

## FROM THE PRESS

### **Ethics of health care in prisons**

The Indian Medical Association (IMA) has promised to secure resources for prison doctors and to protect those doctors who speak out against abuse. It has also stated that it opposes interrogational torture -- an illegal but widely used practice in the country.

Delegates at a conference in Delhi on medical ethics in places of detention described how many prisoners are subjected to torture or to cruel, inhumane, and degrading treatment. The conference, organised by the IMA in collaboration with the International Committee of the Red Cross and the World Medical Association, heard that without detailed assessments of prisoners' medical and psychological condition, evidence of abuse is missed and opportunities to combat systematic abuse are lost, along with the opportunity to provide any intervention. Medical staff in Indian prisons are often under pressure from the authorities to hide evidence of abuse of inmates.

**Vivienne Nathanson. Indian prison doctors are promised more help to fight abuse of prisoners. *BMJ*, May 12, 2007.**

### **Narcoanalysis: doctors take special efforts**

Arun Ferreira and others arrested with him were subjected to narcoanalysis and brain mapping despite their protests. The court allowed the tests when the police stated that it was essential to conduct such tests in view of their anti-national and violent activities, and interrogation of Ferreira had become a challenge since he hardly disclosed anything to the police.

However, the interrogators concluded that the arrested men managed to evade giving information through narcoanalysis. The police alleged that the tests did not throw up "clinching" results as no police officer was allowed in during the interrogation - something that marred the prospects of an "interactive exchange" between the police and the suspect. When contacted, Kalina Forensic Science Laboratory director Rukmini Krishnamurthy said, "The tests were carried out scientifically and yielded good results which even satisfied the police. We stuck to all standard protocol during the tests."

**Pradeep Kumar Maitra. Police brought Ferreira and Murali at Mumbai for narco test. *Hindustan Times*, May 22, 2007; Anupam Dasgupta. Narco test on alleged Naxal turns out to be flop. *DNA*, May 29, 2007.**

### **Public hospital emergency**

A performance audit by the Comptroller and Auditor General of India on health care in four leading public hospitals in Delhi reveals massive shortages of staff, beds, essential medicines and equipment, and over-expenditure on electricity. The hospitals reviewed were the Lok Nayak Hospital, the Deen Dayal Upadhyay Hospital, the Hindu Rao Hospital, and the Charak Palika Hospital. Together, these have 32 per cent of the total beds of public hospitals in the capital.

The report shows shortages of medical, paramedical, and

nursing staff in all four hospitals, despite a continuous increase in patients since 2001. Sanctioned posts for neurosurgery remained vacant and the Hindu Rao Hospital referred 147 head injury cases during 2003-05 to other medical centres. No specialist for the burns and plastic surgery department had been appointed since 2005 and the department of psychiatry was run by two medical officers (one of whom had only a diploma in psychiatry). As a result, the hospital stopped taking outpatients for these illnesses despite seeing 3,341 patients for burns treatment and plastic surgery and 25,417 patients for psychological treatment between 2001 and 2003. The Lok Nayak Hospital operated without a quarter of the medical staff, 37 per cent of the paramedical staff, and half of the nurses necessary for proper treatment.

Three of the four hospitals did not have essential drugs to treat diabetes, hypertension, typhoid, tuberculosis, blood clotting, Parkinson's disease, cancer, and epilepsy for periods ranging from one month to five years of the time covered by the audit. These drugs are on the Directorate of Health Services' 2002 list of 359 essential drugs, which all hospitals are supposed to keep in stock. Patients from all except one hospital had to purchase them from private chemists. There were delays in procuring, installing, and commissioning nearly 72 per cent of medical equipment. Two hospitals had accepted Rs 1.04 crore worth of medicines and vaccines with reduced shelf life.

Emergency departments did not have adequate infrastructure, supplies, and personnel. More than 50 per cent of the ambulances were used for purposes other than patient care; in two of the hospitals, the ambulances did not have basic life support equipment. In Lok Nayak hospital, the average bed occupancy in the casualty and emergency services department was as high as 282 per cent, which meant that two or three patients were sharing a bed.

**T K Rajalakshmi. Urban crisis. *Frontline*, May 5-18, 2007.**

### **WHO's ways to reduce medical errors**

The World Health Organisation has developed nine "patient safety solutions" to help reduce harm during medical care. Health care errors affect one in every 10 patients worldwide.

The solutions include:

- ensuring legibility of prescriptions, using pre-printed orders, or electronic prescriptions;
- providing opportunities for practitioners to ask questions during handover of patients and involving the patients and their families in this process;
- comparing the "home" list of all the drugs a patient is taking with the admission, transfer, or discharge order when writing medication orders and ensuring that the list is transferred to the next provider of care at transition points;
- prohibiting the reuse of needles at health care facilities and ensuring safe needle disposal practices; and
- making alcohol-based hand rubs available at all points of care and putting reminders of hand hygiene techniques in the

workplace.

The patient safety solutions can be seen at :  
[www.jointcommissioninternational.org/24839](http://www.jointcommissioninternational.org/24839)

**Kaushal Pandey. WHO launches list of nine solutions to improve patients' safety. *BMJ*, May 12, 2007.**

### No treatment for HIV in Assam

At least a dozen HIV-positive people have committed suicide in Assam in the last few months while hundreds of others struggle for survival with little access to treatment. "We have details of about 10 HIV-positive people who committed suicide in recent months," says Jahnabi Goswami, president of the Assam Network of Positive People. Besides the problem of poor counselling, "Access to comprehensive care and treatment has been a distant dream for people living with HIV/AIDS in Assam."

The state has just two Anti Retroviral Therapy (ART) roll out centres-one each at the Guwahati Medical College and the Assam Medical College in Dibrugarh. India's northeast has been declared as one of the country's high-risk zones with close to 100,000 people infected with HIV. "The number of Voluntary Counselling and Testing Centres should be equally matched by professionally trained physicians for ART management. Otherwise the entire efforts at controlling the epidemic would be futile," said S I Ahmed, head of the AIDS Prevention Society, a leading community health care group in Assam.

**Anonymous. Reports HIV suicides in Assam [www.andhracafe.com](http://www.andhracafe.com), March 7, 2007.**

### Caste discrimination at AIIMS

Daily life at the All India Institute of Medical Sciences (AIIMS) resembles life in apartheid-era South Africa, a government committee discovered when it interviewed 25 of the 50 reserved category students at the institute. The committee claims there is "enough evidence" that the discrimination is "linked" to the "proactive role the AIIMS administration played" in fanning anti-quota sentiments on campus.

Most of those the committee interviewed alleged the teachers ignored Dalit students in class and deliberately failed them in exams, especially in the practical tests. "Even in internship, [teachers] are harassing [us]... now they are threatening us about the exams that are coming," a medico complained. "Last year, out of seven students... six were failed - nearly by one or two marks."

The panel confirmed the finding that reserved category students were bullied into vacating their hostel rooms, leading to an SC/ST ghetto being formed on two floors of Hostels 4 and 5. Each of the 25 persons interviewed said that despite a ragging ban, they were humiliated when they joined the institute. "They would call us to their rooms and order us... 'tell us 10 reasons why you should get reservation... if you don't we'll beat you,'" one of them said.

The authorities ignored repeated complaints from the SC and ST students. One Dalit boy who tried to join general category students in a game of basketball was thrashed, the committee

noted. Another boy was told to "get out" by the cook when he walked into the mess where the upper castes dined.

The committee also said that the institute, despite requests, "has not taken any initiative to arrange remedial coaching in English, basic courses, or any other spheres for SC/ST students as is required by central government educational institutions".

Unlike many other central institutions, the institute lacks a grievance cell for SC and ST students. The committee has recommended that AIIMS set up an "equal opportunity office" answerable to the institute's governing body and not the hospital administration. The panel has also suggested that committees in AIIMS at every level - dealing with student, faculty, or administration issues - have SC/ST members.

**Special correspondent. AIIMS practice apartheid from cricket to class. *The Telegraph*, Kolkata, May 7, 2007.**

### AIDS patient refused care

An HIV positive patient who was thrown out of Calcutta Medical College on May 22 but readmitted following a public furor, died on May 27. Medical attendants reportedly refused to touch the body, which lay in the ward for over two hours. Family members eventually had to wrap the body and carry it themselves to a truck. Hospital authorities have said that they will inquire into this complaint in addition to the original complaint that the patient was thrown out after admission.

**Ravik Bhattacharya. Now hospital staff 'refuses to touch' AIDS patient's body. *Indian Express*, May 29, 2007.**

### Hospital licenses restored

The Tamil Nadu state government has revoked the suspension of organ transplant licenses of 13 hospitals, keeping in mind the "welfare of the patients". The licenses had been suspended after an enquiry into a kidney donation racket uncovered irregularities in the hospitals' medical records.

A meeting of the directorate of medical services decided to take a "humanitarian approach" on the grounds that the number of patients waiting for transplants was growing. "The hospitals had committed only simple mistakes like discrepancies in forms and HLA matching. We have kept in mind the suffering of the patients waiting for transplants," an official said. The hospitals have agreed to submit an undertaking that they will obey the rules."

**Express News Service. Flaws "minimal"; 13 TN hospitals get back organ transplant license. *Indian Express*, May 30, 2007**

### No bogus doctors in Maharashtra

Contradicting a committee report and police investigations, the Maharashtra Council of Indian Medicine (MCIM) has submitted before the Bombay High Court that no bogus doctors are registered with the council.

In January 2001 the Rankhambe Committee appointed by the state government had reported that more than 5,000 doctors suspected as bogus were registered with the MCIM. A police investigation following the report had detected 1,133 such doctors and also suggested that there could be more than

7,000 more such doctors in the state. The registrar of MCIM has stated that licenses were cancelled of the 1,133 doctors mentioned in the police report.

The Bombay High Court is hearing a petition challenging the council's 2006 election alleging that the voters' list, prepared in 2000, includes bogus doctors from before the committee report or the police investigations.

**N Ganesh. No bogus doctors registered with us: MCIM. *Indian Express*, March 7, 2007.**

### **Quick fix solutions for staff shortages**

Following a severe shortage of anaesthetists in state hospitals, the Maharashtra government set up a panel of 14 private anaesthetists on call. But the remuneration for the practitioners is so low that surgeons at some hospitals are sometimes forced to postpone planned surgeries and refer emergency cases to JJ hospital. "We cannot give 24-hour service for we have families to look after, apart from private hospital commitments," said an anaesthetist on the panel. Some doctors at JJ are also upset at having to compensate for the shortage of anaesthetists in other hospitals. The dean of the JJ group of hospitals has stated that he is waiting to recruit anaesthetists from those who pass this year's university MD exams. The state has also introduced a short-term certificate course to train medical officers in district hospitals and doctors who want to pursue a career in anaesthesia.

**Jinal Shah. Patient trauma: too few anaesthetists, too many surgeries. *Indian Express*, May 17, 2007.**

### **Cataract surgery disaster**

Six people in Bhawanipatna, Orissa, have filed a police complaint alleging that each of them lost sight in one eye after undergoing cataract surgery at the district hospital on January 22. It took nearly two months to lodge a complaint because the victims had tried to seek justice for more than a month but the authorities ignored their grievances. A local NGO then took them to the police station.

**Soumyajit Pattnaik. Six lose eyes to cataract surgery. *Hindustan Times*, March 19, 2007.**

### **Sonography machines seized**

A central government team seized documents and sealed sonography machines after inspecting sonography clinics in the Trinity Private Hospital and Pai Dhunghat Hospital in south Mumbai. One clinic did not maintain details of 'Form F' containing pregnancy-related information about women undergoing testing at the clinic. The second team did not display the declaration mandatory for all sonography centres that scans would not be done for sex-determination purposes, and the clinic could not furnish copies of the relevant law.

The Preconception and Prenatal Diagnostic Techniques Act, 1994, requires all institutions with sonography machines to comply with both these procedures. "The Act ensures that a sonography is taken only to check the welfare of the foetus and mother and not for sex determination," said Varsha Deshpande, member of the government team.

**Times News Network. Central team raids sonography clinics. *The Times of India*, March 27, 2007.**

### **Doctors in an adoption racket**

The Mumbai police have issued notices to all its police stations and crime branch units to investigate the city's links to a child adoption racket busted in Navsari, Gujarat, in March.

Gujarat-based gynaecologist Tushar Brahmania and his social worker wife Kusum allegedly gave 60 newborn babies to various agencies and families in Gujarat and Maharashtra for unauthorised adoption. Dr Tushar had been running Krishna Maternity Home in Navsari since 2001 and his wife was secretary of the Ayappa Bal Asha Trust. On the pretext of helping tribal unwed mothers get rid of unwanted children, the couple allegedly sold the newborns.

**Ashtutosh Patil. Cops to probe Mumbai link in Gujarat child adoption scam. *The Indian Express*, April 27, 2007.**

### **The pitfalls of public-private partnerships**

Private health care groups are vying for space on the huge campus of the 160-year-old JJ hospital in Byculla. Offers have been made to operate the cardiac catheterisation laboratory or an MRI machine in the hospital that gets over 1,000 patients per day. This is one of many such bids by private players to tap into the patient base of public institutions. The municipal corporation of Mumbai is toying with the idea of privatising its soon-to-be acquired MRI diagnostic facilities in Sion and Nair hospitals. Social worker Leslie Pereira worries that the private thrust will mean that poor patients will be deprived of health care:

**Times News Network. Imagine: a Jaslok at JJ hospital. *The Times of India*, April 15, 2007.**

### **Medical privacy versus right to information**

In a landmark victory for the Right to Information Act (RTI), a three-member bench of the state information commission directed JJ hospital authorities to furnish the medical records of former forest minister Surupsinh Naik to RTI activist Sailesh Gandhi within three days, in view of "the larger public interest that is at stake".

Naik was sentenced to one month's jail for contempt of court last year but spent most of the term in an air-conditioned ward of JJ hospital where he was admitted after complaining of chest pain. Gandhi filed an RTI query seeking copies of medical records pertaining to Naik's hospitalisation.

The commission pointed out that the high court order on the rules of privacy framed by the Medical Council of India cannot override the provisions of the RTI Act. It added that if the information cannot be denied to Parliament or the legislature then it cannot be denied to a third person. The hospital's public information officer was also reprimanded for not observing the time limit for responding to the RTI application.

**Viju B. Furnish Naik's records in 3 days, hospital told. *The Times of India*, April 17, 2007.**