

practitioners to rapidly (albeit cautiously) apply the new technologies to problems of immediate national concern. This has to be correlated by an appropriate increase in funds available for projects which focus on the use of these methodologies for problems relevant in the Indian context. The decision of the department of biotechnology, to fund areas in stem-cell research on cataract and the brain is a step in the right direction. The impressive strides made by indigenous academic research centres and commercial laboratories in stem cell research are indeed commendable.

Regulatory bodies which monitor the ethical practices of medical personnel, and those monitoring the preservation of indigenous genetic material, will have additional responsibilities. They must set up ethical and regulatory standards on experimental protocols so that the interests of subjects are safeguarded. Ethical and responsible conduct is going to be increasingly necessary in light of the power of the emerging technologies (8).

This will go a long way in restricting the 'drain' of the nation's valuable genetic resources while exploiting the full potential of local resources, with which India is richly endowed.

References:

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"Doctors, who for the sake of monetary gain do tests for sex determination and pre-conception sex separation and resort to selective female foeticide, are a terrible blot on the medical profession and the government should take the strongest possible action to penalise such people. They might have acquired degrees and become literate but unfortunately cannot be called educated, for literacy without education is like a body without a soul."

Dr Neerajana Sosi, Mumbai, in a letter to *The Times of India*, December 8, 2001.

FMES activities: some highlights

The General Body Meeting of the Forum for Medical Ethics Society was held on September 2, 2001.

Some of the subjects discussed were: our subscription base, themes for future issues, and other projects for the organisation. We need to do a systematic analysis of who subscribes to IME, who renews and who doesn't. Our current strategy for increasing subscription includes a small number of complimentary subscriptions in the hope that they will eventually subscribe. We also depend on the enthusiasm of our members. Some themes for future issues: medical ethics in general practice; violence by, and against, doctors; the cut practice: a debate; medical records; the influence of managed care, and guidelines for interaction between the pharmaceutical and medical supplies industries and the medical profession. Among future projects are: organising meetings with our contacts, and an anthology of the last nine years of the journal. We also hope to have regular quarterly meetings for discussions on current issues relating to medical ethics.

Discussion on the proposed Maharashtra Clinical Establishments Act was held on October 28, 2001.

The discussion included both members of the FMES and others concerned with the subject. The MCEA is a proposed revision to the Bombay Nursing Homes Registration Act. Current revisions are the consequence of an earlier campaign in relation to a case of medical negligence in a private hospital. FMES was one of the organisations represented at a workshop on the MCEA, organised on behalf of the Maharashtra Health Systems Project. The MCEA is considered important because it will affect all aspects of medical practice. One question is: will it be an effective tool to make the private sector more accountable?

Future plans: *In September, we also held two workshops, which were mentioned in the last activities report. The April 2002 issue should carry these workshop reports in more detail. FMES is regularly being approached to organise such workshops, on various aspects of medical ethics. The next one, in collaboration with the Kerala Health Studies and Research Centre in Trivandrum, will be on research ethics, to be held in late January 2002.*

The last few months have also been a time for laying down the foundation for future work. It is becoming clear that the organisation will need funds in order to grow further, whether in terms of IME's subscription base, or the quality of the journal, or other activities such as bringing out other publications, reaching out to a larger readership, developing our site and interacting with the medical/health community within India, as well as in elsewhere in the world. In the last two months, we have made tentative steps for such fund-raising, and will report in more detail as these progress. We also hope to carry a discussion on plans for the organisation, and funding these plan, in a future issue of the journal.