CORRESPONDENCE

Testing patients for HIV

Regarding Dr V Raman Kutty's article on ethics in public health practice (1), I beg to differ with the author with respect to the following statement:

"Perhaps they forget that the patient has an equal right to know the HIV status of their health practitioner, since it is a well known route of spread."

May I ask the author where he got this reference from? I believe that such reciprocal transmission is yet to be reported in case of HIV.

I have a few other points to raise. Why is there such secrecy about AIDS? Would you not like to know overall incidence and prevalence of HIV-infected patients in the region? If you don't have the statistics, how do you understand the extent of the epidemic? How are you going to fight it on a war footing if you don't even know (or want to know) statistics of infected individuals? If acute polio can be a notifiable disease, why not HIV? How ethical is it for an individual who has acquired HIV from other sources to knowingly infect his wife who is ignorant of his status? Is there any insurance policy or a job security for an individual who acquired the infection accidentally while serving humanity? There are no easy answers to these questions.

I feel there are many misperceptions and much hypocrisy when we talk about treating the HIV patient ethically. We need to change the overall attitude of society towards HIV patients. I fully agree with the concept that under no circumstance should there be discrimination against AIDS patients. However, I do not agree that HIV testing should not be made routine before any intervention. I can defend my statement for the reason that even the largest public hospitals in India will not be able to afford the expenses of medical and paramedical staff taking universal precautions for all patients routinely.

Let me quote the British Orthopaedic Association's recommendations on what should be worn by the surgical team for the prevention of HIV and Hepatitis infection in operation theatres (these are only excerpts):

Protection of face and head: 1. Full eye protection goggles or visor, not spectacles; 2. Closely fitting hood of finely woven material, or disposable paper, covering the neck; 3. Ventilated hood or gown in high risk cases.(*comment: these are currently not available in India*).

Gowns: cotton gowns are not acceptable. Wrapover type of adequate length gown made up of high quality disposable paper, preferably laminated at the front and sleeves. They should be of a fabric with proven resistance to strike through.

Gloves: Double gloving with cotton outer gloves. Frequent changes of the outer gloves are recommended.

Foot protection: Wellington boots impervious to penetration, knee high, well overlapped by the gown.

In every case these precautions are obviously not practical. The question here is, are we well equipped and ready to treat HIV cases in epidemic proportions?

Doctors are like soldiers on the battlefield. Their dedication, commitment and sincerity should not be questioned. Are we going to ask our soldiers to lay their lives without arming them adequately for the fight against the very strong enemy? Denying the obvious fact that most public hospitals do not have these amenities is like pulling a hood over one's eyes. Also, there is no quality control over the 'HIV kit' they provide the staff.

Ethical issues need to be re-examined in this perspective.

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Reference:

1. Raman Kutty V. Ethics in public health practice. *Issues in Medical Ethics* 2000: 111-112.

Risk of HIV from surgeons

It is now an established routine that all patients undergoing surgery have to be screened for Hepatitis B and sometimes Hepatitis C, in addition to HIV. Although it entails an additional financial burden on the patient and has its lacunae, it is tacitly accepted by the patient. It is ostensibly meant to prevent the surgical team from being exposed to the virus.

Has not the patient got an equal right to protect himself by asking the surgeon to have his blood test done? I know of three surgeons who test positive for the above infections. One is an old case of Hepatitis B and another is strongly positive. A third is positive for Hepatitis C and suffers from pancytopenia but continues to operate on patients with what can be called cursory precautions. In my opinion it should be mandatory for hospitals to screen surgical staff periodically. I invite the opinions of your readers on this issue.

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Education without sponsorship

Excerpts from a letter to the president of the Poladpur Medical Association, Poladpur, Raigad, Maharashtra:

I was impressed by the 80 per cent attendance for my talk on how to start and continue CPR or initial management of cardiac arrest in a rural area. Until now, I have attended more than 50 CMEs, but not a single one was arranged without sponsorship… It was really creditable on the part of doctors practising in remote rural areas, where they are the backbone of rural health care, because in today's era, everything from tea to the toilet is sponsored. I noticed that everybody was taking a keen interest in the lecture...because their minds were not at all diverted as routinely happens in a sponsored conference due to stalls and other things.

Sir, I admire you and your members for the way they have adapted for learning and avoiding becoming slaves of sponsorship. I hope this message is conveyed to all presidents and officials who are putting their major energy into searching for sponsors for medical CMEs.

Yours sincerely,

***HS Bawaskar**, Mahad, Raigad, Maharashtra*

Dr Bawaskar's comment is welcome. Please read the Letter from Sewagram on page 130 for another example of an unsponsored meeting. -- Editor.

Stop press: a landmark judgment

On September 4, 2001, the Bombay High Court held that accredited members of the press shall be permitted to attend inquiry proceedings conducted by the Maharashtra Medical Council to probe misconduct of medical practitioners. " ... MMC cannot hold the view that inquiry proceedings held under Section 22 of the MMC Act of 1965 are confidential in nature and have to be held in camera." (1)

The judgement was in response to a case filed in the early 1990s, by Ms. Saroj Iyer, journalist; the Medico Friend Circle Bombay Group; The Forum for Medical Ethics Society and Lok Hith. The case was filed in relation to a complaint by Mr. PC Singhi to the MMC, against Dr. Prafull Desai, surgeon at the Bombay Hospital. The MMC judged Dr. Prafull Desai guilty of two misconducts, but was punished only with a warning. Ms Saroj Iyer, who was also active in the MFC, was not allowed to witness the proceedings. This judgement will be an important precedent for the presence of witnesses in Medical Council Inquiries. If a journalist is allowed, it should not be difficult for doctors and laypersons to claim the right to witness an inquiry. Are there any takers for such legal action?

Three precendent-setting high court judgments have emerged from MFC's (Bombay Group) campaign on medical malpractice: on registration and standards in private nursing homes (following from the case involving Ms. Yasmin Tawaria), the patient's right to a copy of medical records (Mr. Raghunath Raheja), and, now, allowing journalists to witness an MMC inquiry against doctors (Mr. PC Singhi).

Mr. Singhi's long fight in the civil and criminal courts is still on, and he has won several battles here. Some of these rulings are also precedent setting, and can be used by others. Some have been described in the book documenting MFC's work in Mumbai: *Market, medicine, malpractice*.

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Reference:

1. *Indian Express*, October 22, 2001.

Consumer rights as applied to vaccine usage in India

The eight consumers' rights as defined by the **International Organization of Consumers' Union** are as follows :

The right to safety

This means the right to be protected against products, production processes and services which are hazardous to health or life. The right to safety has been broadened to include the concern for consumers' long-term interests, not only their immediate desires. Vaccines introduced in this country are cleared on the basis of foreign trials and data. Safety and efficacy trials on Indian subjects are done in a hurry just before licensing. These trials merely test antibody responses and very few trials monitor adverse reactions over a prolonged period of time