off the bones they were supposed to fuse. She had to undergo another operation to remove the metallic implants. Examples such as these are numerous and each doctor sees only the tip of the iceberg.

Issues in Medical Ethics has discussed this prohicm over the past three years. What is the solution? I am not convinced that appealing to the better instincts of the medical personnel is likely to improve matters. The very organisations set up to ensure ethical practice - the Medical Council of India and the state medical councils - are themselves mired in corruption.

I believe the only answer is removal of the cause, nnmeiy the possibility of 'fleecing patients of huge sums. In other words, we must abolish the market in medicine. This is possible through a system that ensures universal medical coverage to ail our citizens and regulation, perhaps by the state, of income's of doctors and other personnel in the health field. A socialised system will not easily lend itself to corruption.

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### Doctor pressurised

On July 12, 1996, a police party headed by ASI Sikandar Singh of Police Post (PP) Jagdev Kaian visited the house of an old handicapped man Ajit Singh whose wife is totally confined to bed, in village Kotia Gujjran, Jhander. The old man was beaten up and taken away. He was brought back in a seriously injured condition and left. Pcopic took him to the PP in the village. The police recorded a report under Section 323 IPC which is for non-cognisabic offense. People were advised orally to take him immediately to hospital. He was taken to the Guru Nanak Dev Hospital where injuries were recorded. Afraid that he. might die, the culprits and their friends helped in efforts to save him by giving funds and by arranging for blood. Ajit Singh, however, died.

The police bosses of Majitha police district tried to pressurised the family and relations of the deceased to compromise. When this did not succeed, the SSP himself took the position that it was a case only under the Section 323 of IPC and there was nothing to be done by the police. When the leader of the Communist Party India (CPI), Satva Pal Dang took up the case, the SSP gave an explanation that Ajit SinghÆs death was due to old age. To support this, he said that the doctor who did the post-mortem has given such an opinion. Apparently the doctor concerned gave such totally wrong opinion under the police pressure. The SSP however agreed to order a fresh inquiry.

ASI Sikander Singh and his party had no jurisdiction in PS Jhander. It visited Kotia Gujjaran because some altercation had taken place. between a son of Ajit Singh and a relative of the ASI. In this, the latter had received some injury. In this matter a case had already been registered and the son of Ajit Singh arrested. The ASI, however, chose to take the law in his own hand and took the revenge in the manner described above.

While the SSP has recommended a magisterial in enquiry, the activists of the CPI and some concerned people from the village have requested the DIG, Police, Border Range and the District Magistrate to order registration of case under Section 304 IPC. However, the law has yet not taken its course

The above account is based on the inquiries done by the activists of the CPI and some villagers and is also made public in my statement dated September 9, 1996.

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### Flaunting our 'honours'

We, medicos, arc known to be vain peacocks strutting around, spreading our quair fications and professional feathers. There was a time when a cardiologist in Mumbai . sported degrees and honours totalling a record 65 alphabetical characters, topped by the then popular 'SEM'. In desperation, Bombay Telephones rules that henceforth there would refrain from printing degrees and qualifications!

We often wonder to whose good such display is directed.

Aitcrnative medicine is a movement geared towards weaning patients. away from the glamour and glitter of aiiopathy. Alas! There too, overkill is achieved by prefixing and suffixing names of leading lights in a manner that, unhelpabiy, betrays vanity.

As an example in point, we quote from Holistic Mediscan, July 1996. Therein, a dignitary is introduced as "Lord Pandit Professor Dr. Sir Anton Jayasuriya, Chancellor OICUM". It may be that this has some rationale in our age, governed as it is by imports from Madison Avenue not only should drugs sell, but so should doctors!

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## Irrational X-ray tests

Most companies, while recruiting cmpioyces, conduct x-ray tests as a regular protocol of health assessment of-applicants. This is performed regardless of an identical recent x-ray examination of an individual and without checking previous records. A person changing jobs is thus exposed to frequent ionising radiation.

The personnel department also refuses to pass on the data on his heaith to the individual. Since earlier x-ray films are not available to the next agency, repeat exposure to x-rays becomes inevitable.

The patient is told that the x-ray test involves 'a small risk'. Should this justify repeated, routine x-irration of that person? Shouldn't clinical examination be a guideline to prescribing the test?

Is the medical profession over-using this helpful but hazardous test? This is a question of great relevance to young persons who constantly seek better prospects?

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The Indian EXPRESS 21 December, 1996 page 3

Armed with NHRC directive, 113 hardcore criminals from Bihar escape jail term by conniving with doctors

# Prisoners use fake certificates for entry into asylum

MANOJ PRASAD RANCHI, DEC 19 vere charges of murder, loot, arson and dacoity, have got themselves admitted to the Ranchi Mansik Arogyashala (RMA) chairman Ranganath Mishra. After a December 17.
round of the prisons, Mishra had ordered
the Bihar jail authorities to transfer all
trials and there are connicts too and most

tificates declaring them "mentally unfit" from corrupt jail authorities, doctors and the like. Not only does it help them escape