

**Private colleges use municipal hospitals**

Civic groups have criticised the BMC's proposal to allow students of Hyderabad (Sind) National Collegiate (HSNC) Board to use the facilities at Bhagwati hospital, Borivli, and Centenary hospital, Kandivli, for clinical training. The college management is supposed to spend Rs eight crore to upgrade facilities within four years, and furnish a bank guarantee of Rs 5.5 crore. Students will use the 485 beds here at Rs 20 a day. After renovation, the college can use the facilities for 30 years, after which it will be reviewed. A similar contract, for D Y Patil medical college to use Rajawadi Hospital, has not resulted in any construction eight years after the contract was signed.

Use of municipal hospitals by medicos decried, Civic reporter, *The Times of India*, April 9, 1998

**Working conditions in mortuaries**

At least 40 per cent of the doctors and attendants working in different mortuaries in New Delhi suffer from tuberculosis and other ailments due to unhygienic conditions at the workplace.

Minimum safety standards are not adhered to, personnel are not provided with protective gloves and masks, overcrowded mortuaries are not properly cleaned, unqualified doctors practice as forensic experts and nursing orderlies are recruited as morgue attendants.

Doctors in mortuaries work under poor conditions, *The Statesman*, April 23, 1998

**Winner of the cleanest hospital**

It is hard to believe that the BMC-run Tuberculosis hospital complex in Sewri qualifies as a hospital, harder to imagine it won an award for cleanliness last year. The huge cracks along the parapets, in the walls and

ceilings, mean indoor umbrellas in the monsoons; water shortages prevent proper cleaning of the rooms. Officials agree that work needs to be done, but are reluctant to commit themselves to a time.

No cure in sight for Sewri TB hospital's ills, Priya Nair, *Indian Express*, April 30, 1998

**Fancying up government hospitals**

The 1998-99 Union Labour Ministry plans to 'do up' the Employees' State Insurance Corporation (ESIC) with the latest equipment, regional trauma centres, waste management systems, more blood banks, super specialty services and better dispensary facilities, according to a report, which also notes that state governments are reluctant to go through with projects they requested.

At the same time, Maharashtra state health minister Daulatrao Aher announced the World Bank would help government hospitals upgrade medical facilities with equipment. District hospitals would get CT scanners.

Plan to improve facilities at ESI hospitals, Hindu, May 19, 1998, and Dateline, Express News Service, *Indian Express*, Mumbai, May 12, 1998

**Will they set private hospitals straight?**

Following the death of a boy in a Chennai hospital and the consequent arrest of 21 fake doctors, the Tamil Nadu government announced the implementation of the Tamil Nadu Private Hospitals Regulation Act with immediate effect on May 12. The Act was passed by the Assembly last year but could not be implemented following protests from the doctors' community which sought amendments.

A N Veeraswamy, state health minister, said private hospitals would be checked annually to ascertain that

they had the necessary infrastructure before renewing licenses.

Tamil Nadu Implements Private Hospitals Regulation Act, Swati Das, *The Times of India*, May 16, 1998.

**Yet another committee**

The Maharashtra government apparently plans to 'reappoint' a committee to probe the alleged doctor-criminal nexus at JJ hospital after a news report that the Oct1997-appointed committee, formed after reports that hospital doctors conspired to admit prisoners and allowed them to escape, failed to hold even a single meeting.

New Probe: Midday reports compel fresh look into doctor-criminal nexus, Abhay Mokashi, *Sunday Mid-day*, May 24, 1998

**Scan and rescan**

The state government ordered an inquiry into the functioning of the radiology department in the state-run JJ hospital, Mumbai following a report that high court judge was not given his MRI films after being tested and paying the fees of Rs 2,400. After a two-year delay in installing the Rs 12 crore equipment, the government-run hospital faces an acute shortage of MRI films as well as staff. For at least one week, patients were being sent back with just a written report-not enough for a specialist to diagnose the problem. Twelve lucky patients have their scans stored in the machine; the rest will have to come back for retesting.

MRI gives judge dose of bitter medicine, Prafulla Marpakwar, *Indian Express*, May 29, 1998, and State orders probe into JJ hospital department. Express News Service, *Indian Express*, May 31, 1998

**Clean up — by throwing the patient out**

In the course of 'sprucing up' for the UP health minister's visit on June 29, employees of the Deen Dayal

Upadhyaya District hospital in Moradabad reportedly tried to dispose of a patient who didn't smell too good. A 35-year-old man was brought to the hospital by the Railway Police with severe and multiple injuries, with no identification and unable to communicate. The chief medical superintendent says a staff nurse gave the 'eviction' orders when he wasn't around. The nurse says she's being framed; she heard of it from the cleaning staff. While it is not clear exactly who was responsible, everyone agrees that the nameless accident victim was in bad shape, was not being attended to, and had somehow been transported from a third-floor hospital ward to some bushes near the building compound wall.

**Patient junked for minister's visit, Saurabh Shukla, *Indian Express*, August 6, 1998**

### Old drugs, more infections

The People's Union for Civil Liberties (PUCL) filed a complaint that the authorities in GB Pant Hospital, New Delhi, have been using contaminated, expired and damaged drugs, resulting in an increasing number of patients dying from hospital-acquired infections. The matter has been handed over to the CBI which is also probing another case related to the hospital.

PUCL attributes the problem to a cover-up of purchase irregularities worth eighty-six crores of rupees.

**PUCL alleges deaths in Delhi due to expired drugs, *Express News Service*, *Zndian Express*, August 15, 1998**

### Manufacturing medical evidence

The Punjab government suspended six doctors charged with inflicting injuries on people to create evidence in police cases. The business, which had apparently been going on for some time, was mediated through a gang of touts. All the doctors had been working as emergency

medical officers, five of them at the civil hospital at Amritsar.

**Six Amritsar doctors suspended for malpractices, *The Times of India News Service*, *The Times of India*, August 21, 1998**

### Jeevandayi's back

The Supreme Court vacated the stay on the Maharashtra government's Jeevandayi Health Scheme, saying it was essential to provide free treatment to people below the poverty line. In doing so, the court rejected the contention of the Mumbai-based Association of Private and Charitable Hospitals that the scheme was arbitrary and against the provisions of law.

The Mumbai-based Association of Private and Charitable Hospitals had won a stay on the November 6, 1997, Sena-B JP government order to provide free treatment to poor patients in 18 hospitals, including 11 in the metropolis. However, on July 21 this year, the state government filed a special leave petition in the Supreme Court challenging the interim order.

The scheme's details were laid under the framework of the Bombay Public Trusts Act, which makes it binding on the managements of charitable hospitals to reserve at least 10 per cent of their beds for poor patients. The health minister's contention was that since the government was extending huge concessions in terms of additional floor space index and sales tax rebates to charitable hospitals, they should oblige the government by giving free treatment to poor patients.

**SC vacates stay on Jeevandayi, Prafulla Marpakwar, *Indian Express*, August 22, 1998**

### Gathering dust

The Brihanmumbai municipal corporation's health committee has called for an urgent report on the state of sophisticated equipment in Mumbai's civic hospitals. This follows numerous complaints of municipal

hospitals' failure to provide emergency services. Sophisticated machinery worth crores of rupees is said to be lying unused, rendering the public health system ineffective.

**BMC seeks report on hospital equipment, *Express News Service*, *Indian Express*, August 24, 1998**

### For the want of an anaesthetist...

BJP supporters roughed up doctors and nurses at Mumbai's Bhagwati hospital after a BJP activist admitted early in the morning of August 25 to the emergency ward for gunshot wounds was reportedly left unattended for almost two hours, and died before treatment started.

The 365-bed hospital does not have a resident anaesthetist, like most peripheral municipal hospitals, and must rely on a panel of anaesthetists who are paid Rs 100 to Rs 300 per operation — a pittance compared to what they get at private clinics. All 10 anaesthetists contacted that morning refused to come, citing prior responsibilities.

**B JP leader's killing sparks trouble. *Express News Service*, *Indian Express*, August 26, 1998, Bhagwati hospital had no anaesthetist when B JP worker was brought in, Anil Singh, *The Times of India*, August 29, 1998**

### Unusually high mortality rate?

How many people died after undergoing the relatively safe procedures of angioplasty or angiography at the cardiac unit in JJ hospital, Mumbai. The deaths occurred within a span of three weeks, suggesting an unusually high mortality rate, according to those specialists who were willing to comment. The head of the department maintained that none of the deaths were related to the procedures performed. One of the surgeons blames crowded operation schedules and inadequate resources which leave little time for individual patients.

**Ill-health dogs JJ cardiac unit, S Hussain Zaidi, *Indian Express*, August 10, 1998**

**Medical negligence?**

The metropolitan magistrate at the Esplanade court recently directed two Mumbai doctors to appear before him after the wife of an airforce officer accused them of wrongful operation on her husband leading to his death.

Dr NH Banka and Dr PB Desai were directed to appear before the court on the basis of a complaint by Jyoti Raghunath that her husband, who was suffering from a stomach ailment, was wrongly operated upon. Dr Banka advised surgery for stomach cancer. Raghunath was operated upon by Dr Desai on April 25, 1996 and thereafter advised chemotherapy. However, when his condition deteriorated it was found that Dr Desai had only performed an exploratory laparotomy, and not removed the malignant part — contrary to what Mrs Raghunath believed. After obtaining a statement from another doctor, the magistrate issued a show-cause notice to Dr Banka and Dr Desai.

**Medical negligence. From the courts, *Indian Express*, August 24, 1998**

**More on doctors and the CPA...**

A Supreme Court decision on a case filed under the Consumer Protection Act (Harjot Singh Ahluwalia v Spring hospitals) awarding damages to the parents of a child left permanently brain-damaged because of medical negligence provoked the formation of the Forum of Medical Consultants, a Mumbai-based organisation as a pressure group to fight medico-legal cases and tackle medical infrastructural inadequacies. From the many letters commenting on the new organisation:

“The most important aspect of the Harjot Ahluwalia case is that the wrong injection was given by an unqualified nurse. This highlights the abysmal state of infrastructural facilities in the health care field.

“The Association for Consumer Action in Safety and Health (ACASH) [has found] the majority of complaints are either about failure of communication between the doctor and patient, or about poor infrastructural facilities. The fear of increased cost of health care is untenable. Cheaper health care should not be equated with acceptance of gross acts of negligence. It is necessary that the medical profession gives up its ‘siege mentality’ and undertakes some serious introspection.

“The CPA is a social legislation and its basic principle is system correction. If the medical profession doesn’t take a rational and objective look at dysfunctional systems in the health care field and initiate corrective steps, more legislations like the CPA are inevitable.”

**Arun Bal, President, ACASH, Mumbai. *Indian Express*, April 13, 1998**

The report highlights the hypocrisy of doctors who are distorting facts to make it appear that the Supreme Court’s judgement was a result of lack of medical infrastructure and not due to negligence.

“The judges had observed: *“In the case in hand we are dealing with a problem which centres around medical ethics and as such it may be appropriate to note the broad responsibilities of such organisations who in the garb of doing service to humanity have been mercilessly extracting money from helpless patients and yet do not provide the necessary services.”*

“Very often in a claim for compensation arising out of medical negligence, a plea is taken that it is a case of bona fide mistake which under certain circumstances may be excusable, but a mistake which would be tantamount to negligence cannot be pardoned. In the former case, a court can accept that ordinary human fallibility precludes the liability while in the latter, the conduct of the defendant is considered to have gone

*beyond what is expected of the reasonable skill of a competent doctor:*

*‘A consultant could be negligent where he delegates the responsibility to his junior with the knowledge that the junior was incapable of performing his duties properly.’“*

**Jehangir B. Gai, Mumbai, *Indian Express*, May 5, 1998**

**Patients bound in chains**

The Guru Nanak hospital, a *unani* dispensary — functioning as an unrecognised hospital — in Mangewal village near Anandpur Sahib, keeps more than a dozen patients bound in chains, “to avoid any mishap”. The patients are being treated for drug addiction, or a mental problem. While the police agree the practice is illegal, they say they cannot take action unless someone makes a complaint. The people who run the place say inmates’ complaints that they are bound against their will — at least one says he is being held there to settle personal scores — are concocted since they’re mentally ill.

**‘Hospital’ puts drug addicts in chains, Gurpreet Singh, *Indian Express*, August 31, 1998**

**With no consent**

More on the story of Nasir Ali, a Mumbai-based powerloom worker, who complained that his kidney was removed under the guise of doing medical tests for a job in Saudi Arabia.

Nasir was offered money to withdraw his complaint, and threatened when he refused.

Nasir was taken all over the country for what he thought was a job. The last of these stops was apparently Harkisondas Narrotamdas hospital, Mumbai, where Nasir says he was made to sign a blank sheet of stamp paper and given an injection, after which he passed out. When he regained consciousness a nurse told him he had donated his kidney. He says he was held

in the hospital till he managed to escape.

The Harkisondas hospital denied that anybody under the name of Nasir Ali had undergone a kidney transplant operation, but admitted that 'a certain Nasir Ali' had undergone a number of tests performed before kidney transplant and other kidney-related procedures at its outpatient department, following written consent. The hospital's medical director said Ali was referred to the hospital by two outside doctors, but refused to divulge their names.

The Bhiwandi police stated that initial investigations confirmed that Ali had stayed at the HN hospital between March and June 1997.

**Cheated into donating kidney, Bhiwandi victim fears for his life. Yogesh Pawar, *Indian Express*, April 10, 1998. Hospital denies charge, Express News Service, *Indian Express*, April 11, 1998. See also: Illegal trade in human organs unearthed; doctor held, Sonali Das, *The Times of India*, May 10, 1998**

### High-tech success or false claim?

In a May 1998 press conference, Drs Sumeet and Sumita Sofat, who run the Sofat Infertility and Women Care Centre, Ludhiana, announced that they had helped 6 1-year-old Karanjit Kaur conceive. The high-tech pregnancy was said to have been made possible with the help of various hormones and in-vitro fertilisation. The Sofats stated that a urine pregnancy test was positive after two weeks and an ultrasound scan showed a live foetus at six weeks.

But when Karanjit Kaur returned to her village in Ferozepur after the IVF, she developed complications, and eventually had to undergo a dilatation and curettage to remove an 'incomplete abortion'. Strangely, a histopathology test did not confirm pregnancy. An inquiry was launched into the incident, but called off when the Sofats challenged the inquiry team's qualifications.

Dr Naresh Bassi, secretary of the Indian Medical Association, says, "A majority of professional colleagues do not believe the Sofats' claim," and has demanded a government inquiry by a competent team - incidentally, something the Sofats also welcome. However, Karamjit Kaur says she has been through enough.

**She 'created' history, now she feels cheated, The 61-year-old woman who 'conceived' complains about her doctors to health authorities, Rajinder S Taggar and Ramminder Bhatia, *Indian Express*, August 17, 1998**

### Why the blood shortage

When the Supreme Court acted on a public interest litigation on commercial blood banks, and shut all commercial banks as of January this year, it may have acted rashly, according to some activists.

The result has not been an increased supply of blood, only more deaths for lack of transfusable blood, and higher costs of the now illegal commercial donation. The focus should be on ensuring quality blood, not banning commercial supplies, argue V B Lal, president of the Indian Association of Blood Banks and manager of Delhi's largest private blood bank, and Dr Ute Schumann, head of the Berlin-based Charite International Health project. Without building a cadre of voluntary blood donors, the PIL, and the resulting SC ban, have created a crisis.

**Despite 'swadeshi', India will have to import blood, UNI, *The Times of India*, May 12, 1998**

### The blood business

Hindustan Latex Limited, a public sector undertaking, has been booked for violation of drugs licensing guidelines, and illegal blood bags worth Rs 80,000 have been seized from its premises at Guindy, near Chennai. The drugs inspectorate conducted a raid on HLL and found over 600 blood bags stored without any drugs license.

They were labelled as samples but were reportedly meant for distribution among unlicensed blood banks. A show cause notice has been issued to the company for selling blood bags to 12 different hospitals and doctors who are without blood bank license, for illegal blood collection.

**Illegal blood bags seized from HLL, Express News Service, Chennai, *Indian Express*, Mumbai, May 15, 1998**

### Untested blood from South Africa to India, via Austria and Switzerland

Albovina, an Austrian company, has been accused of procuring blood from South Africa at cheap prices in collusion with a Swiss firm, processing it (as a diagnostic product and therefore not subject to critical investigation) in various countries in the West, and exporting it to India and China for use on human beings. The company reportedly bought the blood for \$ 9 million, selling it for \$ 80 million. A company employee notified the country's health ministry.

Comments from the Austrian health ministry spokesperson: "with high probability it is not gone into export but as far as the Austrian market was concerned the health minister has assured that the defective blood has not come into the domestic market."

At least two firms are reported to have bought human albumin from the company between 1994 and 1996. However, the drug controller stated that samples from these consignments were tested and found negative to HIV2. "Normally any consignment of blood products are subject to a 100 per cent check for HIV and Hepatitis at the point of import in India."

**'No tainted blood sample was imported', The Times of India News Service, *The Times of India*, May 29, 1998**

**Blood export scandal rocks Austria, G. Sudhakar Nair, *The Times of India*, May 20, 1998**

## Who is responsible for this woman's death?

**B**arnali, a student of class XI at Bankura Sammilani College, Calcutta, underwent an abortion in an illegal clinic in a medicine shop. In the process, her womb was punctured by an instrument and she bled to death.

Barnali's boyfriend, who put her body in a gunnybag and got rid of it in the jungle, has been arrested along with the doctor and the owner of the medicine shop. Yet they are not the only killers of this young woman.

Why is it that three decades after abortion was legalised, 4.5 million abortions out of the total five million a year are done in illegal settings?

In India, at least half of the unmarried women seeking abortions are adolescents, many among them below 15. Yet unmarried women's pregnancies are out of the purview of the health and family welfare programme, and hence none of its business.

Barnali had no access to information, counselling or health services. And she is the face of the bewildered, desperate Indian adolescents who make up one fifth of the country's population.

**Throwing them to the wolves, Swati Bhattacharjee, *The Telegraph*, July 14, 1998**

## 'Cross practice'?

**C**an a radiologist administer chemotherapy to a cancer patient? The question is being debated in the Kerala high court, which has stayed the Regional Cancer Centre directive preventing medical oncologists from conducting chemotherapy. "Patients requiring chemotherapy shall be treated by a medical oncologists who has specialised in chemotherapy and will be treated by a radiotherapist or others only on reference by the oncologist." Dr MK Nair director of the RCC said the directive was to make oncologists concentrate on 'curable' cases and leave 'palliative' cases to

radiotherapists. The RCC has only three oncologists and get 9,000 new cases each year, half of whom need chemotherapy. "Even Tata Memorial Cancer hospital in Mumbai does not have a medical oncologist," he said.

**Kerala HC examining if radiologists can administer chemotherapy, *Times of India News Service, The Times of India*, June 6, 1998**

## Prisoners shackled in hospital

**T**he family of a man who was shackled for his last 11 days of life in the Welsh capital, Cardiff, has been offered 25,000 pounds sterling. Geoffrey Thomas, an undertrial who had cancer diagnosed while he was in custody. The chains were taken off him three hours before he died. Two weeks earlier a woman was given 20,000 pounds sterling in compensation for being shackled during labour.

***The Times*, London, June 18, 1998**

## Executing a mentally ill man...

**I**n the US, judges stayed the execution of a condemned prisoner after his attorney said the state was forcing him to take anti-psychotic medicine with the sole purpose of killing him. Charles Singleton, 38, had been scheduled to die on March 11 and was moved to an isolation cell near the death chamber only hours before the Court granted its stay. A few months later, the stay was lifted. "The Court concludes that the involuntary administration of anti-psychotic medications are for appropriate purposes and not merely to achieve his competence for the purpose of executing him."

***Reuters*, March 9 and June 1, 1998**

## Doctors as executioners...

**T**he southern province of Hunan in China has become the second province to carry out an execution by lethal injection, executing a paralysed prisoner, Yang Meng. Until now the only other province to execute by lethal

injection was Yunnan province where, most recently, four prisoners were executed by injection in November 1997. Lethal injection remains a very selectively used execution method. Doctors appointed by the relevant courts administer the injections. This would be in breach of international codes of medical ethics.

***Agence France Presse*, citing *Xinhua* newsagency, May 14, 1998**

## Doctors concealing torture

**T**urkish Human Rights Minister Hikmet Sami Turk proposed legislation to increase the punishment for torture in police custody. The minister said a draft bill on the torture-prevention measures would soon be submitted to the Cabinet, increasing the maximum jail terms to eight years from the current five for security force members who use torture during questioning.

The minister also said doctors, pharmacists and other health officials who prepared false health reports in order to hide a torture case or bad treatment would be punished with a maximum penalty of six years in jail.

***Reuters*, July 24, 1998**

## Doctors and corporal punishment

**S**urgeons publicly chopped off the right hand and left foot of a man convicted of highway robbery, the first such double amputation by the Taliban.

Four surgeons wearing medical uniforms and blue masks carried out the 20-minute operation on June 19 at a thinly-attended local football stadium in Kabul after anaesthetising the alleged thief, Bashir Ahmad, witnesses said. According to the report, in the previous five months at least five convicted thieves had their right hands cut off in public in the Afghan capital.

***Agence France Presse*, Kabul, June 20, 1998**