

An industrial disaster becomes a medical nightmare

Bhopal is well known as the site of the world's worst industrial disaster in 1984. It is also the location of a medical disaster which continues to exploit the original gas victims today. Not surprisingly, the principal authors of both are the same.

Union Carbide (now Dow Chemical, following its February, 2001 merger) continues to claim as 'trade secrets' over 60 years of research (including research on human 'volunteers') on methyl isocyanate, the gas that leaked from the pesticide plant. It started with Plant Medical Officer Dr Loya who immediately after the disaster compared the poison cloud to tear gas (this in the critical hours when the right information would have made the difference between life and death). And it continued with people like Dr Bipin Avashia, Medical Director at Union Carbide's US plant, who lied about the efficacy of sodium thiosulphate as a potential detoxificant. Doctors working for Union Carbide have consistently toed the corporate line on medical issues by focusing on their legal implications rather than patients' interests. So you have Drs Hans Weil, Peter Halberg and Thomas Petty — all highly qualified (and well-paid) medical consultants from the US — visiting Bhopal as Carbide's specialists and announcing that the victims were recovering fast without the likelihood of any long-term complications. This within two weeks of the disaster!

Loya, Avashia, Weil and others of their ilk demonstrated that their allegiance to Mammon was stronger than to the Hippocratic oath. Can corporate doctors ever function ethically in their profession?

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Then there is the Indian government in cahoots with the Corporation. Government agencies have actively colluded to underplay the number of the dead, grossly under-assess the extent of injuries, suppress medical information, and so on. For years after the disaster, the department of chemicals and petrochemicals banned the publication of medical research on Bhopal. The ban was lifted in 1996 but the Indian Council of Medical Research is yet to publish its decade-long research on Bhopal victims. Over 80,000 people exposed to the toxic gases (and over 20,000 who were not exposed) were involved in 24 ICMR projects. Many gave samples of their blood, sputum, urine, semen and so on. The ICMR has not even bothered to inform them about the findings. All research on the gases' long-term health effects on Bhopal victims has been abandoned.

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The story gets murkier on the matter of treatment. Symptom complexes related to the toxic exposure appear to have been identified by the ICMR but no treatment protocols specific to these multi-systemic problems exist. Of the two official publications resembling treatment protocols, the most recent by the ICMR is 11 years old and

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covers little except the management of respiratory problems. In any case, the medical community in Bhopal is not even aware of this document's existence. So drugs for temporary symptomatic relief have been the mainstay of medical care ever since the morning of the disaster. The indiscriminate prescription of steroids, antibiotics and psychotropic drugs is compounding the damage caused by the gas exposure.

So many government hospitals have been built in Bhopal since the 1984 disaster, that, as the International Medical Commission on Bhopal observed, there are more hospital beds per 1,000 population here than in the USA or Europe. The Comptroller and Accounts General's annual reports suggest that the fat commission, and not concern for the victims' welfare, is the real motive for building these gigantic hospitals whose expensive equipment is seldom used.

The failure of state government agencies (despite spending over Rs 200 crore from the public exchequer) to offer sustained relief has led to a proliferating business for private doctors and nursing homes. In the severely affected areas, most of the meagre compensation has gone to private doctors, nearly 70 per cent of whom are not even professionally qualified, but who remain the mainstay of medical care in Bhopal.

As for the Bhopal Memorial Hospital Trust, originally set up by Union Carbide, Rajiv Bhatia, Director of Public Health, San Francisco, audited prescriptions given to over 400 patients. He found that many of the drugs being used by the Trust's community clinics are doing more harm than good to chronically ill patients.

Other forces come in to play. A study by the Sambhavna Trust, a non-government organisation, shows that 40 per cent of the drug market in the city's gas-affected areas is cornered by a dozen multinational pharmaceutical companies — including Rhone Poulenc which purchased Union Carbide's Agricultural Products Division after the Bhopal disaster.

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The work done by the Sambhavna Trust in the last five years shows that this medical disaster can be stopped. It is possible to evolve simple, safe, effective and ethical ways of carrying out research, monitoring and treatment within the realities of Bhopal. However, Sambhavna is small compared to the magnitude and complexity of the disaster. The clinic run by this trust has provided direct treatment to about 10,000 people and about the same number through its community health initiatives. Meanwhile, there is concern that corporate accounts and government files will soon be closed even as some 120,000-150,000 chronically-ill survivors struggle on.

This, then, is the medical disaster in Bhopal. The ethical question today is: what is the medical profession doing to bring Bhopal's victims out of their 17-year-long nightmare?

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