ICMR guidelines finalised

The Indian Council of Medical Research has finalised its ethical guidelines for biomedical research in humans. Institutions doing biomedical research must set up ethics committees to approve research projects involving humans. Foetal research, gene therapy and international research collaborations will require approval from national level ethics committees. Somatic gene therapy may be used only to tackle life-threatening or seriously disabling illnesses. There is an indefinite ban on human cloning, germline therapy, and on "gene therapy to enhance or change normal human traits." Dead embryos or foetuses may be used for research and as a source of tissues with the mother's voluntary and informed written consent. Research on embryos older than 14 days is prohibited. Only researchers who follow the guidelines will be eligible for government grants.

The national panel which drafted the guidelines has recommended that the government draws up legislation, listing penalties for violation of the guidelines.

Ganapati Mudur: India draws up new guidelines for medical research. *BMJ*, October 28, 2000.

Private medical colleges, public beds-1

The Maharashtra state exchequer lost at least Rs 80 crore over the last decade for being charitable to private medical colleges, which started without the requisite attached hospital, and persuaded the government to permit them to use government hospital beds, paying Rs 12 per bed per day (government order August 3, 1990). The permission was granted for five years, but extended by various governments.

This year, the government found that each bed costs it some Rs 300 per day, including medicines, food, linen, equipment, and other expenses, and decided to revise the charges to Rs 75 per bed per day. The decision came into effect on April 1, but was stayed by the chief minister on November 9.

If the government had charged the amount it actually spends on the maintenance of the beds, an average of Rs 180, over the decade, it would have collected over Rs 80 crore.

Abhay Mokashi: State loses Rs 80 crore on private medical colleges. *Mid-day*, November 14, 2000.

Private medical colleges, public beds-2

When the D Y Patil Medical College was started in 1993, the trust signed an agreement with the state government to use the Kolhapur civil hospital's beds to teach medical students (to fulfil MCI requirements) until it constructed its own 700-bed hospital. Seven years passed, construction did not even begin. The trust even applied for alternate use of the land sanctioned for the hospital, and went to court against the Maharashtra government claiming that its agreement with the civil hospital runs till April 2003, and that if the state government did not abide by the agreement, the careers of hundreds of medical students would be in jeopardy.

Meanwhile, the government has sanctioned another medical college in the region (the backyard of the current health minister) for which it proposes to use the Kolhapur Civil Hospital.

Sumit Ghosal: D Y Patil Medical College in trouble with civic body www.health-india.com, September 20, 2000.

'Charitable' hospitals

Three years after it decided to supply subsidised power to 14 high-profile hospitals run by charitable trusts in Mumbai, the Brihanmumbai Electric Supply and Transport (BEST) realised these facilities did no charitable work, and withdrew the subsidy by which they paid just Rs 2 per unit of power against the Rs 5.50 shelled out by other hospitals.

The subsidy, introduced in July 15, 1997, covered hospitals controlled by public trusts, religious or charitable institutions registered with the Charity Commissioner under the Public Trust Act, who exempted them from the Brihanmumbai Municipal Corporation's (BMC's) General Tax.

"The BEST administration reasoned that since the BMC had exempted these hospitals from paying tax in 1997, the BEST too should grant the power subsidy," explains a source in the undertaking. The decision to withdraw the subsidy follows the BMC's recent decision to impose the General Tax on these medical facilities.

BEST's general manager did not want to comment on why the power subsidy had been granted as the decision had been taken by his predecessor. However, hospitals exempt from General Tax will continue to receive the subsidy. The BEST committee chairperson says that the 14 hospitals will be charge regular rates with retrospective effect from April 1, 1999, earning the BEST Rs 8 crore.

Manju Mehta: BEST pulls the plug on power subsidy to 'charitable' hospitals. *Indian Express*, November 20, 2000.

Treatment with pleasure -1

Medical tourism is the latest Health Ministry chant to rake in foreign exchange, boost the health sector's morale, and prop up the ailing tourist industry.

"We will link allopathic and ayurvedic treatment with tourism so that people who come for treatment can see the Taj Mahal before going home," says Health Minister C. P. Thakur.

The health ministry and the department of Indian systems of medicine and homeopathy are identifying centres for accreditation, at convenient distances from tourist destinations. An official says some international tour operators have shown interest; one has already sent in his itinerary.

Sanchita Sharma: Health ministry's tourism packages to mix treatment with pleasure. *Indian Express*, November 11, 2000.

Treatment with pleasure -2

International patients come to India for laser eye surgery, infertility treatments and other branches often denied insurance in some countries, or considered extremely low priority by national healthcare systems in others.

"Our services are competitively priced, and the clinical talent is as good, if not superior. With the advent of foreign insurance companies, our hospitals will soon reach international standards," says Vishal Bali, general manager of the Wockhardt Hospital in Bangalore.

"India can certainly become the healthcare destination of the world," says George Eapen, CEO, Apollo Hospitals, adding that his group is actively targeting the Africa, SAARC and West Asia market. "We have two great advantages-highly skilled manpower and substantially lower costs of treatment."

A year ago, a UK MP calculated that sending British patients to India for treatment could save the NHS billions of pounds.

Some Indian doctors argue that with regulation against exploitation of foreign patients, we "can offer the British government a workable solution.'' Foreign insurance companies might soon start diverting patients to India for routine surgeries.

Shabnam Minwalla: Skilled manpower, low cost of treatment attract foreigners; Foreign insurance firms may shift patients to India if facilities are up to the mark. *The Times of India*, November 5 and 6, 2000.