100 kCal/kg of bodyweight per day.

NII has Standard Operating Procedures for care of animals and their use in experiments which are monitored and overseen by NII's Ethics Committee. DSF found not only that conditions and treatment of animals at NII were satisfactory but also that records were basically sound, properly maintained and procedures broadly conforming to international standards were being followed. Of course, there is always room for improvement and NII scientists and managers appeared open and willing to discuss any measures that may be recommended in this regard.

Not all the CPCSEA team members agree with the opinions as reflected in sections of the press and reiterated by some members to DSF. This makes the non-availability of the team report all the more serious and, if action is being taken or contemplated based on such unsubstantiated individual opinions, this raises grave concerns about pre-determined, motivated and biased functioning of CPCSEA.

DSF explicitly recognises the necessity for regulation of use of animals in scientific research to ensure ethical and proper treatment of animals and pursuit of research in accordance with clearly prescribed rules. The fact that the CPCSEA is a statutory body, with rules governed by law, is a positive aspect not only ensuring compliance but also benefiting scientific research and practice. The rules under the relevant Act are also broadly as endorsed by the scientific community in India and abroad.

While the CPCSEA as constituted gives representation to scientific departments and the research community, apart from animal rights activists, in practice and in the manner it functions, the latter have virtually taken over the CPCSEA and its various bodies, and have subverted the statutory body. CPCSEA today appears to act not to regulate the use of animals in scientific research but to completely stop it now and prevent it in future.

Some fundamental defects in the constitution of the CPCSEA under the relevant Act urgently require to be addressed. The NII episode, as well as previous ones at JNU, Indian Institute of Science, AIIMS, National Institute of Nutrition and other research institutions in both the public and private sectors, brings out sharply that the CPCSEA now appears to be functioning as police, prosecutor, judge and hangman, resulting in arbitrariness and lack of transparency and accountability.

The CPCSEA should be overhauled, and its advisory, inspection and other bodies completely reconstituted, with due representation of the scientific community apart from those with concerns for animal welfare. Inspection reports should be shared with the concerned institution for greater transparency, to enable peer review and full participation of research institutions in the regulatory process
CPCSEA should be brought under the ministry of science and technology with proper structures and mechanisms for transparency and accountability

In the case of NII, no action should be taken on the basis of this inspection team's report since the entire process has been deeply flawed and vitiated.

Finally, DSF calls upon the scientific community to vigorously debate these issues, evolve a consensus and work towards a thorough overhaul and reform of this important regulatory body.

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Abortion pill or murder marketed?

I draw your attention to the distribution and marketing of Mifepristone and Misoprostol by Sun, Cipla and Zydus Alidac Pharmaceuticals. These drugs for abortion are supplied to practising gynaecologists to be given to patients after obtaining their consent. The money is to be collected from the patient by the physician, who in turn turns it over to the drug representative. This is highly irregular, unethical and illegal and cannot be equated with drug dispensing by primary physicians at their dispensary.

Second, the drug is meant for the medical termination of pregnancy (MTP). This must be done according to the MTP Act, 1971, only by an *approved physician, in an approved centre and for approved conditions* (Threat to mother's life, congenital anomalies, rape induced pregnancy and pregnancy due to contraceptive failure, the last only in the case of married women).

According to the promotional literature, the pill is to be distributed for abortion at home. This is contrary to the provisions of the MTP Act. It makes no difference that in the consent form circulated by drug companies and to be signed by the patient, the patient agrees to take the pill in the physician's clinic. According to the MTP Act, a gynaecologist's consulting chamber is not recognised for the purpose of MTP. In any case, the abortion takes place at home and is not in conformity with the MTP Act. The possibility of failure and profuse bleeding is substantial and would expose the patient to grave risks, especially in rural settings. The risk is greater for unwed women for whom pregnancy is looked down upon, and who may therefore not contact proper services and may abort and bleed at home. Besides, the pill is being distributed through qualified and unqualified medical practitioners in the country, though under the MTP Act only a practitioner registered with the appropriate Medical Council can terminate a pregnancy. This is virtually marketing murder for paltry monetary gains with the open connivance of medical professionals.

Also, the distribution of full-text articles reproduced from the *New England Journal of Medicine*, *British Journal of Obstetrics and Gynaecology* and the *Journal of American Medical Women's Association* as promotional material, with or without the permission of the journals and the authors, is unethical. It amounts to lending the name by authors for promotion of brand/drug and amounts to 'association' under the MCI Act.
This marketing strategy to promote the abortion pill as an 'in-house' abortion method is dangerous and will claim hundreds of lives in the prevalent health care scenario in India. Unsafe abortion under the garb of MTP is already claiming many lives in the country.

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