FROM THE PRESS

Disturbing rise in post-sterilisation maternal mortality

In the five months from April to August 2013, a total of 129 women died out of 1.39 lakh who underwent surgery for sterilisation in Tamil Nadu. This ratio of about one per 1000 is especially disturbing because Tamil Nadu has had a good record for maternal health. Official statistics show that 27 women died after sterilisation in 2011, and 34 in 2012. Experts cite several reasons for the sudden rise in fatalities:

- the pressure of fulfilling annual targets coupled with inadequate infrastructure;
- the carrying out of tubectomies immediately after caesarean surgeries;
- lack of infrastructure resulting in a preference for tubectomies rather than the safer laparoscopic procedures;
- not following the necessary steps for pre- and postoperative care;
- the lack of experienced surgeons at the district level;
- complications linked to anaesthesia.

Experts maintain that the reasons for "death due to complications" have not been specified or recorded, which points to negligence on the part of the authorities. Similar negligence is reflected in the large number of failed sterilisations, going up to 15,460 from 408 in 2012. They stress the urgent need for a proper and sustained investigation into contributory causes.

Ekatha Ann John, 1 woman dies for every 1000 sterilisation surgeries in Tamil Nadu, *The Times of India*, October 20, 2013, Available from: http://timesofindia.indiatimes.com/india/1-woman-dies-for-every-1000-sterilisation-surgeries-in-Tamil-Nadu/articleshow/24415809.cms?referral=PM

Public clamour for reforms in juvenile justice system

Following the death on December 29, 2012, of the young physiotherapy student, christened "Nirbhaya" by the media, after being raped and brutalised by six men in a Delhi bus, four of the accused were sentenced to death, and a fifth died in jail. But the sixth, declared a minor, and sentenced to three years in a juvenile home, has aroused the maximum public anger and protest. In November 2013, Nirbhaya's parents filed a petition demanding that the minor be tried as an adult criminal and given more stringent punishment, based on the grievous nature of the crime. A nationwide debate has started on the issue, spearheaded by child rights activists and legal experts. Many citizens and organisations such as the All India Mahila Sanskritik Sangathan (AIMSS) have demanded revision in the Juvenile Justice Act. While some reactions display a lynch-mob mentality, there is a genuine concern that more juveniles will commit crimes with impunity, confident of a mild sentence, and be released into society unsupervised, to commit perhaps worse crimes. Citizens living in slums are concerned that their children and women are the most vulnerable targets of such crimes. Legal experts and activists have expressed their views in the media, especially in *The Hindu*, some of which are summarised below:

- S Syed Ahmed, a former chairman of the Child Welfare Committee, said he sympathised with those who demanded justice against rapists, but hoped for understanding of the circumstances leading juveniles to commit heinous crimes. Mr Ahmed added: "There is nothing wrong with the Juvenile Justice Act. If at all something has to be changed, it is the functioning of the correctional homes run by the government. At present, these homes are places where even petty offenders are groomed to become hardcore criminals. The government must change this situation."
- R Alagumani, an advocate practising at the Madras High Court, expressed the view that "The JJ (Juvenile Justice) Act should not be understood as a piece of legislation that protects men alone. It applies equally to women also. Before the year 2000, boys aged below 16 years were provided protection under the Act. The age for boys was raised to 18 years after deep deliberation. Therefore, in my view, there is no need to tinker with the enactment."
- T Hilda Mary, State Committee member of AIMSS, commented: "Ordering a rape convict to spend just three years in a correctional home is not going to deter others from committing crimes against women." The organisation also demanded discontinuation of sex education in schools, censorship of obscenity in the media, and prohibition of the sale of alcohol as measures to curb crimes against women and children.
- BB Pande, a Member of the Juvenile Justice Drafting Committee and Chairman of the JJ Rules 2007 Drafting Committee, has in a signed lead article in *The Hindu* pointed out that reforms regarding minors charged with commission of crimes have been hard won and are based on brain science research in the West which found that "any deviant behaviour is a function of two distinct sets of brain systems, namely, the socio-emotional system and the cognitive control system that involve different regions of the brain which mature along different timetables. Thus competence-related abilities mature by 16, but the capacity relevant to decisions about criminal culpability continues to mature till young adulthood." He says the "re-

criminalisation" policy in the USA under which minors had been treated by the courts as adults when committing violent or serious crimes, was influenced by a spurt in the volume of violent crimes committed by juveniles, which were almost 50% of total crimes. With the new scientific findings, this policy is also undergoing a change. According to Professor Pande, in India the 2001–2011 figures for juvenile crime are not more than 1.6%–2.1% of total crimes, of which 5%–8% involve violence.

Professor Pande adds that while the scope of the law has been widened, it has failed to address the special needs of this segment and to create the necessary infrastructure and trained manpower. He stressed that the most problematic feature is "the limitation of a maximum period of three years for a custodial sentence. Such a short period is neither justifiable on grounds of deterrence nor adequate for any kind of reform programme. He suggested that "the most urgent reform in the juvenile justice law is to enhance the ranking of custodial sentence and increase its maximum limit, during which meaningful reform programme can be implemented to ensure that the juveniles in conflict with law are really redeemed and society feels it is adequately protected."

Mohamed Imranullah S, Should the Juvenile Justice Act be amended?, The Hindu.com, September 5, 2013. Available from: http://www.thehindu.com/news/cities/Madurai/should-the-juvenile-justice-act-be-amended/article5095898.ece
Editorial, Justice and the juvenile, The Hindu.com, September 6, 2013, Available from: http://www.thehindu.com/opinion/editorial/justice-and-the-juvenile/article5097614.ece?ref=relatedNews
BB Pande, Justice cannot follow a tough act, The Hindu.com, September 24, 2013, Available from: http://www.thehindu.com/opinion/lead/justice-cannot-follow-a-tough-act/article5161208.ece?ref=relatedNews

Japanese government withdraws HPV vaccine campaign, sets up probe

In 2010, the Japanese government and doctors enthusiastically implemented a countrywide campaign to immunise young girls aged 11–14 years against cervical cancer. Although the scheme was voluntary, around $187.5 million was allocated for the immunisation, which was to be administered free to girls over the two years of the campaign. A total of 3.28 million girls and adult women were administered the HPV vaccine till mid-2013.

However, after regular monitoring by the Vaccine Adverse Reactions Review Committee (JVARRC), 1968, many cases of adverse events were detected, of which 358 cases were categorised as serious. These adverse effects of the vaccine were revealed early in 2013. Agitated by disturbances such as seizures, tics, falls, and difficulty in walking, parents of the affected girls called on the health minister in April. The government stopped the immunisation drive and instituted two probes covering 17 hospitals; one of these will study effects of the vaccine on cerebral and neural areas, while the second will research the use of cognitive behavioural therapy to relieve pain reported in some cases, and study the causes.

The government also took note of a report by Dr Sotaro Sato, an internist and cardiologist, who wrote that the manufacturers of Gardasil and Cervarix, the two vaccines used, had in their own documents mentioned that the vaccines may cause seizures and brain damage.

Jiji, Cervical cancer vaccination probe kicks off, *The Japan Times*, October 16, 2013, Available from: http://www.japantimes.co.jp/news/2013/10/16/national/cervical-cancer-vaccination-probe-kicks-off/#.UqgEpq74QtJ
Sotaro Sato, Vaccine manufacturer's documents show HPV vaccines may induce seizures, *Sanevax news blog*, September 28, 2013, Available from: http://sanevax.org/vaccine-manufacturers-documents-show-hpv-vaccines-may-induce-seizures/

UK study supports minimum alcohol pricing policy

A Sheffield University study found that imposing a minimum price for alcohol would have a substantial deterrent effect on 5% of "harmful drinkers" consuming more than 50 units of alcohol per week among men, and more than 35 units per week among women. The model calculated that if such a policy were in place for 10 years, alcohol-related deaths would be reduced by 860 per year and hospital admissions by 29,900 per year in the UK. Director of the research group, Petra Meier, said the policy's focus is those "who consume large quantities of cheap liquor. By significantly lowering rates of ill health and premature deaths in this group, it is likely to contribute to the reduction of health inequalities."

The British government had, in March 2012, committed itself to a minimum alcohol pricing policy as a measure to reduce consumption. Unfortunately, it is reported to have changed this stance totally in July 2013, claiming that such a step would unfairly target "responsible drinkers with low incomes." The chairman of the Alcohol Health Alliance, Ian Gilmore, welcomed the findings of the Sheffield study and advised the government "to stop listening to the vested interests of the drinks industry and act."

Jacqui Wise. Minimum alcohol price would target harmful drinkers, study shows. *BMJ*. 2014 Feb 10;348:g1450. doi: http://dx.doi.org/10.1136/bmj.g1450

Move allowing homoeopaths to prescribe allopathic drugs evokes varied responses

The Maharashtra government, in a move to address the continuing shortage of medical services in rural areas, is to allow homoeopathic doctors in the state to undergo a bridge course in pharmacology after which they can prescribe allopathic medicines. Predictably, this has stirred up a hornet's nest. While the diehard view is that "the government is actually granting homoeopathic doctors backdoor entry into allopathy", there have also been some considered responses. Dr Ranjit Roy Chaudhury, National Professor of pharmacology, has said that he supports the idea of homoeopaths prescribing 20–30 allopathic drugs, after being given training.

But these drugs should not include those normally prescribed only by specialists.

Dr Rajendra Pratap Gupta, President of the Disease Management Association of India, opined that this step would create avoidable hostility between the two streams. He felt that "while allopathy only treats a patient, homoeopathy gives a more permanent cure to the problems," and that homoeopaths should practise their own therapies with confidence.

A third view voiced by Dr Ashish Babhulkar, of the Shoulder and Elbow Society of India, was that this was simply a short-term solution. The real need was for a substantial increase in government medical colleges and in the number of seats for rural healthcare to improve, as students who have paid heavy capitation fees in private colleges would hardly be interested in practice in rural conditions.

Vidhi Rathee, Govt's decision to allow homeopaths to prescribe allopathic medicines receives mixed response, Indiamedicaltimes.com, January 13, 2014, Available from: http://www.indiamedicaltimes.com/2014/01/13/govts-decision-to-allow-homeopaths-to-prescribe-allopathic-medicines-receives-mixed-response/

Casualty services need urgent first-aid

As many as 139,091 people lost their lives in 440,042 road accidents in India in 2013, states a study of emergency medical services by Dr Indrajit Khandekar of the Mahatma Gandhi Institute of Medical Sciences, Wardha. The study shows that emergency medical services are not taken seriously as a specialised field in India, resulting in unnecessary deaths.

The study found that there was lack of awareness among the public about how to summon help; ill-equipped ambulances with no trained personnel; a failure to render primary care at the point of entry followed by futile transfers to various wards; red tape regarding medico-legal procedures; failure to train medical staff in specialised emergency care, to have protocols for such treatment, and carry out periodic accreditation of casualty wards all contribute to the waste of precious lives. The study said that casualty wards are generally staffed by postgraduate students from non- or paraclinical departments on a temporary basis. The authors stressed the need for the Medical Council of India to recognise the emergency services as a distinct discipline with its own properly framed curriculum.

"Particularly tragic is the . . . injured, potentially salvageable patient who dies helplessly through delay in retrieval, inadequate assessment or ineffective treatment," says Dr Khandekar, who calls this criminal negligence on the part of the government. The National Human Rights Commission is said to have taken note of this report and asked the union ministry of health and family welfare to remedy the situation.

News. Emergency medical service in 'absolute tatters' claims doctor, *India Medical Times* [Internet], January 9, 2014, Available from: http://www.indiamedicaltimes.com/2014/01/09/emergency-medical-service-in-absolute-tatters-claims-doctor

New Turkish law bans "unlicensed" emergency medical aid

The United Nations Organisation has urged the Turkish government to reconsider a new Bill which it said would have a "chilling effect on the availability and accessibility of emergency medical care in a country prone to natural disasters and a democracy that is not immune from demonstrations." The Bill, passed in January 2014, seeks to prevent doctors from rendering emergency aid without government permission. It also prevents doctors from practising medicine outside state-run healthcare facilities. Administering first-aid in breach of the Bill can attract prison terms of up to three years and fines of around $1 million.

Earlier, during a wave of anti-government protests beginning in June 2013, the government of Prime Minister Erdogan had ordered the Turkish Medical Association to disclose the names of doctors who had treated protesters and those of their patients. The protests saw around 8000 people being injured with at least 6 deaths. Not surprisingly, the Bill has been widely opposed.

Turkey signs law 'criminalizing' medical first aid without govt permit, RT.com [Internet], January 19, 2014, Available from; http://rt.com/news/turkey-health-ban-aid-850/

Massive campaign to monitor ADRs

Only 90 medical colleges, laboratories and hospitals registered under the Pharmacovigilance Programme of India have been found to be monitoring adverse drug reactions (ADRs) of drugs available in India, according to an editorial in *Pharmabiz.com*. Of these, the maximum centres are in Karnataka, followed by Tamil Nadu. Under an initiative of the Indian Pharmacopoeia Commission (IPC), a database of 54,000 ADR reports has been collected from all over India. Beginning in 2010, this IPC initiative is intended to cover all medical colleges in the country under the pharmacovigilance programme. The target is to cover 350 institutions by 2015. Though progress has been slow, this exercise is said to be the largest of its kind in the world.

Although it is mandatory for drug manufacturers to submit periodic safety updates containing data about side-effects, deaths and injuries related to all approved drugs to the Drugs Controller General's department every six months for the first two years, and every year for the next two, this is rarely done. ADRs of some drugs may become known only after they have been in use for some time; therefore, post-marketing monitoring is essential, especially in view of the fact that, sometimes, patients have shown adverse reactions long after they have been under treatment.

PA Francis, Public & ADR reporting, Editorial, *Pharmabiz.com* [Internet], September 11, 2013, Available from: http://www.pharmabiz.com/ArticleDetails.aspx?aid=77581&sid=3

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