## Tribals get IPRs

In the first instance of tribals getting intellectual property rights and commercial benefits, some 200 families of 30 Kani tribal settlements in Thiruvananthapuram district have been given Rs 5.19 lakh for a herbal drug.

The Tropical Botanic Gardens and Research Institute (TBGRI) here developed a drug from the plant 'arogyapacha', which the Kani tribals used to eat for instant energy. After trials, the drug had been transferred to the Coimbatore-based Arya Vaidya Pharmacy for Rs 10 lakh as license fee and royalty. The TBGRI decided to plough back 50 per cent of the license fee to the Kani tribal community whose traditional knowledge led to the development of the drug. The money is deposited in the Kani Community Welfare Trust which plans to use it for the community's development in health and education. The trust has also resolved to give Rs 50,000 to three tribesmen who had imparted the secrets of the plant to the TBGRI scientists.

**Kerala tribals receive royalty for herbal drug. PK Surendran. *The Times of India*. March 24, 1999.**

## Instant medical degrees

The Mumbai Central-based accupressurist certainly cannot be described as a hard task master. "It all depends on you, he tells this journalist who approached him in the guise of a degree-seeker. "You should start with a diploma in accupressure, which costs Rs 4,000."

"How long will it take? I'm in a hurry."

"Do you have any background?" asks the safari-suited guru.

"I've read a little on alternative medicine."

"Good, good," he encourages. "Then it will take a month. Come once a week for one hour. If that is inconvenient, we will adjust. Our degree is recognised everywhere because we are connected with a foreign university. "

"Will there be any exam at the end?"

"Oh, that is no problem," he assures. "You will certainly get your degree. I can also give you a degree in reiki, pyramidology and crystal therapy. Also, if you want to practice as a doctor, it is best you get an MS degree. The Master in Shistsu costs another Rs 4,000."

"How long will that take?"

"That depends on you," concludes the teacher of many therapies. "You have to prepare some case papers. But if you are in a hurry, you can easily become an MS in a few months."

**City's 'degree dalals' cash in on booming business in alternative medicine. Shabnam Minwalla. The *Times of India*, Mumbai. March 28, 1999.**

## Newly-married — and sterilised

An 18-year-old newly-married woman was 'mistakenly' sterilised at a camp in a remote Rajasthan village when she went to the camp suspecting that she was pregnant. The doctor present apparently did not bother to find out why she had come there, but asked her to lie on a table and proceeded with laparoscopic sterilisation. They did not cross-check her name with the list of persons to be operated on, or ask for her registration card and pre-operative test reports. The state health secretary described the operation as "unfortunate" and "unpardonable", said three doctors and a supervisor had been suspended "pending suitable action", and the girl would receive free corrective treatment.

**Newly-wed woman sterilised by 'mistake' in Rajasthan. Pradeep Kaushal. *Indian Express*. April 1, 1999.**

## Sorry, no free treatment

The Escorts Medical and Research Centre in Faridabad has been issued a show cause notice for not providing free treatment and bed facilities to poor patients, a condition under which the hospital was granted land at subsidised rates. If the management is unable to satisfactorily explain why it was not following this condition, its allotment would be cancelled. The hospital's management denies any violation of the conditions. "We run the OPD from 9 am till lunch for those from economically weaker sections," said general administrator A E McMullen, insisting there was no mention of reserving beds for the poor; instead the hospital made beds available to such patients when they were admitted. "If a poor patient is admitted he has to cough up thousands of rupees on the pretext of various check-ups," says Kishan Lal Gera, one of two Faridabad residents who had filed a complaint on the matter four years ago. The joint commissioner, municipal corporation (NIT zone), A Poonjani, noted in his report that the hospital was neither providing any allopathic medicines to the outdoor poor nor reserving any beds for poor patients in the hospital.

**Escorts hospital issued notice for ignoring poor. Arif A Khan. *Indian Express*. April 18, 1999.**

## Epidemic of Caesarean births

Was the Caesarean really necessary and risk-free as the doctor made it out to be? Was it done for the health of the patient or the convenience of the doctor? As the number of c-sections as opposed to vaginal deliveries rises in the city, it is becoming increasingly apparent that many of these surgeries are completely unnecessary. Conservative estimates indicate that about 15 out of 100 deliveries require a c-section. Yet private hospitals sometimes touch 25 per cent, and some small maternity homes as much as 80 per cent, apparently rather than risk trying to find an anaesthetist in the middle of the night if surgery turns out to be warranted. Also, the obstetrician who charges Rs 6,000 for a normal delivery can slap a fee of Rs 20,000 for a Caesarean. And since recovery is slower, nursing home beds are filled for longer periods. Besides, it's so much more convenient to schedule the surgery rather than lose a night's sleep or the weekend. It is forgotten that like any major surgery, the c-section has its risks.

**Spurt in Caesarean births alarms medical activists. Shabnam Minwalla. *The Times of India*. April 18, 1999**

## HIV positive should have right to marry

A writ petition filed in the Bombay High Court by the Lawyers' Collective on behalf of two HIV-positive people challenges the recent Supreme Court judgement suspending an HIV-positive person's right to marriage. The petition points out that HIV-positive people have a right to marry if they disclose their status to their potential spouses, and take their prior consent.

The Supreme Court judgement exposed the vulnerability of the HIV positive person in the present social system. The petitioner, a doctor accompanying a patient to Chennai for an operation, donated blood for the patient, for which his blood sample was taken and tested. Some months later, unaware of his HIV status, he proposed marriage to a woman. Subsequently, the Chennai hospital going against all medical ethics, disclosed the groom's HIV status to the bride's family, the marriage was called off and the man was hounded out of the state.

**HIV positive look to clarify fine print on marriage. Aruna Chakravorty. *Indian Express*. April 19, 1999.**

## Communicating with the terminally ill

It is the mother of all dilemmas for doctors. To tell or not to tell? And if yes, how and to whom? The patient or the family? How does one break bad news to a sick person, someone who is about to die?

Debated for long in medical circles, experts are still to arrive at solutions. Communication skills are the last thing on

the minds of medical students. However, more medical professionals are veering around to the opinion that something needs to be done.

A start is being made with all personnel attached to the newly-opened hospice project of the Bangalore Hospice Trust being specially trained in communication skills for terminally-ill cancer patients. A group involving experts from NIMHANS and Kidwai Institute of Oncology is working out details. A training module was developed for the Manipal School of Nursing as well.

The poor state of palliative care in the country is a leading reason for the neglect of communication skills in medicine. Also, in the Indian context, the family's role cannot be underplayed. There are several issues here, notes Dr Prabha Chandra of NIMHANS. Some (patients) may not understand the diagnosis. But they have the right to know or even not to know and one should leave that decision to the person concerned." Other doctors also agree that the patient, as well as close relatives, need to be told, they suggest that doctors need to adopt different styles given the personaility of the patient.

**Most doctors are in a dilemma to communicate with the terminally-ill. Sriranjan Chaudhuri. *The Times of India*, April 25, 1999.**

## Testing HIV vaccines on the sly

An Indian AIDS campaigner, Ishwar Gilada, who allegedly administered an untested AIDS vaccine to ten HIV-positive patients had his bail application rejected by the Bombay courts on May 5.

A controversial AIDS campaigner and founder of the Indian Health Organisation (IHO), Gilada was arrested on April 24 for his role in giving Manisyl, a bovine immunodeficiency virus vaccine, to patients between March and April, 1994, at a IHO-run clinic. Charges against him include causing death due to negligence and cheating by impersonation.

The case opened in September, 1995, when a patient, requesting anonymity, took the matter to court. The Drug Controller of India then stated that no mandatory clearance had been given to carry out any such trials, which were decried in the media as illegal and unethical. The *Indian Express* reported that no animal or human safety-studies had been done. The patients were paid Rs 1000 for participating in the trial, while Gilada allegedly received Rs one lakh.

The vaccine was allegedly developed by Bhairab Bhattacharya, a US-based veterinarian and funded by Manisyl's manufacturer's, Sylka Managing Company (FL, USA). When the case emerged in 1995, the manufacturers disappeared. The vaccine was also allegedly tested on several HIV-positive prostitutes in Calcutta. This case has been linked to Bhattacharya though not to Gilada, say AIDS campaigners. Meanwhile, three of the IHO clinic patients, one of whom filed the original case, have died.

**Sanjay Kumar *The Lancet* (UK) , 15 May 1999**

## Commerce in the name of AIDS

The recent arrest of Dr I S Gilada for conducting secret trials of the Bovine Immuno-deficiency Virus (BIV) vaccine — which allegedly resulted in the death of an HIV patient — has drawn attention to the ugly underside of AIDS activism.

From vaccine trials to clandestine serum transfers, from poster-making to pop concerts, a veritable cottage industry has sprung up around HIV. As a senior journalist who has often covered the subject maintains straightfacedly, "More people live off AIDS than die from it.".

"In the name of AIDS it is easy to swing just about anything," adds gay rights activist Ashok Row Kavi.

It is estimated that 350 NGOs in Maharashtra vie for funds earmarked for AIDS-related projects. While there are genuine grassroots organisations which do consistent work, many believe that the bulk of the money goes to organisations which are savvy enough to produce impressive project proposals.

The buzz is that there are 'dalals' who broker marriages between flush funding agencies and hungry NGOs — all for a price of course. The enterprising middleman gets about 10 per cent of the value of the grant.

Even larger sums are available for those who are willing to collaborate with international research efforts. The only hitch is that much of this — like the IHO vaccine trials — is illegal. "Most medical people who are working with HIV/AIDS are routinely approached by foreign organisations who want to conduct vaccine trials or smuggle Indian serum samples abroad," says Dr Shashank Joshi, scientific editor of the *Journal of General Medicine.*

**Activists minus credentials hop onto the AIDS fund-wagon. Shabnam Minwalla and Sameera Khan. The *Times of India*. May 2, 1999**

## Legalised discrimination

According to a HIV Prevention Bill currently pending before the state assemblies of Maharasthtra and Karnataka, doctors can refuse to treat and perform medical procedures on HIV-positive persons. Under the guise of allegedly protecting the public... the Bill calls for the establishment of an HIV Prevention Board at the state level which has the power to seek information on the HIV status of a person and to declare certain areas as HIV high-risk areas. The director of the proposed board can also demand mandatory testing and isolation of any person 'reasonably suspected to be infected with HIV.'

**The AIDS bill. Editorial. *The Times of India*, June 2, 1999**

## HIV drug testing on infants stopped

The Maharashtra state government has ordered a detailed inquiry into the controversial proposal to test anti-AIDS drugs on babies born to HIV-infected women at JJ, Cama Albless and Sassoon hospitals.

JJ hospital's gynaecology department had mooted testing AZT and 3TC — approval for which is pending with the Drug Controller of India — on the babies in the Out Patient Department.

The drug trial was proposed in collaboration with the John Hopkins University, USA, which was also to supply the drugs. The project was submitted by Dr K E Bharucha, professor and head of the department of gynaecology at JJ to the hospital's ethical committee for approval. The committee rejected the report, and members of the committee also claimed that DR Bharucha had been trying to influence them to approve the report.

The committee had also objected to the misrepresentation of designations by doctors who are part of the trial as well as incorrect data on HIV incidence among newborn babies, which had been done to mislead the foreign collaborator, said sources. Dr Robert Bollinger of Johns Hopkins has reportedly given an undertaking that the information provided in the project report is correct and that he is aware that he can be criminally prosecuted if any information is found to be false, sources said.

Thomas Benjamin, secretary of the state medical education and drugs department, said, "We will certainly not allow any drugs

that are not cleared by the DCI or the ICMR to be tested on children." He also agreed that designations had been intentionally misrepresented in the report, and assured proper action.

**Anti-AIDS drugs tests: government orders probe. Raja Charm. *Indian Express*. May 20, 1999** (also look for I.E./EN May 18: antiaids drug trial proposed on kids of HIV positive mothers.)

## No admission for AIDS patient

A 26-year-old AIDS patient requiring blood transfusion was allegedly denied admission to the government-run Mahatma Gandhi Medical College and Hospital in Sakchi, near Jamshedpur. He was finally given a transfusion at another hospital approached by a local voluntary organisation, HPF. MGM's superintendent, Dr R S Choudhary, refuted the charges. " A team of doctors had examined the patient at MGM. We had to refer him to Patna Medical College and Hospital as we are not equipped to treat AIDS patients here."

**AIDS patient denied admission. *The Times of India* News Service. June 5, 1999.**

## Negligence punished

Twenty-year-old Prasanth Dhanaka, an engineering student, drove to the Nizam's Institute of Medical Sciences in Hyderabad on his two-wheeler, for treatment of a benign tumour detected in the left hemithorax. He left the hospital after seven months of physical and mental agony and trauma, in a wheelchair, the lower part of his body and legs completely paralysed.

The order of Dr Thamarjakshi, member, national consumer disputes redressal commission, holds the Institute, its director as well as the professors of cardiothoracic surgery, neurosurgery and general medicine guilty on various counts.

Though it was not an emergency, the doctors failed to conduct the necessary pre-operative tests which would have shown the need to involve a neurosurgeon right from the beginning of the surgery.

Then, when the preoperative CT scan showed erosion of the vertebrae, the case should have been referred to a neurosurgeon as well as a cardiothoracic surgeon. Instead, it was referred only to the cardiothoracic surgeon, who did not discuss it with the neurosurgeon.

It was only while removing the tumour that the surgeon noticed the erosion of the vertebrae and called the neurosurgeon. By then the spinal cord had been injured during excision of the tumour, leading to paraplegia. Even after this, the doctors' and institute's further negligence resulted in the patient developing a urinary tract infection, septicaemia, severe pulmonary infection and bed sores, necessitating his stay at the hospital for seven months.

Mr Dhanuka in his complaint filed in 1993, sought a compensation of Rs 4.56 crore under various heads. The commission awarded a total compensation of Rs 15.5 lakh, to be paid by the institute since the doctors are employees of the institute.

**Medical negligence. Pushpa Girimaji, *Newstime*, May 3, 1999.**

## Should a visually disabled person practice medicine?

The case of a final year medical student in the All-India Institute of Medical sciences, who has become totally blind following an eye disease, has triggered an ethical debate: should a visually handicapped person be allowed to become a practicing doctor? AIIMS authorities are consulting experts for an answer. The student developed the disorder before he could appear for the final year MBBS examination, and despite five operations, doctors could not restore his vision. He is now adept at computer-based reading programmes and says he can complete his education with the help of these and prepared tapes of textbooks. AIIMS doctors have allowed him to appear for the examination but are not sure he can be allowed to become a doctor since the profession involves use of visual skills. "A small degree of blindness could have been acceptable. To let him become a doctor may do more harm." The student replies: "The inference that those who cannot see cannot do medicine is incorrect. People before me have practiced psychiatry."

**Blindness plunges medico's career into darkness. Kalpana Jain. *The Times of India*, Mumbai. June 1, 1999.**

## Medical mafia

A massive mafia is openly operating at the government general hospital in Chennai even as the authorities shrug their shoulders. In the cardiothoracic block, workers demand bribes for various 'services' at every point from the hospital bed to the surgery and back. threatening to manhandle the patient unless the relative pays up right away. X-rays and wheelchairs come at a premium. The hospital dean admitted the complaints were serious, said he'd instituted an inquiry, but said it was impossible to check such practices altogether.

**Medical Mafia hits government hospital. Arun Ram. *Indian Express*. May 25, 1999.**

## IV fluids don't meet the standards

A study by the Consumer Education and Research Society testing 41 brands of intravenous fluids found that 14 brands of fluids had particles exceeding the limits specified by the Indian Pharmacopoeia.

**CERS study reveals poor quality of IV fluids. Business Times Bureau, *The Times of India*, June 5, 1999.**

## Going dotty over DOTS

In Delhi, a Voluntary Health Association of India (VHAI) study showed that the DOTS centre involved in the RNTCP pilot project was 3-4 kms. from the farthest points of its "catchment' area. Patients therefore, had to hire rickshaws that cost them Rs. 12/- one way. Which meant for the eight weeks of the 'intense phase' of DOTS, they had to spend Rs. 24/- a day, Rs. 72/- a week and Rs. 576/- in all on transportation alone. And since the majority of the patients were casual labourers who found employment at precisely the time when the therapy could be administered (9 a.m. to 12 noon), a visit to the DOTS centre three times a week meant the loss of a day's livelihood for both the patients and their attendants.

**Going dotty over DOTS. *Indian Express*, Sourish Bhattacharya, March 24, 1999.**

## TB project chases targets, not patients

India's TB patients are blamed for the failure of the national programme, because they do not complete treatment. Evidence from the field however shows that the majority of patients are desperate to be cured. They fail to complete treatment only because of the deficiencies in the public health care system. Indeed, from Thane district in Maharashtra of Mangaldoi district in Assam, the story is the same, with or without DOTS. District TB centres hold no TB drugs; reagents for sputum testing are not provided; the x-ray machine has broken down; and health care providers, lacking training and motivation, could not care less.

**TB project chases targets, not patients. *The Times of India*. Rupa Chinai. *The Times of India*. May 29, 1999.**