Vishnu, who is physically challenged, sustained bruises and a fractured right hand. Earlier, a doctor couple had also been assaulted. The strike was called off after four days, with assurances being given by the concerned government officials and deans of the public medical colleges. It resulted in a large number of surgeries having to be postponed.

Earlier, Municipal Commissioner of Mumbai, Subodh Kumar visited Dr Dhadwad who had been assaulted. He consoled the doctor with a pat and said, "*Hota hai, when you are in public life, kabhi kabhi maar lag jata hai* (It happens sometimes, when you are in public life, that you get beaten up)." The remark stunned the doctor who said "How can we work if these things happen?" the attitude exposed here does not augur well for the already tense situation in the public hospitals. Not surprisingly, another attack took place at KEM hospital, just a couple of days after the strike ended; this time on an intern in the hospital.

DNA Correspondent. Sion hospital doctors on strike after assault by patient's kin. DNA. September 9, 2011. Available from: http://www.dnaindia.com/mumbai/report_sion-hospital-doctors-on-strike-after-assault-by-patient-s-kin_1584984 Yogesh Sathwani. The real diagnosis of crisis at Sion hospital. *Mumbai Mirror*. September 10, 2011. Available at: <http://m.mumbaimirror.com/index.aspx?Page=article§name=News%20-%20City§id=2&contentid=201109102011091003201091fbdd8e1f> PTI. Maharashtra resident doctors call off strike. *Asian Age*. September 12, 2011. Available at: | <http://www.asianage.com/india/maharashtra-resident-doctors-call-strike-603>

Guinea pigs at a public hospital

Acting on a complaint made last year by NGO Swasthya Samarpan Sewa Samiti against six prominent doctors of the public-sector Maharaja Yashwant Rao Hospital, Indore, the Madhya Pradesh Economic Offences Wing unearthed blatant exploitation of thousands of vulnerable patients by the culprits.

The EOW found that these doctors had used over 3307 patients in drug and vaccine trials over 4 years from 2006-10. These trials were reportedly carried out using the facilities and students of the public hospital without the dean's permission and in breach of practically every safeguard; with no informed consent being obtained; no disclosure of attendant risks; no treatment to those affected who thought they were being treated for their conditions; and no compensation to the victims, of whom 81 are said to have fallen ill or died. No post mortems were conducted on those who died and deaths were brushed off as being due to unrelated conditions. Many of these victims were children.

"Based on my knowledge and that of students made to work on trials by their HoDs, at least 150 patients died," said Dr Anand Rai, who first exposed the scandal and was subsequently dismissed by the government. He has since won his case for reinstatement, against which the government has got a stay. Meanwhile, the report states that no action has yet been taken against the accused doctors, though it has been recommended by the EOW, itself a government agency.

Shiv Karan Singh Drug trials open a can of medical worms. *The Statesman*, August 17, 2011. Available from: http://thestatesman.net/index.php?option=com_content&view=article&id=380129&catid=35

Anti-graft fight begins at home

Over 500 resident doctors attached to four public hospitals in Mumbai--GT, St George, Cama and JJ hospitals, were filled with enthusiasm for the ongoing Anna Hazare-led campaign against corruption. Frustrated at being refused permission to march to Azad Maidan to join the protest, they approached the dean, JJ hospital, Dr TP Lahane, for support. Instead the dean addressed them on the need to shun corruption as medical professionals and administered an oath to the residents.

The ceremony of oath-taking was held in the grounds of the hospital. "I decided to use the opportunity to tell them that the best way to kill corruption is to become non-corrupt and that a rally isn't the only way to support Anna," Dr Lahane said.

This perspective has had a strong impact on the young residents. One of those who participated, Dr Sandesh Kadam said "Suddenly I realise that this fight is just as much within as it is without. How will corruption grow if we all become incorruptible?"

With corruption becoming endemic in the country, the healthcare scene is no exception. Corruption among medical professionals and the subsequent squandering of national resources has been the subject of much debate in recent times.

The dean's oath included these points among others:

- I swear (by Anna Hazare, the anti-corruption crusader) not to support female foeticide
- I will not take commission from hospitals for referring patients
- I will not seek commission from pharma companies
- I vow not to take commission from pathological labs
- I won't demand money from patients at public hospitals
- I won't overcharge patients; won't give special attention to rich ones

Lata Mishra, JJ dean gives docs a dose of annagiri. *Mumbai Mirror* August 25, 2011. Available at: <http://www.mumbaimirror.com/article/15/2011082520110825024813464cfe14815/JJ-dean-gives-docs-dose-of-annagiri.html>

Laughing all the way to the stem cell bank

The growing number of affluent parents with just one or two children and a fascination for modern technology is proving a great market for the stem cell banking industry in India. Today, an average of 24,000 couples reportedly goes in for the procedure every year in India. Representatives of a number of such companies with their own websites are said to be found hovering around obstetricians' clinics. Some of them reportedly bank baby teeth, although sources in the sector claim that most only export the teeth. Some others bank menstrual blood. These place advertisements in women's magazines on the theme "Periods proof that women are luckier than men".

Despite guidelines having been introduced by the Drugs Controller General of India last year, they have not yet been enforced. As a result unethical marketing techniques are used by several companies in the business of marketing and storage of cord blood and other material and doctors linked to them. Embryonic, foetal and umbilical stem material is reportedly being used in experiments which are not permitted in the West. Processes for the preservation of cells are becoming cheaper in India and this makes it possible for research and therapies, some unproven, to be supplied to the medical tourism industry. All this is making stem cells highly profitable and estimates say the industry is worth \$ 500 million a year.

Parents are told that stem cells have a number of applications: bone and cornea regeneration, repair of the cardiac muscle and so on, but scientists have warned that, notwithstanding the hype, it would be some time before clinical trials establishing stem cell therapy as an accepted form of treatment are completed. Until that time, even the price tag of Rs 75,000 to 1.5 lakh over 21 years for cord blood banking and around Rs 70,000 for an extracted tooth doesn't seem to be a deterrent to parents. In fact, some leading players offer a monthly payment

plan and help customers to get bank loans.

While referrals from doctors have been the most reliable means for attracting customers, companies are now getting an entry into hospital databases and can approach pregnant women directly, potentially exposing them to marketing pressure immediately following a delivery.

**Stephanie Nolen. Parents in India bank on stem cells, not the 'tooth fairy'. *Saturday's Globe and Mail*, August 26, 2011. Available from: <http://m.theglobeandmail.com/life/health/new-health/health-news/parents-in-india-bank-on-stem-cells-not-the-tooth-fairy/article2144279/?service=mobile>
AD Pradeep Kumar and Nandita Vijay. Stem cell banking gaining ground in India fast. *Pharmabiz.com* January 27, 2011. Available from: <http://www.pharmabiz.com/PrintArticle.aspx?aid=61134&sid=21>**

Medical negligence confirmed, after 23 years

A protracted legal battle of over 23 years culminated in 84 year-old PC Singhi securing a verdict of guilty in a negligence case under section 338 of the Indian Penal Code (causing hurt by rash act that endangers human life) against Dr Praful Desai, renowned oncology surgeon. The matter dates back to 1977 when Singhi's wife Leela was found to have cancer. Then under the treatment of Dr Paymaster of the Tata Memorial Hospital and Dr AK Mukherjee, she was advised to consult cancer specialists at the Sloan Kettering Memorial Hospital, New York. The US doctors are said to have declared the case "completely inoperable". On returning to India, she consulted Dr Mukherjee, now at Bombay Hospital and his senior, Dr Praful Desai. The prosecution's case was that Dr Desai recommended surgery and she was admitted as his patient in 1987. However, it was Dr Mukherjee who opened up her abdomen and informed Dr Desai that the cancer was inoperable. At the time, Desai instructed him to close the abdomen. Singhi said in his plaint before the court that the operation made matters worse and his wife suffered great pain. After being bedridden, she finally expired in 1989.

Dr Desai's defence was that Leela Singhi had been admitted under his name as a formality as junior doctors were not allowed to admit patients. He contended that she was his assistant Dr A K Mukherjee's patient and never his. He also said his consent was never taken before her admission to the hospital on December 9, 1987. He further took objection to the discharge of Dr Mukherjee from the case. The court relied on the patient's admission slip, case papers, evidence given by Mr Singhi and the hospital's general manager and concluded that she was indeed Dr Desai's patient. Further, the court held that by "not examining the patient ever since her operation till her discharge it is clear that Dr Desai did not exercise competence". To infer negligence by a professional, particularly a doctor, the simple lack of care or an error in judgment is not proof, but lack of professional skills or failure to competently exercise those skills is, according to the established law on negligence.

On September 3, the Bombay high court has held that Dr Desai committed a "breach of contract" in the case and ordered him

to pay damages of Rs 15 lakh with 16% interest. The interest has to be paid from the filing of the case for the "pain and agony" caused and the court also directed reimbursement of all bills to Singhi till date.

Swati Deshpande. Ace city cancer doc held guilty of negligence. *The Times of India*. July 6, 2011. Available from: http://articles.timesofindia.indiatimes.com/2011-07-06/mumbai/29743084_1_negligence-case-cancer-patient-case-papers
Mayura Janwalkar. A two-decade legal battle, egged on by a promise to wife. *Indian Express* July 11, 2011. Available from: <http://www.indianexpress.com/news/a-two-decade-legal-battle-egged-on-by-a-pro/815606/>
Swati Deshpande. Ace cancer doc breached contract: HC. *The Times of India*, September 3, 2011. Available from: http://articles.timesofindia.indiatimes.com/2011-09-03/mumbai/30109386_1_bombay-hospital-hc-verdict-patient

Health minister defines "gay" as "sick"

At a national convention on HIV and AIDS, the Indian health minister, Ghulam Nabi Azad, stated that men who have sex with men (MSM) are suffering from a disease. This shocking statement from a minister for health drew furious protests from medical professionals, the media and the gay community in India and outside.

"MSM is unnatural and not good for India. It is a disease which has come to India from other countries where men have sex with men," said the minister, two years after homosexual relations between consenting adults have been decriminalised by the Delhi high court. The verdict had been strongly supported by the health ministry, as it grapples with the challenge of containing the scourge of AIDS in the country.

With 2.5 million HIV-positive people in the country, and prevalence levels among gay men as high as 7.3 percent, the minister's statement that these men are likely to spread HIV/AIDS as "they do not come out in the open" is both contrary and counter-productive. The comment has been criticised by officials of the ministry working in the anti-AIDS campaign as "putting the entire effort down the drain".

"He should either resign or be removed, as he is not fit to hold the post. A statement like this is a clear indication of what

happens when important ministries are given to ignorant people. He has absolutely no clue what he is talking about," said Aditya Bondopadhyay, Delhi-based lawyer and gay activist.

A number of mental health professionals from all over the country, in a signed statement, protested against Azad's comment, where he called homosexuality a "disease," "unnatural," and said it had "come from western shores". Scientific evidence shows that homosexuality is a natural variant of human sexuality and is not a mental disorder or disease. Homosexuality as a specific diagnostic category was removed from the World Health Organisation's ICD-10 Classification of Mental and Behavioural Disorders published in 1992, and from the American Psychiatric Association's DSM-IV Guidelines in 1973. The statement added, "We believe that the Delhi High Court's 2009 judgment decriminalizing homosexuality removed a major source of stigma and discrimination faced by LGBT persons in India and was rooted in a concrete understanding of the mental and psychological harm that section 377 inflicts on LGBT persons."

The minister responded to the storm of protest a day later by telling reporters that his remarks were intended to urge those who engage in homosexuality "to be careful". He added "I am sorry that the news is being carried as if I am the big villain for the MSM."

Rhythm Kaul. Gay sex unnatural, says health minister. *Hindustan Times* July 05, 2011. Available from: <http://www.hindustantimes.com/News-Feed/NewDelhi/Gay-sex-unnatural-says-health-minister/Article1-717389.aspx>
Annie Banerji. Indian health minister invents queer "disease" *Indian insight. Perspectives on South Asian politics*. July 5, 2011. Available from: <http://blogs.reuters.com/india/2011/07/05/indian-health-minister-invents-queer-disease/>
Harmeet Shah Singh. India's health minister backtracks on gay comments. *CNNWorld*; July 5, 2011. Available from: http://articles.cnn.com/2011-07-05/world/india.gays_1_naz-foundation-anjali-gopalan-homosexuality?_s=PM:WORLD

Compiled by: Meenakshi D'Cruz
e-mail: meenakshidcruz@gmail.com