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## EDITORIAL

### Police, prison and physician

Two recent deaths in our national capital produced screaming headlines. The deaths were unusual, despite the fact that scores of people are killed daily in like manner.

The death of industrial tycoon, Rajan Pillai, had a ring of irony around it. In his lifetime he never shed a single tear nor used a penny from his millions to improve conditions of our prisons, perhaps in the belief - shared by most members of our rich and secure middle class - that he would never be sent there. He was killed not only by judicial and legal neglect, but also by the criminal neglect of our prison health care services. Since there is no spotlight on the abysmal condition of prison health care and the doctors working in it, his much publicised death may also fail to initiate reforms.

The murder of Naina Sahni highlighted criminalisation of politics and politicians. But let us not forget the three post mortem examinations that had to be conducted on her remains by doctors for the police. While newspapers discussed these three postmortem examinations only to speculate on whether they would help or condemn the principal accused, Sushil Sharma, none questioned the competence and ethics of doctors who conducted those autopsies. Deliberately or by accident, these doctors followed the tradition of their colleagues in other parts of the country by performing haphazard and incomplete examinations. No wonder investigations into torture by police and deaths in custody by organisations struggling to uphold human rights have always found doctors falling short of desired professional and ethical standards. They have also found doctors serving as deliberate collaborators with the police in preparing inadequate or false medical and autopsy reports<sup>1,2,3</sup>.

Lack of space does not permit discussion of the condition of our prison health care and how doctors violate human rights but two issues need to be stressed.

Our prison manuals, which also make pro-

vision for medical care in prisons, were prepared in the late 19th century by colonial rulers and have not undergone any revision. Unlike other countries, we do not have a separate prison medical care service. Just as overcrowding and neglect have taken tolls of our prisons over time, medical care in them has also suffered. A doctor working in manifestly unsatisfactory prisons cannot do justice to his patients, skills and ethical standards.

To what extent is it possible for the doctor to maintain professional and ethical standards in such situations? If it is not possible, whose responsibility is it to raise the issue of improving these health care systems? While the suffering patients can be expected to raise their voice, is it ethical for doctors working there and the medical associations of this country to maintain silence? Unless doctors are seen to be fighting against inadequacies, they will be looked upon as a part of the problem.

Can there be professional and ethical independence for doctors in the employment of the state? Are our police and prison doctors governed by police orders while performing their professional duties? Shouldn't health care professionals be independent from the administrative control of police and penal institutions? This should be a precondition if they are to avoid collusion in violation of human rights. This also applies to all health professionals working in all public sector hospitals expected to treat prisoners and conduct autopsies. These pressing issues must be raised in all medical associations and medical councils.

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Amar Jesani