

Too old **to treat**

**E**ighty-year-old John Quinn was denied a mitral heart valve replacement by two public hospitals in Australia, and was forced to have the operation in a private hospital instead.

Associate Professor Peter Thursby, president of the Australian Medical Association, said "tenuous clinical grounds are being increasingly used to avoid doing surgery on elderly patients."

The government decides hospital budgets, and hospital clinical teams create processes that formally or informally ration certain operations for certain groups of patients, generally prioritising on the basis of life expectancy. Patients with low life expectancies are either placed low on the waiting list or told that they are unlikely to be accepted. The prime minister, John Howard, denies that rationing occurs. Doctors refuse to operate on 80 year old man. Georgina Kenyon. *BMJ News* December 5, 1998

The right **to medical treatment**

**T**he Human Rights Act received royal assent in Britain, paving the way for patients to challenge the refusal of medical treatment on cost grounds. The act incorporates into UK law the European Convention on Human Rights. Implementation is certain to raise issues of National Health Service resources and health-care rationing. Judges' powers under judicial review—the means by which treatments are challenged — will become much wider under the act.

Human Rights Act will allow challenges to treatment refusals. Clare Dyer. *BMJ News* November 14, 1998

Legal help to die

**E**ighty-year-old C A Thomas from Pavaratty, Kerala, filed a writ petition in the Kerala high court for directions for a medically assisted voluntary death, as well as the establishment of a 'voluntary death clinic' attached to every district hospital, with facilities for a comfortable death and arrangements to examine the voluntary nature of the decision. The Union of India and the state of Kerala are asked to appoint a commission to study the practice of voluntary death in ancient India and suggest methods for its practice in the context of technological advancements today; and to set up an infrastructure to facilitate voluntary death and organ donation.

'I want to die while I am at my best'. Shefali Shrinivas. *Asian Age*. September 13, 1998

just can't afford to fall ill

**D**rug prices have shot up by 50 to 200 per cent ever since government controls on drug prices were relaxed in July 1995, says Dr Wishwas Rane, member of the Drug Action Forum. A study found the price of 41 products increased by over 100 per cent. Aspirin is selling for 200 to 483 per cent more than the government's ceiling price. Mumbai's general practitioners say they are under pressure to use stronger, more expensive drugs to show immediate results, and consumer activists feel irrational prescriptions will continue till the government implements the essential drug list, a basic index of drugs for most ailments. Pharmaceutical companies argue that Indian drugs are the cheapest in the world, though this will change with the introduction of product patents in 2005.

Rising medical costs drain family budgets; drug firms defend high cost of medicines. Sameera Khan, Dionne Bunsha. *The Times of India*. September 6, 1998

**A grading system for hospitals**

**A**voluntary accreditation scheme may soon evaluate Mumbai hospitals and nursing homes for space, equipment, staff quality, consumer satisfaction and more. "In essence it is self-regulation," says Dr Lalit Kapoor, convenor of the Forum of Medical Associations and member of the Forum for Standards in Health care, which is approaching financial institutions for funding. Eighty-three per cent of the hospitals and nursing homes surveyed responded positively. "The consumer protection act and the resultant medico-legal environment, the proposed entry of private insurance and the growing quality consciousness make nursing homes more amenable to ratings," says Dr Kapoor.

However, only 25 per cent of the hospitals wanted the system to include punitive action, 37 per cent to monitor professional fees and 41 per cent to monitor hospital charges. Forty-three per cent wanted patient redressal procedures to be incorporated into the accreditation system.

Hospitals and nursing homes in city may be upgraded to improve health care; city hospitals may soon be evaluated. Sameera Khan. *The Times of India*. September 7, 1998

**Scan scam?**

**A**writ petition in the Bombay High court alleges that the state government had awarded a contract for buying a CT scan machine and magnetic resonance imaging

machine to the JJ group of hospitals to Siemens Ltd at a loss of crores of rupees to the public exchequer. Two private hospitals bought identical machines much cheaper and on better terms from Siemens. The technical committee and tender committee were bypassed. The deputy secretary of the medical education and drugs department says the petitioners were ignorant of the procedural aspects involved in the purchase of sophisticated, modern machinery. State has worst administration, says chief justice. Law reporter. *The Times of India*. September 3, 1998

Women in clinical trials

**T**he United States Food and Drug Administration has proposed a rule to prevent the routine exclusion of women in early studies of drugs to treat life-threatening diseases just because of potential risks of toxicity to offspring or reproductive organs.

The rationale: a commitment to expanding access to and accelerating approval of new therapies for life-threatening diseases; recognition that physicians and patients are generally willing to accept greater potential risks or side effects from medical products to treat life-threatening diseases, and together can make their own risk/benefit decision when given thorough information. FDA Proposes Rule On Women In Clinical Trials. Udo Schuklenk. From the internet.

Anaemia is a rights violation

**T**he National Human Rights Commission has formed a core group to address women's and children's health. Fifty per cent of the country's infant mortality rate is due to low birth weight. Forty-seven per cent of pregnant women have moderate-to-severe anaemia. The neglect of the 28-year-old National Nutritional Anaemia Prophylaxis Programme is "essentially a serious breach of national responsibility, cutting the very roots of basic human rights to life, and good physical and mental health," says N Kochupillai, head of endocrinology and metabolism at the All India Institute of Medical Sciences, Delhi.

Sanjay Kumar. Perinatal mortality a human rights issue in India. *The Lancet*. Vol1351. May 2, 1998.

Doctors who execute are 'protected' by the state

**A**group of American doctors is suing the state of California to stop requiring doctors to participate in executions, contending that such participation violates the Hippocratic oath and is contrary to ethical practice.

Some 27 US states require the presence of doctors at executions, administering lethal injections, witnessing executions, and certifying prisoners' deaths. The Illinois government gives anonymity to such doctors to prevent their "persecution" by medical societies.

Meanwhile, the American Medical Association (AMA), the American College of Physicians, and most state medical societies bar doctors from taking part in executions. The AMA allows psychiatric evaluations of competency to sit for an execution, but not to treat a mentally incompetent condemned prisoner if it is likely to lead to execution.

US doctors want no part in executions, Deborah Josefson. *BMJ News*. September 12, 1998

The anti-fertility vaccine: unsound and unsafe

Women's health groups protested at the 10th international congress of immunology in New Delhi, describing immunological contraception as "scientifically unsound and inherently unsafe". A report by Saheli Women's Resource Centre accused scientists of trying contraceptive vaccines on humans without establishing their safety and efficacy.

Of the six contraceptive vaccines aimed at eliciting antibodies against reproductive hormones, only one — the 'Talwar vaccine', developed at Delhi's National Institute of Immunology — reached phase II clinical trials, and only 80 per cent of the vaccinated women developed antibody titres above the threshold of 50 ng/ml required to prevent pregnancy.

The Saheli report also claimed that Indian researchers followed up children born to women during or after the trials for only four years. Talwar, however, reported that long-term studies of the progeny of primates tested with the vaccine show that it is "completely safe." Conference delegates suggested that opposition to basic research was "premature and unscientific."

Indian women's groups question contraceptive vaccine research. Ganapati Mudur. *BMJ News*, November 14, 1998

Euthanasia: the easy way out

Euthanasia in the Netherlands is proving detrimental to the practice of medicine and is usually avoidable, says Dutch palliative care physician Dr Ben Zylicz.

The practice of non-voluntary euthanasia in which the patient is unable to give consent is becoming widespread, in contravention of Dutch guidelines, warned Dr Zylicz. He suggested that the fact that there were only 70 specialist palliative care beds in the country was a reason why doctors and patients often resorted to euthanasia. Many patients needing terminal care were currently discharged to their general physicians, few of whom received training in palliative medicine — as a result of which they saw euthanasia as the only solution if the patient's suffering became too great. A quarter of the patients admitted to the hospice where Dr Zylicz works had initially requested euthanasia, but none had ultimately used it.

Better palliative care could cut euthanasia. Hugh Matthews. *BMJ News*. December 12, 1998

The right to refuse a caesarean

In the UK, a 30-year-old woman who developed pre-eclampsia in the 36th week of pregnancy was admitted into hospital against her will for assessment under the Mental Health Act, and her child was delivered by Caesarean following court orders, though the woman was not treated for mental illness. The judge ruled that she had been wrongly detained, and was entitled to refuse the invasion of her body. Pregnancy does not reduce a woman's right to refuse medical treatment; an unborn child's need for medical assistance does not prevail over the mother's rights.

UK woman wins right to refuse Caesarean section. Sarah Ramsay. *The Lancet*. May 16, 1998

It's a good idea, but we don't want to get involved

The US government accepted that needle-exchange programmes reduce HIV spread without encouraging illicit drug use, but has left it to local communities to use their own dollars to fund such programmes. "This administration has shown a callous disregard for the disproportionate impact this decision will have on communities of colour and women," said Pat Christen of the San Francisco AIDS Foundation HIV Prevention Project.

USA continues federal ban on needle-exchange funding. Julie Rovner. *The Lancet*. May 2, 1998

TB: the new stigma

The World Health Organization has cautioned that national policies to screen

immigrants for tuberculosis would stop infectious patients from seeking or continuing treatment. One country has deported 1030 legal workers, and another plans to deny entry to "any individual who is or is likely to be a danger to public health or public safety." Screening measures cannot protect citizens against all infectious diseases, especially TB which is spread through the air.

Screening immigrants for TB will worsen epidemic, says WHO. Kalpana Jain. *The Times Of India*. December 2, 1998

Paying for AIDS vaccine trials

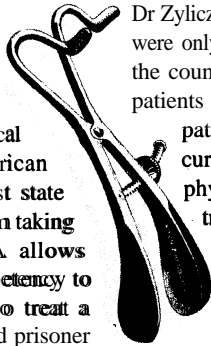
India will start participation in international AIDS vaccine trials in about two years, according to officials of the National AIDS Control Organisation. "Over 2,500 people representing commercial sex workers and clients of STD clinics have been recruited in Pune, and another 'cohort' of injectable drug users are being maintained in Manipur." The trials would be approved by an ethics committee involving the National Human Rights Commission, and funded by the US National Institutes of Health, the International AIDS Vaccine Initiative, and the \$250 million World Bank loan. India okays AIDS vaccine trial. *The Times of India*. November 10, 1998

A hospital where patients aren't treated

At least 16 of the 450 inmates of the government mental hospital at Amritsar have gone blind allegedly due to negligence, according to the Punjab Human Rights Commission. Most of them had operable cataracts, but there was no one to stand them surety before the operation. Eight developed crippling disabilities including limb fractures. Eight of the 12 doctors were specialised in unrelated subject, and the superintendent was an eye specialist. One nurse sometimes looked after three wards at a time. The Commission ordered treatment and a study into the hospital's functioning. 16 inmates of mental hospital turn blind in Punjab. Ajay Bharadwaj. *The Times of India*. November 10, 1998

Jeevandayi: too much for too few

With limited resources and huge bills, the Maharashtra government's Jeevandayi scheme to provide 30 per cent free 'super specialty' services for poor patients in public hospitals cannot be sustained in the long term, say experts. The



scheme will cost too much, cover too few. Long-term efforts will have to focus on enhanced health budgets, raising money from charitable institutions, and a health insurance system that meets the needs of the employed and middle-income group. Jeevandai scheme is a boon for poor heart patients. Rupa Chinai. *The Times of India*. October 21, 1998

**Legal help for AIDS discrimination**

The Lawyer's Collective has set up a legal cell funded by the European Commission to help HIV-positive patients fight discrimination. A woman whose husband had died of AIDS was helped negotiate a settlement with her in-laws. A man who lost his job when the hospital revealed his HIV status to his employers is fighting for his job.

Legal cell to 'aid' patients. Deepa A. *Indian Express*. October 23, 1998

**Ethics, of AZT**

As a large number of pregnant women are already infected with HIV, the medical community is confronted with ethical questions on how to treat HIV-infected pregnant women. Some 30-40 per cent of their children will become infected, either *in utero* or during breast feeding. The government is planning trials of AZT, which costs Rs 50,000 per child saved. But if AZT is stopped suddenly, it can increase the levels of virus in the mother. If breastfeeding reduces the risk of transmission, babies without breast milk can succumb to malnutrition. Promoting bottle-feeding for HIV positive women could stigmatise them. HIV-infected pregnant women pose problems. Kalpana Jain. *The Times of India*. October 12, 1998

**The realities of sterilisation camps**

Some comments on a study on the quality of sterilisation services in Kerala: short-staffed, no counselling or discussion of safe alternatives for ineligible women, cursory preoperative examination; up to eight times the permitted maximum of six operations per two hours; no safe drinking water; abysmal toilet facilities; two women per bed and one on the floor in the recovery room...

And this is in one of the better-run services. Operations in Bihar are routinely conducted under the light of battery-operated torches, in un-disinfected school classrooms, on rusty tables with soiled rubber sheets. Surgeons disinfect their hands with a single

bucket of water, reuse syringes... Female sterilisation is a gamble with safety. P.T.I. *The Times of India*, October 20, 1998

**Discharged because he's HIV-positive**

Thirteen-year-old Sunil Gupta lost his legs in a train accident, and contracted HIV, possibly through a blood transfusion at Bhagvati municipal hospital in Mumbai. His parents say that Nair hospital treated him but then forced him out before the wound healed.

Nair hospital refuses to admit HIV-positive boy. Anil Singh. *The Times of India*. November 9, 1998

**HIV and marriage**

The supreme court ruled that persons suffering from certain contagious diseases cannot enforce their right to marry. A hospital does not violate medical ethics of confidentiality when it informs the spouse or would-be spouse of an HIV-positive person of the health condition, and it is not liable for compensation if the marriage is cancelled as a result. When there is a clash between one person's right to privacy and the other's right to life, the right which would advance public morality would be enforced. However, AIDS patients deserve full sympathy and respect, they should not be shunned, and they should not be denied jobs or services.

AIDS patients have no right to marry: SC. TOINS. *The Times of India*. November 17, 1998

**IV fluid purchase scam**

The Delhi high court issued a contempt of court notice to the union health secretary for not implementing a committee's recommendations to register a CBI case in the 'intravenous fluid purchase scam'. This was in response to a People's Union for Civil Liberties public interest litigation seeking a probe into the 1993 purchase of IV fluid worth Rs 50 lakh by Safdarjung hospital, the use of which caused the deaths of two patients and infections to others. HC raps health secretary for delaying probe. P.T.I. *Indian Express*. November 24, 1998

**Patients must get their case papers**

Nanavati hospital in Mumbai was fined Rs 5,000 for refusing to provide copies of a patient's case papers. Madan Joshi needed the papers for his negligence case against the hospital and orthopaedic surgeon Prakash Kanase for allegedly negligent

spinal surgery. Nanavati hospital fined for withholding case papers. Sumit Ghosal. *The Times of India*. Bombay Times. November 24, 1998

**Accountable for not being prepared**

The National Commission ordered Dr Rashmi Fadnavis to pay Rs 2.5 lakh as compensation for negligence to the husband of an obese patient with a rare blood group, who died of cardiac arrest and excessive blood loss while undergoing elective surgery. The doctor had failed to keep at hand blood, and an intracardiac needle of the appropriate length.

Fixing accountability for medical negligence. Pushpa Girimaji. *The Times of India*. October 26, 1998

**Is AZT safe for pregnant women?**

The National AIDS Control Organisation plans to launch trials of short-course AZT for HIV-positive pregnant women, to prevent maternal-foetal transmission of HIV. Yet, there is not sufficient information on the virus' incidence in the general population. Will Indian women get full information on a drug which can cause cancer, lead to birth defects and genetic mutations? What about cheaper alternatives such as vitamin A, and what about just good nutrition, which includes breast-feeding (discouraged for HIV-positive women)? Finally, how reliable are HIV testing kits in severely malnourished people with TB and other infections?

Preventing HIV transmission. Rupa Chinai. *The Time of India*. November 9, 10, 1998

**No money for Siddha drug research**

The Chennai government hospital of thoracic medicine conducted a double-blind, placebo-controlled trial of Siddha medicine for AIDS patients, to develop a drug protocol which, when used within a programme of nutrition, exercise and psychological support, seems to reduce CD4 and CD8 cell counts. However, doctors \*complain that lack of research support, from NACO, the ICMR or the state government, consequently denying scientific investigation into the efficacy of this medicine.

Lack of research support mars good work in Siddha drugs for AIDS in Tamil Nadu. Rupa Chinai. *The Times of India*, November 17, 1998