

## FROM THE PRESS

### **Sickening waste**

The latest discovery of heaps of biomedical waste on the streets of Byculla, Mumbai, with rag-pickers rifling through them for saleable items, once more highlighted this serious threat to the health of the people of this densely populated metropolis. This led to squabbles between all the agencies concerned, including the Masina Hospital, other hospitals in the area, municipal officials, and the agency appointed to collect biomedical waste, SMS Envoclean.

Hazardous waste from medical facilities is required under the Bio-Medical Waste (Management and Handling) Rules, 1998, to be segregated and stored in colour-coded bags depending on the nature of the hazard, and incinerated at more than 900 degrees Celsius. This is to be done through agencies appointed for the purpose, or by the institutions themselves. However, the director of SMS Envoclean has claimed that 80% of Mumbai's hospitals, both public and private, do not segregate their waste, endangering people's health, both through the spread of dangerous infections on the streets, and through the sale of used syringes and other equipment. The Maharashtra Pollution Control Board representative, meanwhile, claimed that the Board carries out inspections whenever it receives a complaint from the relevant agency.

The incident is only the tip of an iceberg, with similar scandals surfacing in Vadodara's Sir Sayajirao Gaekwad Hospital, and in Bangalore. A Bangalore survey had shown that of 1,844 private health units, comprising 80% of the city's healthcare facilities, only 30% had clearance from the Karnataka State Pollution Control Board. With the proliferation of spas and 'day care centres' which are less easy to monitor, the pollution threat looms large.

**Sudeshna Chatterjee and Jyoti Shelar, 80% city hospitals flout bio-waste disposal norms, *Mumbai Mirror*, April 15 2012. Available from: <http://www.mumbaimirror.com/index.aspx?page=article&sectid=15&contentid=2012041520120415205345578a8a99f3f> 'Sir Sayajirao Gaekwad Hospital handling hazardous biomedical waste recklessly', *TNN*, May 3, 2012 Available from: <http://timesofindia.indiatimes.com/city/vadodara/Sir-Sayajirao-Gaekwad-Hospital-handling-hazardous-biomedical-waste-recklessly/articleshow/12985566.cms>. Sunitha Rao, Hetal Vyas, Ultimatum to hospitals on biomedical waste disposal, *TNN*, May 21, 2012. Available from: [http://articles.timesofindia.indiatimes.com/2012-05-21/bangalore/31800474\\_1\\_biomedical-waste-health-units-healthcare-units](http://articles.timesofindia.indiatimes.com/2012-05-21/bangalore/31800474_1_biomedical-waste-health-units-healthcare-units)**

### **Expired HIV drugs in West Bengal public hospitals**

A National Aids Control Organisation (NACO) audit report alleges that almost 3.5 lakh doses of HIV medicines have become unusable while remaining in the stocks of various government hospitals of West Bengal. The market cost of each of these doses is about Rs 10. The audit report mentions that these include almost 1.5 lakh doses for the drug-using HIV positive, and about 2 lakh doses for HIV+ children. These medicines were supplied by NACO based on the demand made by State AIDS Prevention and Control Societies (SACS), West Bengal. SACS authorities disclosed that a volunteer organisation in South Calcutta was given the responsibility of conducting a statewide survey to determine the number of HIV-positive people in different age groups in the state. Later, however, it was found out that the volunteer organisation had provided fictitious statistics. NACO authorities complain that the numbers were inflated by at least three times, and that this misrepresentation would not have been possible without the collusion of certain pharmaceutical companies, and of administrators of SACS. SACS representatives admitted that certain government hospitals overstocked these medicines for up to 12 years. They also admitted that none of the officers concerned find it necessary to check the expiry dates of the huge stocks of medicines.

**Parijat Bandyopadhyay, 3,50,000 HIV medicine expired in stock (Trans.), *Anandabazar Patrika*, April 15 2012. Available from: <http://www.anandabazar.com/archive/1120415/index.html>, last accessed on: April 19, 2012].**

### **Sex selection: out in the open**

The ghastly discovery of aborted female foetuses in a river in Beed has made the district notorious all over the state of Maharashtra and beyond. A much deeper malaise has been exposed with the arrest of three doctors on charges of carrying out illegal sex determination tests and abortions, and the number is growing every day. This crime is an open secret, as reports say the state's own Family Welfare Office (SFWO) had warned the government in 2005 about the drastic decline in the child sex ratio based on the 1991 and 2001 census figures. The 2011 census has shown that the problem is far worse than supposed, with the fall visible in all 35 districts of Maharashtra, which was so far considered "progressive." The sex ratio is lowest in the districts of Jalgaon, Aurangabad, Ahmednagar, Beed, Osmanabad, Solapur, Satara, and Sangli. The SFWO report is also quoted as saying that the figures are worse in those areas with more sonography clinics, of which 78% are concentrated in Mumbai, Pune, Nasik and Kolhapur. Ironically, Shirur taluka in Beed, which has a sex ratio of 768 girls to every 1,000 boys, is said to have not a single sonography centre.

Officials say a key problem in the area is dowry, and that even a sugarcane cutter has to pay above Rs two lakh as dowry for his daughter. Beed district has the lowest male-female sex ratio among children under the age of six in Maharashtra, at 801 female against 1,000 male children, according to the 2011 census. The government has responded to the scandal by forming teams of doctors to tour the cities of Mumbai, Pune and others to monitor ultrasound centres; by limiting radiologists to two ultrasound facilities only; and by conducting raids all over the state on these facilities.

The Maharashtra Medical Council (MMC) has announced a decision to immediately suspend doctors charged with such offences, without waiting for the courts to pass a judgment. If they are found guilty, a five-year suspension would follow, according to Shivkumar Utture, executive member, MMC.

**Prashant Hamine, Maharashtra's been killing baby girls since long. *Afternoon Despatch and Courier*, June 06, 2012, Press Trust of India, Beed illegal abortions case: another doctor arrested. *PTI*, June 7, 2012. Available from: <http://www.business-standard.com/generalnews/news/beed-illegal-abortions-case-another-doctor-arrested/17945> Senior Reporter, Cops told to keep an eye on hospitals, sonography centres Available from: <http://www.sakaaltimes.com/20120606/4625407160956411919.htm> Sumitra Deb Roy, *TNN* Jun 8, 2012, Not a single ultrasound centre in Shirur taluka, Available from: [http://articles.timesofindia.indiatimes.com/2012-06-08/mumbai/32123512\\_1\\_shirur-beed-number-of-girl-child](http://articles.timesofindia.indiatimes.com/2012-06-08/mumbai/32123512_1_shirur-beed-number-of-girl-child)**

### Welcome ban on serological tests

By a notification dated June 7, 2012, the ministry of health and family welfare has banned the manufacture, sale and import into the country of serological or blood-based test kits for tuberculosis, long considered to be unreliable and inaccurate by health advocacy groups. The ban had been recommended by the World Health Organisation last year. With almost two million new TB cases per year, amounting to one-fifth of the global burden, and multi drug-resistant TB now at three per cent of the annual estimate of TB cases, the country can ill afford such costly and imprecise measures.

A paper published in the *National Medical Journal of India* is quoted as saying that around 15 lakh serological tests are performed in the country annually, costing the public around Rs 75 crore despite the evidence against them. Most of the test kits are imported from the UK and France, where they are not recommended for local use. To quote Dr Karin Meyer of the WHO Stop TB Department, "Blood tests for TB are often targeted at countries with weak regulatory mechanisms for diagnostics, where questionable marketing incentives can override the welfare of patients."

Advocacy groups have welcomed the government's decision but have stressed the need for strict implementation of the ban, as well as improved access to reliable tests in the public health sector.

***Hindu Business Line Bureau, Government bans TB serological tests. *The Hindu Business Line* [Internet], June 19 2012. Available from: <http://www.thehindubusinessline.com/industry-and-economy/government-and-policy/article3547424.ece> G. Srinivasan, Spare the patient!, *The Hindu.com*, June 24, 2012. Available from: <http://www.thehindu.com/health/policy-and-issues/article3563003.ece>***

### Sex reassignment: ethical challenges

In a controversial case, the Bombay High Court permitted 21-year old Bidhan Barua to undergo a sex-reassignment procedure. The division bench of Justices SJ Vajifdar and AR Joshi observed that there is no law that can prohibit an adult from taking decisions pertaining to his own life. Bidhan had approached the court asking for his parents to be restrained from obstructing his planned surgery. He was supported by a psychiatric evaluation which found his a fit case for the procedure. The petitioner also said he had felt from his early teens that he was a woman trapped in a man's body, and that he had later learned of the remedy for his problem.

Serious challenges arise in related cases of mixed gonadal dysgenesis, a condition in which the child's sex organs are not clearly male or female. In a recent case, a five-year old child was operated upon for this condition. Doctors removed the female sex organs of the child, so that he could live as a boy from then onwards. Such cases raise grave ethical dilemmas. In a society ruled by a preference for male children, how much is the child's interest considered in such decisions? How old should a child be before such procedures are carried out? Should the child have no say in a decision which will affect her or his entire life? On the other hand, parents and surgeons have argued that given the potential social trauma that such a child could suffer as she or he grows, they are acting in the best interests of the child by treating the condition early. Dr Sanjay Oak, Dean of KEM Hospital, stressed that such surgeries are carried out only after elaborate tests - genetic chromosome, hormonal, neurological tests, sonography and psychiatric evaluations - are done. Other doctors believe that social pressures and a personal sense of identity are crucial in shaping a person and hence they should act sooner and not later.

**Rediff.com, Bombay HC nod to youth for sex change surgery, *Rediff.com*, May 7, 2012 Available from: <http://www.rediff.com/news/report/bombay-hc-nod-to-youth-for-sex-change-surgery/20120507.htm> Lata Mishra, Who gets to decide a child's gender? *Mumbai Mirror*, May 23 2012. <http://timesofindia.indiatimes.com/life-style/relationships/parenting/Who-gets-to-decide-a-childs-gender/articleshow/13407295.cms>**

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