

These, then, are the major changes to be made in the functioning of the MCI.

Another important issue is that the number of members of the MCI is likely to go down from the present 119 to 90 or so, and the number of elected nominated members will be almost the same as that of elected members (2).

The other changes, which are relatively minor, are as follows:

- Doctors have to renew their registration after 10 years.
- Overseas citizens of India with recognised qualifications can practise medicine in India.
- The biometric particulars of all persons in medical registers have to be registered.
- The Indian medical register will also be available in electronic form.
- Specific mention has been made of the obligation to lay down the standards of professional ethics.
- The maximum number of terms in the MCI is two.
- The duration of a term has been reduced from five years to four.

Questions

Is so much control by the government a good idea? I would argue that we have to wait and see. In recent years, the MCI has not acted in a way that inspires confidence in anybody. Governments, at least, are accountable to Parliament.

Is it a matter of concern that the number of nominated persons on the Council should nearly equal that of elected members? On this too, one must reserve judgment. At present, elections to the state medical councils and MCI are dominated by “doctor politicians,” who make enormous efforts to get elected. The majority of the members of the medical fraternity are passive observers and must be faulted for their inertia.

Ultimately, as pointed out by Dr Sunil Pandya (3), the rot in the superseded medical council lay within. When the MCI is reconstituted, we hope that the new members, both elected and nominated, will prove to be worthy of their position and exercise wisdom and circumspection to help foster an expert and caring health workforce.

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The murder of Dr Narendra Dabholkar: a fascist attack on rationalism

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The brutal assassination of Dr Narendra Dabholkar in Pune has been a big blow to the progressive social movement in Maharashtra. A medical practitioner turned activist, Dr Dabholkar was renowned for his more than two-decade-long crusade in the state against superstitions and his efforts to promote broader social reform. However, his untiring campaign, from 1995 onwards, for the enactment of an “anti-superstition/anti-black magic bill” in the state made him the object of hatred for obscurantist forces. This fanatical hatred and the increasing intolerance and aggressiveness of these fascist forces led to his murder on August 20, 2013.

Background of involvement in broader social reforms

Dr Dabholkar was born in Satara, then a small town, in 1945. His family was an illustrious and highly educated one, and many of its members have been renowned for their work in the fields of education and social reform. It is no wonder that in his college days, Narendra was attracted by socialist, egalitarian ideals and in the early 1970s, joined the Samajwadi Yuva Dal, a left-wing outfit of young socialists. During that time, among the causes championed by the new generation of socialists in Maharashtra was the anti-casteist movement. Dr Dabholkar became involved in the *Ek gav, ek panavatha* (One village, one water source) movement led by Dr Baba Adhav, as well as the movement for renaming Marathwada University as Dr Babasaheb Ambedkar University. He continued to be involved in the anti-casteist movement till his death. Recently, he had taken the initiative to mobilise public opinion against the stranglehold of caste panchayats, an issue which came into sharp focus following the brutal killing in Nashik

of a woman by her own father, whose action was motivated by fear of the caste panchayat's reaction to his daughter's inter-caste marriage.

Together with his wife, Dr Dabholkar practised medicine for 10 years, but from 1982 onwards he became a full-time activist. He was instrumental in galvanising a team of socially conscious theatre artistes, including the renowned Shreeram Lagoo, Nilu Phule, Rohini Hattangadi and Sadashiv Amrapurkar, to organise 25 performances of a Marathi play in different parts of Maharashtra with the aim of creating a fund through the sale of tickets and through donations. This fund, the "*Samajik Krutadnyata Nidhi*" (Social Gratitude Fund) initially amounted to around Rs 2.5 million and has now grown to over Rs 10 million. Currently, the fund is being used to support 45 full-time social activists in Maharashtra. One important contribution which helped enhance this fund came from schoolchildren, who donated Rs 5 each by skipping a meal! Dr Dabholkar was also the secretary of the India Committee of the Maharashtra Foundation's annual awards, instituted by progressive Indians in the USA to felicitate social activists, literary persons, artistes, etc. In 1998, Dr Dabholkar became the editor of *Sadhana*, a progressive, socialist weekly magazine in Marathi, founded by Sane Guruji 60 years ago.

Though he gave up clinical practice in 1982, Dr Dabholkar continued to tackle health issues at the social level. For example, as a doctor, he used to give public lectures to unravel before lay people the truth behind the claims made by Babas about 'cures' from certain medical disorders. He also drew attention to the godmen's exploitation of people with psychiatric problems, besides exposing the fraudulent medical practices of quacks. One of his last contributions was a complaint against a fraudulent doctor, which he followed up to the level of the health ministry. In July 2009, he was invited to preside over the first ever Patients' Rights Convention, organised in Pune by the Jan Aarogya Abhiyaan.

Dr Dabholkar was involved, to a considerable extent, in the movement against addictions, and led campaigns against local liquor dons in various places. He also organised protests against the Maharashtra government's liquor policy. A few years ago, he launched a campaign against the policy of granting permission for the establishment of factories that produce liquor from jowar, the staple food grain in villages in Maharashtra. He was a founder-member of a de-addiction centre, Parivartan, in Satara. This centre can admit up to 25 patients at a time. The de-addiction work is being continued by his son, Hameed, a Satara-based psychiatrist, and his colleagues. Incidentally, Dabholkar named his son Hameed in memory of his close friend, Hameed Dalwai, a renowned social reformer in the Muslim community who died prematurely. This was indeed a very unusual, bold step to take, given the overall sociocultural milieu, which coloured the attitudes of even those in the progressive circles.

Though Dr Dabholkar was better known for his crusade against superstition, he was also deeply interested in ushering in broader social reform.

A "rationalist" with a difference

In 1989, Dr Dabholkar founded the Maharashtra Anhashraddha Nirmoolan Samiti (MANS) (1), or the Committee for the Eradication of Blind Faith. MANS, which with about 180 branches, is one of the most active progressive organisations in Maharashtra. Its monthly magazine has 15000 subscribers, the largest number among the progressive magazines in Maharashtra. MANS's objectives, as articulated in its literature, are not limited to opposing superstitions and rituals which exploit and harm people. They also include cultivating a scientific attitude, skepticism, humanism, critical thinking and rationalistic moral values among the people to create a just society. Dr Dabholkar used to emphasise that MANS is part of the broader progressive, left movement.

MANS declared an award of Rs 2.1 million to anybody who could prove his/her capacity to perform "heavenly" miracles. Nobody has been able to win it! MANS confronted many *babas, buas, tantriks*, etc and has led agitations against several forms of superstition. This included debunking the myths propagated by self-styled godmen and godwomen. MANS also spearheaded the Shani Shinganapur movement, the aim of which was to make it possible for women to enter temples they are forbidden to enter. Dr Dabholkar, however, was not a "rationalist" in the sense that Abraham Kovoov was. He felt very strongly that superstition had its roots in socioeconomic factors and would not disappear through mere criticism of godmen and superstition. Unlike some other rationalists, he did not preach atheism or ridicule gods, though he was in favour of a critique of religion.

Tireless campaign for a law to curb exploitative, barbaric "black magic"

Dr Dabholkar led MANS to tirelessly campaign for 18 long years for the introduction of an anti-superstition bill, which, as he used to emphasise, sought to prohibit exploitation in the name of religion through fraud and barbaric practices. Following modifications, this Bill has been christened the "Maharashtra Prevention and Eradication of Human Sacrifice and Other Inhuman, Evil and Aghori Practices and Black Magic Bill." The modifications and rephrasing were undertaken to dispel the fear fuelled by false propaganda that the Bill is against the Hindu religion. Dabholkar used to point out that the Bill did not contain a single word about any religion. The Bill pertains to fraudulent and exploitative practices such as performing *karni, bhanamati* or magical rites in the name of supernatural powers; offering ash, talismans, charms, etc for the purpose of exorcism and to drive out evil spirits or ghosts; punishing or beating mentally ill patients in the belief that they are possessed by evil spirits; and so on (2).

Dr Dabholkar fostered the first draft of the Bill way back in 1990, after which MANS began to campaign for it. In 1995, it was tabled as a non-official bill and was supported by the Congress party during the regime of the BJP-led government. A coalition government with the Congress as the major partner came to power in Maharashtra in 1999 and since then, every chief minister promised help in getting the Bill passed. However, the move was invariably stalled for one reason or the other. On August 15, 2003, the government proclaimed in the newspapers that "Maharashtra would be the first state in India to enact a law against black magic." However, this did not materialise. The saffron brigade indulged in typical double-speak. On the one hand, some of them indulged in downright false propaganda and rabid, frontal opposition to the Bill. On the other, the BJP took the official stand that *it is not opposed to the Bill, but is opposed only to some its provisions*. This BJP stand continued despite a host of changes in the text of the Bill in view of the fears expressed about misuse of some provisions.

The political bankruptcy of the ruling parties has been quite a revelation. Their leaders have, time and again, promised to enact this legislation, but succumbed to pressure from the rightist forces and postponed taking a definite stand. Perhaps they fear alienating the socially reactionary or misguided people in their vote bank. Second, their leadership has faced opposition from its rank and file in this matter. Godmen have a following among a large number of politicians in the dominant parties. Even though the Bill does not target these godmen directly, a section of politicians fears any move that would affect the cults of godmen in any way. The latest draft of July 2013 was prepared after extensive consultations, including consultations with the representatives of *warkaris* (the disciples of the saints in Maharashtra, several hundreds of thousands of whom visit the Vitthal Temple in Pandharpur every year). During the meeting with the chief minister on July 30, 2013, these representatives gave their consent to the latest draft of the Bill, which incorporated their suggestions.

Against the background of an all-pervasive degeneration of the social and political culture, and the increasingly intolerant stand of the rightist elements, some fanatic was able to carry out this murder. It is anybody's guess whether this murder has any link with Modi's ascendancy. Is it a sign that religious fanatics and propagandists are afraid that the work of MANS is weakening the stranglehold of religious superstitions on the minds of ordinary people? Dr Dabholkar was known to be an extremely soft-spoken, mature social worker who believed in dialogue. He would never lose his temper and would not personally hurt or provoke anybody during debates. He attributed his capacity to take things in his stride to his involvement in sports in his younger days. He was an excellent kabaddi player and had once been a member of the national kabaddi team. He had won several gold medals and the coveted *Chatrapati Kreedha Puraskar*. His murder was a purely ideological, political, dastardly act.

Dr Dabholkar had reportedly received threats from caste panchayats as he had called them unconstitutional and anti-democratic. Hard-line organisations such as the Hindu Jan Jagruti Samiti and Sanatan Sanstha have openly denounced the Bill as anti-Hindu and launched a vitriolic attack against it through their mouthpieces. Against this background, it is likely that the actual assassination may have been carried out by professional killers hired by vested interests.

It is heartening that people across the whole spectrum of democratic, progressive and leftist forces have vociferously condemned this murder, and that the youth formed a significant proportion of those who took to the streets in protest. In Pune, in response to the all-party call for a bandh on August 21, a significant section of traders voluntarily downed their shutters – a rare occurrence. It was this widespread protest and anger that prompted the Chief Minister to issue an ordinance to make the Bill an Act (2). The ordinance will have to be adopted by both houses of the Maharashtra legislature within six months. It is extremely tragic that one of the finest progressive reformers in the state had to sacrifice his life for the cause of a bill which aims to prohibit criminality in the name of religion.

Dr Dabholkar was known to be an extremely efficient, excellent organiser. He needed to spend no more than two days a week in Pune to edit the weekly, *Sadhana*. Five years ago, he had given a young editor, Mr Vinod Shirsath, the charge of executive editor and with time, the weekly grew in stature and financial stability. This speaks volumes of Dr Dabholkar's organisational capacity. He was a very effective public speaker without being aggressive or shrill. His arguments were clear and concise. For 30 years, he stayed at his home in Satara only two days a week, spending the rest of the time touring the state extensively. A CD containing 10 lectures by Dr Dabholkar on issues such as superstitions, god, religion, science and a scientific temper has become very popular in Maharashtra.

The second generation of leaders that Dr Dabholkar fostered has resolutely decided to continue the campaign for the enactment and implementation of the Bill, as well as the fight against superstition in general. However, we have lost one of the finest progressive leader-activists in Maharashtra—an irreparable loss.

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Trials and tribulations: an expose of the HPV vaccine trials by the 72nd Parliamentary Standing Committee Report

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Background

In mid-2009, the human papillomavirus (HPV) vaccine “demonstration projects” were conducted by the Program for Appropriate Technology in Health (PATH), a Seattle-based non-governmental organisation, in collaboration with the Indian Council of Medical Research (ICMR) and the state governments of Andhra Pradesh and Gujarat. The projects were funded by the Bill and Melinda Gates Foundation. The vaccines used, Gardasil and Cervarix, were donated to PATH by the manufacturing companies; in this case, GlaxoSmithKline and Merck Sharp and Dohme (MSD). These HPV vaccines were administered to approximately 23,000 young girls, of between 10 and 14 years of age, in the district of Khammam in Andhra Pradesh, and in the district of Vadodara in Gujarat.

These projects were suspended by the ministry of health and family welfare (MoHFW) in 2010, following the deaths of seven tribal girls and strong opposition from civil society groups to the unethical design and conduct of the projects. An inquiry committee was constituted to look into the “alleged irregularities” in the conduct of the projects. The committee’s report (1) agreed with the contention that there had been several violations of the rights of the participants and of regulatory procedures, but failed to apportion blame. It also remained silent on the recommendation that those involved in permitting and conducting such a trial should be punished. Despite evidence of clear violations, the inquiry absolved all involved in the project of any responsibility.

Taking a serious view of the procedural and ethical lapses in the projects, the 72nd Parliamentary Standing Committee on Health and Family Welfare recently carried out an enquiry into the studies and presented its report on “Alleged Irregularities in the Conduct of Studies using Human Papilloma Virus (HPV) Vaccine”(2), in the Rajya Sabha on August 30, 2013. This report (henceforth referred to as the 72nd Report) (2), is a clear and comprehensive vindication of the many voices and the campaign that have consistently drawn attention to violations in HPV vaccine trials in India. The 72nd Report acknowledges the unethical nature of the HPV vaccine “demonstration” project conducted in the country in 2009 by PATH (2).

Undoubtedly a clinical trial

The 72nd Report clearly states that the “demonstration project”, as it was repeatedly referred to by PATH, was a clinical trial, regardless of what PATH called it (2). The report takes note of the observations of the MoHFW’s enquiry committee that, “the demonstration project is a study of a pharmaceutical product carried out on humans and since the primary objectives include the study of serious adverse events, it is clear that clinical trial rules and guidelines should apply” (2:p14).

The 72nd Report further states that by carrying out the clinical trial in the guise of an “observation/demonstration project,” PATH has violated all the laws and regulations laid down for clinical trials by the Government of India (2).

Dereliction of duty and other serious concerns

Unlike the report of the MoHFW’s enquiry committee (1), however, the 72nd Report points to serious dereliction of duty on the part of many of the institutions and organisations that were involved (2:p 21), in particular the ICMR, the Drugs Controller General of India (DCGI), Ethics Committee (EC) members and PATH.

The 72nd Report questions the role of the ICMR, the apex body in the country for health research and the formulation of guidelines on clinical trial ethics, which was a complicit participant and collaborator in this project (2). The 72nd Report states that the ICMR Project Advisory Group (PAG) representative and some of the council’s officials acted as partisans of PATH and in the interest of the manufacturing companies, rather than as representatives of an institution mandated to maintain as well as ensure the implementation of the highest ethical standards in research (2:p21).

The 72nd Report also mentions that one of the roles assigned to the ICMR as per the memorandum of agreement (MOU) signed by the Director-General of the council is “advising on plans for results dissemination to support decision-making for use of the HPV vaccine.” (2). The Report expresses its inability to “understand as to how ICMR could commit itself to support the use of the HPV vaccines in an MOU signed in 2007, even before the vaccine was approved for use in the country.” It also wonders “how the ICMR could commit itself to promote the drug for inclusion in the Universal Immunisation Programme (UIP) even before any independent study about its utility and rationale for inclusion in the UIP was undertaken” (2:p19).