

Doctors assisting criminals'

Doctors in several hospitals have allegedly formed a network to fabricate cases aimed at helping people involved in criminal cases to wriggle out of the clutches of the police.

Balwant Singh, a farmer from **Kathunanagal** village (near Amritsar) recently hit his nephew, Karamjit Singh, on the head. The police registered a case against Balwant Singh under section 307 of the Indian Penal Code. The accused evaded the police for several days. While on the run he was advised to approach doctors in the civil hospital here for 'help'. He 'consulted' a doctor who showed him a way out. The doctor 'inflicted injuries with a sharp-edged instrument' and issued a medical certificate that Balwant Singh had sustained 'grievous injuries' in the scuffle. Armed thus, the accused approached the police and got a counter-case registered against his nephew.

In another instance the city police last month registered a case against a doctor in the civil hospital for issuing a false medical report after providing an accused in a case of attempted murder an 'artificial injury' inflicted with a thick needle and reporting it as a gun-shot injury. The doctor was arrested when the fraud was detected but was released on bail the very next day.

According to the police, doctors charge anything from Rs. 2000 to Rs. 5000 for such jobs. When someone in 'need' comes to the hospital, doctors hand them over to their assistants for 'finalising the deal as well as for determining the kind of injury the person wishes to get inflicted on himself', a senior police officer said. It is the inferior staff that decide on the sum to be paid. Once the deal is through, the 'patient' is administered an injection to render the part of the body to be injured numb. The 'medical workers' then proceed to inflict an incision or break a bone as required and issue a 'favorable medical report'. These reports are then used to file counter-cases against the person seeking redressal from the police.

Senior police officials stated that low-ranking police officials might themselves be involved in the racket, advising 'artificial injuries'.

Surjit Singh (not his real name) was asked to pay Rs. 4000 for a 'serious head injury' to be inflicted upon him. His offer to pay by cheque was rejected. The doctor 'proceeded with the case' only after he was paid in cash.

HIV patient ordered out of hospital²

In a case that exposes (the lack of) modern medical ethics, doctors in a privately run hospital ordered out a patient barely twelve hours after he underwent a major operation for the removal of a diseased lung as soon as it was discovered that he was HIV positive.

Having paid Rs. 30,000 for treatment of his lung disorder, Premsingh Kanchansingh Gujjar, a milk merchant, reduced to skin and bones, with an intercostal tube dangling from the left side of his body, is angry with doctors who, he says, have cheated him because he could not afford 'special room facilities' at the elite Rajasthan Hospital in Ahmedabad.

The operation on 26 November for removal of his diseased left lung was in progress when the positive report of his HIV test came in. Twelve hours after the two-and-a-half-hour operation, Premsingh was forced to leave bag and baggage and the intercostal tube.

Dr. D. N. Chhatrapati, superintendent of the hospital told *Indian Express*: 'Our priorities are different. We would have kept him if he was in a special room. Since he could not afford it, we discharged him. Private hospitals have to be careful about their reputation. Our staff would have objected to treating an HIV-positive patient.' The superintendent then contradicted this statement by claiming to have treated two patients with positive HIV test as they could afford special rooms.

"That night was a nightmarish experience", says a disillusioned Premsingh, "No nurse or attendant came to check. The watchman peered from the door and the staff kept on whispering that nobody should approach me."

The right to die³

The people of **Galicia** are so guarded, other Spaniards joke, that if you catch one of them on the staircase, you'll never discover whether he or she had been going up or down. But **Ramon Sampedro**, of the Galician fishing village of Xuno southwest of Madrid, could not be more open about his intentions: he wants to die. He has asked the European Commission on Human Rights in Strasbourg to declare it his entitlement.

Apart from the ability to shake his head and an occasional involuntary flailing of

his arms, 52 year old **Sampedro** is a prisoner within a paralysed body since an injury to his head and neck during a dive into a rock pool 26 years ago.

He has finally had enough of such a narrowed life, saying he and those who care for him have become physical and psychological slaves to his quadriplegia. The smallest of pleasures require outside help. For the occasional cigarette he enjoys, lighting, ash flicking and stubbing out must be done by someone else.

He wants to set a precedent for fellow quadriplegics who may feel as he does - to win a ruling or legislation under which a doctor would not be prosecuted for ending his life by injecting him with 'an appropriate chemical substance'. So far two Spanish courts and the Constitutional Tribunal have either found technical reasons or a 'legal vacuum' to avoid a decision.

"There is a test I apply to people who say I must go one living," says **Sampedro**. "I ask, 'Swap places with me. Would you want to?' They admit they wouldn't." His doctor sympathises. "I don't believe life is an absolute thing. And I think life is private property," says Dr. Carlos Peon Fernandez. But Peon will not break the law for his patient.

Says Sampedro: "Death is a taboo in our society. But for a psychologically mature person, voluntary death, when it is to bring an end to an incurable or intolerable suffering, is rational."

A poem he has written called 'Why die?' answers itself in the first line: 'Porque el sueno se ha vuelto pesadilla.' (Because the dream has become a nightmare.)

MCI disinterested in use of sonography for determination of sex⁴

The National Human Rights Commission (NHRC) has asked the Medical Council of India (MCI) to examine the ethical aspects of sex determination tests which are causing a high rate of female foeticide.

NHRC member, Virendra Dayal, has written to the MCI asking its ethical committee to look into the use of these antenatal diagnostic techniques, especially since these tests, conducted ostensibly for medical reasons, are actually used to get rid of female fetuses.

This issue was raised at the last commission meeting which was also at-

tended by a representative of the MCI, who had come in connection with the case of hysterectomy operations performed on mentally retarded women in Maharashtra.

The MCI representative was asked specifically by Mr. Dayal if the MCI had ever examined the ethical aspects of conducting sex determination tests and the reply was in the negative.

***Medical councils' inaction on kidney transplant racket (1)*⁵**

Joint Police Commissioner (of Bombay) M N Singh has admitted that the illegal practice of kidney transplantation has been going on in almost every hospital in the metropolis and he expressed surprise that the Indian Medical Council, the Maharashtra Medical Council and the Health Department had not checked this till today. "I am baffled why the medical bodies kept quiet. They should have looked into the matter which was going on so openly in the hospitals," Mr. Singh said.

Mr. Singh, who is heading the investigation into the kidney transplants racket told UNI in an interview... that every surgeon in this profession was aware of this. Many police officers, advocates and even doctors have illegally secured kidneys for transplant for their children and relatives, he said...

Medical and other sources suggest that each kidney transplant could cost anything between Rs. 3,00,000 and Rs. 10,00,000. Which is why nephrologist Dr. Dhayagude says that the punishment of five years rigorous imprisonment and a fine of Rs. 10,000 is paltry, considering that lakhs of rupees change hands in every illegal transplant.

***Medical councils' inaction on kidney transplant racket (2)*⁶**

At last the Maharashtra Medical Council (MMC) has woken up after being con-

demned in all quarters for its failure in tackling the sensational kidney racket. Despite being a quasi-judicial body, the MMC failed to take a serious note of several complaints it had received from elected representatives in connection with the on-going illegal kidney transplantations in different parts of the metropolis.. It appointed a three member committee... to investigate the complaints.

...In 1986, Mr. P. V. Narasimha Rao, who was then a minister for Human Resources Development, had written to the State Government as well as the MMC to probe into the complaints of illegal kidney transplantations. Then also the MMC had appointed a committee. But the action taken by the MMC or the committee could not be known.

In November last year,...Pramod Navalkar had raised the matter in the Legislative Council. Mr. Navalkar has disclosed the names of hospitals...where such operations were carried out. Mr. Navalkar had submitted this complaint to the MMC...The MMC, then headed by Dr. P. V. Sathe, Director of Medical Education and Research (DMER)...did not take serious cognisance.

Now the same Dr. Sathe, who has relinquished charge as President of MMC, has written to the MMC in his capacity as DMER, to report to him within 24 hours the action taken on the kidney scandal.

Though the MMC has been duly constituted body under the MMC Act, it has become virtually defunct...

***Why was notification of Transplantation or Human Organs Act delayed?*⁷**

... Why did it take the Union Government so long to notify the Act? The Bill, after all, was passed by both Houses of Parliament by June 1994 and the President had given his assent in the second week of July. The Union Health Secretary, Mr.

M. S. Dayal's explanation that rules had to be framed for governing the enforcement of the Act does not hold water because issues like that should have been tackled in the years while the Act was being drafted or while it was being routed through Parliament. It makes no sense for bureaucrats to wait for an Act to be passed and then worry about rules required for its implementation.

...Will the Act be enforced properly or will it remain on paper just like so many other laws enacted from time to time against malpractices of all kinds? Going by the lukewarm response that greeted the announcement regarding the much-delayed notification of the Act, it would not come as a surprise if those authorised to implement it prove to be equally unenthusiastic...

..What is there to stop unscrupulous doctors and middlemen from continuing to violate the law? The penalties for unauthorised kidney transplants may not deter those who earn lakhs of rupees from them... The fine of Rs. 10,000 would just be added to the cost of the procedure - and the business would go on as before... The notification of the Act is just the start of a long battle.

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