

The disposal of medical wastes has assumed critical proportions especially in cities. The system in India whereby there are numerous private nursing homes located all over the city, in both residential and commercial areas, has meant that the wastes are widespread. The current practice is to dump the wastes in the public bins or to bribe the municipal sanitary staff to clear it along with other wastes. One can therefore see blood-soaked bandages, sharps and sometimes even human parts in public dumping grounds.

The government of India had notified norms for the disposal of medical wastes, but up till now, at least in Chennai, they have not been effectively implemented. Recently, a new secretary, Ms. Sheela Rani Chunkath, was appointed to the Tamil Nadu Pollution Control Board. It looks as if she is determined to change the situation. All hospitals, both public and private have been told to establish medical waste disposal systems in accordance with the law or face penal action. An association of private hospitals pleaded for some time, and they have been given till the beginning of 2001.

Simultaneously, steps have also been taken to improve the air quality in Chennai. The TNPCB has said that it will be making random emission checks on vehicles from January 2001. Quarterly emission checks had been made mandatory two years ago, but after the initial fanfare, had not been implemented. Many checking centres closed down for want of patronage. The two major vehicular pollutants had been identified as the buses of the Metropolitan Transport Corporation, and lorries. An attempt by the TNPCB to bring to book the errant lorries, led to an assault on the staff of the TNPCB. But 2001 may see them falling in line if the government backs its secretary.

The TNPCB has begun to publish weekly data on air quality in Chennai. This is extremely useful because informal data have suggested that respiratory diseases are on the increase in Chennai. The data may force the government and citizens to improve the situation before conditions deteriorate to what is currently prevalent in Delhi.

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Amidst all these attempts to check pollution in Chennai, it was strange to see the government's move to locate a bus stand in the Hospital for Thoracic Medicine in Tambaram. This hospital was set up by the British and is popularly known as the TB Sanatorium. In fact, the suburban railway station is called TB Sanatorium. In the last few years it has become a haven for patients with Acquired Immuno-Deficiency Syndrome. The director, Dr. CN Devainayagam, who retired at the end of November 2000, made it a policy to admit all patients with AIDS. This is in marked contrast to the situation in most other hospitals where every attempt is made to get rid of these patients. Since anti-retroviral therapy is not available, a trial of Siddha preparations is underway. Importantly, these people, most of whom have been

abandoned by their families, are given shelter and food. It is tragic, therefore, that an attempt is being made to reduce the size of this hospital's sylvan surroundings by putting a bus-stand in it. There is a hope that the government may review its decision in light of the protests that have been made. Meanwhile, one must wait and see if the new director will be as aggressive as Dr. Deivanayagam in protecting the interests of the patients.

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For the last three years the Royal College of Surgeons of Edinburgh has been conducting examinations in Chennai. The situation is rather strange because the government of India does not recognise the qualification. There is no doubt, however, that the medical community — and perhaps the general public — feels that the qualification is prestigious. This is why, although the examination fees are high, there are enough candidates to make it worthwhile for the Royal College to fly in examiners. It is worth analysing why a full half century after independence, many Indians feel that a foreign qualification is better than an Indian one. The derecognition of the Fellowship of the Royal College came about, if I remember correctly, as a knee-jerk reaction to the General Medical Council of the UK having withdrawn the recognition of Indian medical degrees. Of course the reaction of the Indian government had purely symbolic value, because many Indian doctors still yearn to possess this qualification, not least because it ensures better money in the Gulf countries, and is also helpful in private practice in this country. The policy-makers in the Medical Council of India should explain why Indian qualifications have not been able to inspire the same confidence as a foreign one.

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