

## Gujarat's inhumanity

Lack of medication is believed to have led to the deaths of at least four people at the Shah Alam Dargah, one of the four safe houses in Ahmedabad. The victims could not be shifted to a hospital because there was no government official to give them cover from the mobs. Nor could government doctors be brought to the safe house.

There are very few doctors with very little equipment and drugs in the safe houses. Most people here have burns, fractures and abrasions while serious cases are clandestinely sent to hospital in private ambulances.

432 additional OPDs have been created at state hospitals after the riots broke out, but fear of the mobs has forced most Muslims to rush back to the safe houses after getting preliminary treatment. But the safe houses have not been able to provide follow-up treatment, leading to deaths.

Vinay Menon. How safe are the safe houses? *Hindustan Times*, Ahmedabad, March 4, 2002

## Social responsibilities forgotten

In stark contrast to the response to the earthquake in 2001, not one of hundreds of NGOs and corporates helped the thousands rendered destitute and homeless by the communal riots in Gujarat. Individuals went to hospitals and relief camps providing food, clothes and medicines. Fifteen relief camps, in Ahmedabad alone, provided shelter to over 50,000 displaced persons but hardly any NGO [of over 300 NGOs] came forward during the first four to five days when help was most urgently required.

However, the smaller NGOs like the St Xaviers Social Service Society, the Citizen's Initiative, the Kamdaar Swasthya Suraksha Mandal and the Shah Alam Islamic Trust, first ventured into the burning city to provide assistance to the victims.

Even pharmas, including Torrent, Cadila, Zydus Cadila, Core and Intas made no attempts to reach out to the victims even with free medicines.

Jyotsna Bhatnagar. Communal violence claims social conscience. *Financial Express*, March 9 2002.

## Exceptions to the rule...

When most of Gujarat was afflicted by the madness, staff at the state-owned Civil Hospital in Meghaninagar did yeoman service, rescuing the injured, irrespective of their religious affiliations.

"Those who killed innocents, either in Godhra or in Ahmedabad, did what they thought their religion was. I went by my religion and saved them," says Dr Prashant Baranwal.

"We were coming to do our job, but there was something definitely wrong in the air. In these circumstances, anyone could be carried away," says nurse Anushka.

However, ultimately, good sense prevailed in "all of us", says Sister R D Patel and adds, "this is the sanctity of our profession".

PTI. Guj doctors: breaking communal barriers. March 9, 2002. <http://news.indiainfo.com/spotlight/ayodhya/09doctors.html>

## Communalism and doctors

Following an attack on a doctor in a minority-dominated area, the Ahmedabad Doctors Forum has appealed to doctors practising in the areas and hospitals run by minority trusts to stop their practice

if they are not provided security.

The forum founder, Dr Bharat Amin, said that doctors practising in such areas were not provided any protection and their life was not safe. Therefore, they should stop their practice. Meanwhile, the BJP doctors cell President Dr Anil Patel has demanded action against those involved in assaults on doctors. "A noble profession should not be discriminated on the basis of religion," he added. Doctors asked not to practise in minority-dominated areas *PTI* Ahmedabad, April 11, 2001. [www.hindustantimes.com/nonfram/120402/dlnat02.asp](http://www.hindustantimes.com/nonfram/120402/dlnat02.asp) (Note: Please read the MFC report for comments on attacks on doctors in Gujarat.)

## A challenge to doctors

A doctor in rural Vadodara said that the wounded who started pouring in from 28th February had injuries of a kind he had never witnessed before, even in earlier situations of communal violence. In a grave challenge to the Hippocratic oath, doctors have been threatened for treating Muslim patients, and pressurised to use the blood donated by RSS volunteers only to treat Hindu patients. Sword injuries, mutilated breasts and burns of varying intensity characterised the early days of the massacre. Doctors conducted post-mortems on a number of women who had been gang-raped, many of whom had been burnt subsequently.

Laxmi Murthy. In the Name of honour *Corp Watch India*, April 23, 2002. [www.corpwatchindia.org](http://www.corpwatchindia.org)

## Effects of war in Sri Lanka on health

Staff members of the international relief organisation Doctors Without Borders describe the physical and mental health consequences of conflict in Sri Lanka where more than 64,000 people have died, and hundreds of thousands displaced, in a 19-year-old civil war. The displaced are settled in government-run camps. "The desperate living conditions, and the general level of trauma within the population, is reflected by the alarming rate of suicide in the camps, which is almost three times higher than in the community. There are few doctors, and low access, availability, and quality of health care. The living conditions in the welfare centres must be improved and the acute psychosocial and practical needs of the population must be addressed by the authorities.

Kaz de Jong, et al. Psychological trauma of the civil war in Sri Lanka. *The Lancet* April 27, 2002 <http://www.thelancet.com/journal/journal.isa>

## Palestinian health workers harassed

The World Medical Association condemned the targeting and harassment of health workers in the West Bank and Gaza Strip. Since April, 28 Palestinian Red Crescent Society workers have been detained by Israeli forces. Three ambulance crews were arrested shortly after leaving their station on an emergency call. The society's president, Younis Al-Khatif, was arrested with them. The ambulance crews and Al-Khatif were released the next day after protests from other national Red Cross and Red Crescent organisations.

Six more of the Red Crescent Society's paramedics were arrested while tending sick and injured people in the West Bank city of Jenin, which was closed off by order of the Israeli defence forces. Israel claims that the society's ambulances have been used to smuggle weapons, although no charges have been brought in any of the arrests.

Three workers with the Palestinian Red Crescent Society have been killed since the Intifada began, and 140 have been injured. On March 4, the head of emergency medical services in Jenin was killed when

two of the society's ambulances were allegedly fired on by Israeli soldiers in a nearby building. Five other health workers were wounded in that attack. Witnesses claimed that the soldiers fired on paramedics trying to reach their colleagues trapped in the burning ambulances. One UN ambulance man has also been killed.

The Israeli humanitarian ambulance service, Magen David Adom, and the Palestinian Red Crescent Society have issued joint statements declaring their condemnation of all attacks on ambulances and their determination to keep treating the sick and injured irrespective of their nationality.

Avi Zohar, director general of Magen David Adom, said that four workers with his organisation have been killed and 11 wounded while performing humanitarian work. On March 31, a Palestinian suicide bomber detonated a bomb inside a Magen David Adom ambulance station in Israel, wounding four staff.

Owen Dyer. World Medical Association condemns harassment of health workers in West Bank and Gaza. *BMJ*, April 27, 2002.

### Doctors against war

Doctors in India and Pakistan are campaigning against the threat of nuclear war between the two countries. The campaigns have been spearheaded by the International Physicians for the Prevention of Nuclear War (IPPNW) and its affiliates. The IPPNW wrote, in a letter to the Indian prime minister, AB Vajpayee, and the Pakistani president, Pervez Musharraf, that the countries' nuclear arsenals are "capable of destroying both countries as functional societies." The letter cautions that there can be no effective medical response to the catastrophe that would follow a nuclear attack on cities such as Mumbai or Karachi.

Shamim-ur-Rahman, Ganapati Mudur. Doctors in India and Pakistan campaign against nuclear war. *BMJ*, June 15, 2002.

### Punjab's sex determination problem

Fatehgarh district (Punjab) has the dubious distinction of having the lowest child sex ratio in the country. The Akal Takht - the highest seat of spiritual and temporal authority amongst Sikhs - issued a diktat on April 6 2001 prohibiting pre-natal sex determination and threatening violators with social boycott and excommunication. Since the Supreme Court directed all states to implement the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) (PNDT) Act, 1994, the Punjab government registered 14 cases over the next few months.

In Haryana, the focus has been on unscrupulous doctors and not on the women who are themselves victims of family pressures whereas in Punjab, it is the women themselves who are being targeted.

Laxmi Murthy. India: Where Have all the Young Girls Gone? Women's Feature Service, June 5, 2002.

### New ethics body for developing world

Strategic Initiative for Developing Capacity in Ethical Review (SIDCER) will be a new central fund-raising and communications body for regional fora seeking to implement new ethical standards in clinical trials in the developing world. SIDCER began as part of the WHO's Tropical Disease Research department, and led to the development of several regional ethical and educational for a in Africa, Asia Pacific and Latin America.

It is hoped that the network will help avoid repeats of past claims of unethical practices in third world countries, particularly with respect to AIDS drug trials in Africa. This has PR relevance as well as

commercial ramifications

Reuters. New body to oversee clinical trial ethics in developing world. Reuters Health, May 30, 2002.

### Ethical issues in ECT

A voluntary organisation, Sarthak, has urged the Indian Supreme Court to ban the use of ECT (Electroconvulsive therapy) without anaesthesia in mentally ill patients. It also seeks to make informed consent mandatory in all ECT procedures. Patients received minor and occasionally severe injuries while receiving ECT without anaesthesia.

Advocates of ECT argue that its practice in India is defensible because many organizations lack anaesthesia facilities, are not attached to hospitals and have no anaesthetists on call. Doctors campaigning against ECT without anaesthesia say the lack of infrastructure is an unacceptable excuse.

Ganapati Mudur. Indian group seeks ban on use of ECT without anaesthesia. *BMJ* April 6, 2002

### Lokayukta active in tackling corruption

The Karnataka State Junior Doctors' Association has welcomed the action of Karnataka Lok Ayukta Justice N. Venkatachala in removing Balakrishna, a corrupt examiner of Vijayanagar Institute of Medical Sciences, Bellary, from exam duty. Association president Vijaya Kumar HG has urged medical students to bring to his attention any such corrupt practices for appropriate action to be taken.

Times News Network. Doctors laud corrupt examiner's removal. *The Times of India*, April 24, 2002.

### Virginity not a medical issue

The Spanish conservative party Partido Popular has urged the Andalusian government to make it illegal for doctors in the Andalusian health service to issue virginity certificates. The prohibition should be observed "even when the patient is under age and accompanied by her parents."

Dr Jaume Padrós, secretary of the Official Medical College of Barcelona, noted that the aim of medical certificates was to certify "health states," and whether a woman was a virgin was not a medical condition.

Xavier Bosch. Spanish doctors draw up advice on ethics of virginity certificates. *BMJ*, April 27, 2002

### Learn -and earn !

A new American company called Time-Concepts LLC offers doctors \$50 each time they listen to a medical representative's sales pitch. Of the \$105 that the company receives from the drug manufacturer per consultation, \$50 goes to the doctor, \$5 to a charity and \$50 to itself.

Doctors are accepting the payments, despite the guidelines from the American Medical Association specifying that they should not accept cash payments from drug companies. Some claim that this helps them control when and how to talk to the representatives as well as to get drug information. An AMA spokesman points out that If the purpose of the contact is to educate the physician, then there is no need to pay the physician

David Spurgeon. Doctors accept \$50 a time to listen to drug representatives *BMJ* May 11, 2002