

Further, how can impracticability be decided upon? Is the difficulty in obtaining informed consent due to a large number of samples, the fact that they have come from different parts of the country, or the fact that they are taken anonymously? Are we going to permit telephonic or verbal consent if these participants are unable to come to the centre personally? Point 33 of the draft, which deals with placebo, permits their use “for compelling and scientifically sound methodological reasons...”. This needs to be deleted altogether. Again, it is difficult for an IEC to determine what “compelling and scientifically sound methodological reasons” are. The same may be true of point 37, which pertains to unproven interventions. The proposed provision opens a Pandora’s box in the area of stem cell studies and other studies on genetically engineered techniques. Though the draft is a reform measure aimed at promoting ethical research, it would be useful if an appendix were added to describe the practical aspects of its implementation.

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Disparities in pay of medical teachers all over India: need for a central governing body

While most professions have national level bodies governing the pay structure of their teachers, there is no functional body to govern the pay of medical teachers. The result is that the net pay of teachers in the central institutions (such as AIIMS, and the medical colleges of Chandigarh University etc) is higher than that of their counterparts in the medical colleges run by state governments. There is a central body, the Medical Council of India (MCI), which maintains standards of medical education all over the country. Recently, the MCI stated that medical teachers should be paid in accordance with the University Grants Commission (UGC) scales. However, no proper directions have been given. There have been agitations demanding UGC pay-scales for teachers in Rajasthan, Gujarat and other states (1–3). However, the irony is that though the state governments have agreed to these scales, apart from dearness allowance (DA) and non-practice allowance (NPA), they have left out many of the allowances paid in central medical institutes, the sum of which could well be above INR 40,000 per month.

There has been a hike in the allowances of medical teachers in central institutes (4). However, most of the states have not yet decided on a policy for the grant of these allowances. Medical teachers in some states are given a conveyance allowance of just INR 1600 per month, which is very low compared to that given at the central level, i.e. INR 5000 per month. Recently, the Kerala government has started paying a risk allowance and a patient care allowance, which is 15% of the basic pay of

doctors (5). Some states give a nominal amount of INR 1200 as book allowance.

The doctors in the central institutes are as dedicated to treating and serving patients as are medical teachers in the states. The number of outdoor and indoor patients per day in state-owned hospitals such as the BJ Medical College, which is attached to the Civil Hospital, Ahmedabad, is equal to, if not more than, that in central institutions. The number of hours of work put in by state medical teachers is also similar to that put in by their counterparts in central institutions. The Standard Treatment Guidelines (STGs) in all hospitals, whether run by the Central government or state governments, are the same, as is the teaching work. Then why is there a disparity in pay? Why should only state medical teachers be deprived? Why not the teachers in degree or engineering colleges? Why has an upper ceiling of pay been fixed only for doctors? Are there any concrete reasons or is it just because it does not suit the bureaucrats? In one of the states, the NPA for the Sixth Pay Commission arrears was treated as notional and deducted in three instalments from 2006 to 2009 (out of a total of five instalments). Why, all of a sudden, did the authorities feel that the NPA should not be paid in full for those particular working years (2006–2009) and should be deducted in arrears? Are there any rules to clarify this deduction? (6).

Are doctors working in the states not subject to risks such as HIV and hepatitis B? Is it only doctors in the central institutes who do night duty and care for patients? Do only central doctors need books to study, and not state doctors? Justice needs to be done and doctors in the state institutes, too, should be given all these allowances.

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