

Abortion death

On March 10, Monita Bhardwaj died in Safdarjung Hospital, Delhi, following an abortion. The post-mortem report clearly indicts the doctors treating her, according to Dr KL Sharma, one of the panel of doctors conducting the PM. Monita was taken in for the procedure around 11.30 a.m. Half an hour later, her husband was told she had died of an epileptic seizure. When he got agitated, doctors told him he should be grateful for the death certificate, considering the marriage was just a year old. When he persisted in his efforts to register a medico-legal case registered, his in-laws were advised to register a case against him for dowry harassment.

Negligence caused abortion death: post mortem, Sonal Manchanda *Indian Express*. March 15, 2000

Persistence may pay

Following the Supreme Court's directive to reopen the case pertaining to a person's death in 1985, three doctors face charges of criminal negligence.

Farhad Ali Khan was injured in a road accident, and admitted to the Magadh Medical College and Hospital in Bihar, where he died due to excessive bleeding a few hours later. The complainant, Farhad's uncle, said the head of surgery was supposed to be on emergency duty when the accident victim was admitted but was not present, and did not examine him even later. The head of the department of orthopaedic surgery advised attendants to shift the patient to his private nursing home instead. A third doctor reported three and a half hours late for emergency duty and did nothing while the patient bled profusely. Thereafter, hospital records were allegedly tampered with to create evidence that Farhad had been properly treated.

When a criminal complaint was dismissed, as was an appeal against the dismissal, the complainant moved the supreme court, which asked the high court to pass a 'speaking order' giving its reason for accepting or rejecting the findings. On September 16, 1999, the Patna high court directed the trial court at Gaya to put the three doctors on criminal trial on the basis of the complaint.

Three Gaya doctors will be tried for death of patient due to 'negligence', Abdul Qadir, *The Times of India*, December 18, 1999.

Transplant panel in Mumbai

A zonal transplant coordination centre has been set up at the LTMG hospital in

order to give fresh impetus to the organ transplant programme and coordinate between hospitals involved.

After the Human Organ Transplantation Act was passed in 1994, major hospitals were inspected and permitted to carry out organ transplants. The act was to stop the illegal sale of kidneys. Live and related transplants were to be screened by an authorisation committee to ensure there was no commercial deal. However, most hospitals used the permission to carry out only live and related transplants and there was hardly any serious effort to carry out cadaver transplants. There has not been a single kidney cadaver transplant in Mumbai since July 1999. There was no initiative from individual hospitals to promote cadaver transplants. The committee will ensure equitable distribution of organs from cadavers by maintaining a central registry at LTMG hospital. Criteria will be laid down for the distribution of organs and a waiting list drawn up, without exceptions. The zonal committee will monitor all cadaver transplants to see how the procedure can be improved. Efforts will also be made to increase public awareness so that patient suffering need not be prolonged.

Panel to organise transplants, nerve centre at Sion: no takers for kidney transplants, not one in the last nine months in the city. Rajiv Sharma, *Indian Express*, April 22, 2000

Presumed consent

The British Medical Association has launched a campaign to increase the number of organs available for donation through a system of "presumed consent," which assumes that every patient wished to be a donor unless he or she had registered an objection. However, doctors would have the discretion not to proceed if the potential donor's wishes are not known and donation would cause major distress to a first-degree relative or long-term partner.

Waiting lists for transplants have grown without any corresponding increase in the number of transplants, and in the second half of the 1990s, 1,000 patients died while on the waiting list.

The association calls for the "introduction of a single, comprehensive, piece of legislation covering all aspects of organ donation—from both live and cadaveric donors"; the use of invasive procedures on dead patients to protect organs till they are transplanted; a 24 hour telephone helpline to answer questions related to organ donation, and changes to current training to

overcome the shortage of transplant surgeons.

BMA campaigns for "presumed consent" to organ donation, Mark Silvert *BMJ* 2000;320:1626

Drug trial deaths

South Africa's HIV/AIDS drug trials industry was thrown into confusion after the government had to stop a trial in which five patients died, 11 per cent showed signs of severe liver toxicity, and allegations were levelled that women in one site of the trial had not given fully informed consent.

The FTC 302 trial was being conducted in adults to document the safety and efficacy of different combinations of antiretroviral drugs, including a new unregistered drug called emtricitabine. It also included the new drug nevirapine, manufactured by Boehringer Ingelheim and being tested in South Africa for use in the prevention of vertical transmission of HIV. Some 16 sites were being used around the country.

The Medicines Control Council has been reviewing its control of drug trials, as have various ethics committees. The number of drug trials in South Africa have risen rapidly recently, and there seems to be widespread consensus that the system is in urgent need of an overhaul.

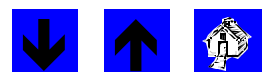
South Africa to tighten control on drug trials after five deaths, Pat Sidley, *BMJ* 2000;15 April

Too old to teach ?

The Bombay High Court has admitted a public interest petition filed against the Mumbai University, challenging the continuation of service of five Bombay Hospital doctors beyond the stipulated age of 65. It argues that private colleges must follow UGC guidelines under which an extension would be given to such teachers up to the age of 65 years only.

The Medical Council which is one of the respondents in the case, has in its affidavit endorsed the petitioner's contention that the continuance of the doctors in service was in violation of the government order.

The council referred to a Supreme Court order that recognised its responsibility for the maintenance of the highest standards of medical education and which emphasised that the recommendations of the council were mandatory and binding on medical teaching institutions and colleges. However, the Mumbai University has contended that 'it is explicitly clear that the paramount concern in regard to the eligibility of teachers in private medical colleges is confined only to their physical and mental fitness.'



Doctors in trouble By A Special Correspondent,
Midday, May 06, 2000

Can you test someone's blood against their wishes?

Can a person be compelled to submit to a blood test against his or her wishes, such as to determine a child's paternity? When a woman and her daughter filed for maintenance against a man who they said was the girl's father, the man asserted that his wife had not lived with him for years, asked the court to direct mother and daughter to take blood tests to determine the child's paternity.

When the trial court asked the women have the paternity tests done by the district surgeon, failing which adverse inferences would be drawn, the petitioners approached the High Court, which held: 'To compel a person to undergo or to submit himself or herself to medical examination of his or her blood test or the like without his or her consent or against his or her wishes tantamount to interference with his or her fundamental rights to life and liberty'. The High Court has held that no woman, or as a matter of fact, no person can be compelled to undergo any medical test against his or her wishes.

Case No.-2 AIR 2000 Karnataka 50 Smt. Ningamma & others, Petitioner vs. Chikkaiah and others, Respondents Civil Writ Petition No. 4117 of 1996, D/- 10-8-99 *Women's Link*, 6(2), April-June, 2000

Dangers of drink

A 23-year-old married childless youth in Tamil Nadu was accosted by two men when he was drunk, taken to the government-run Cudappah hospital, his thumb impression taken and vasectomised. The duo pocketed the money given for the operation. Two days earlier, a 55-year-old mason and a 70-year-old beggar underwent the same experiences.

The District Medical and Health Officer, Dr. R Gopal Reddy said that doctors all over the district were warned against performing vasectomy operations on old men and tubectomy on women beyond the age of 45 years. The motivator and the doctor who performed the FP operation were identified. *Vasectomy on childless youth*, Staff Reporter, *The Hindu* (<http://www.the-hindu.com>)

Stolen kidney

The National Human Rights Commission has asked the UP government to institute a CBI inquiry into the forcible extraction of a kidney from a 24-year-old

rickshaw puller of Bareilly, Akram Raza Khan. If the UP government did not do so, the NHRC would tell the CBI to take over. Akram Khan was reportedly taken to Delhi in 1998 by a senior official of the department of post, R C Gupta, promising a job in his department. He was later admitted to a hospital at Delhi where his kidney was removed and transplanted into the officer's ailing wife.

NHRC demands CBI probe into kidney transplant case. TOINS, *The Times of India*, June 3, 2000.

Hazards of cataract surgery

On March 10, 2000, seven patients were operated on for cataract by Dr Niteen Dedhiya, consulting eye surgeon with Lilavati hospital, Mumbai. Four of them developed complications and lost their eyesight. The operating theatre was immediately sealed and tested for infection, but the results were negative. However, three of the patients were found to have e-coli infection in their eyes. The hospital disowns all responsibility for the incident. "The bottom line is that there is risk involved in any procedure with the best of surgeons and hospitals. Three of the patients have decided to approach the consumer court if the hospital remains indifferent to their complaints.

Cataract patients go blind, may sue Lilavati. ENS, *Indian Express*, May 29, 2000.

AIDS hysteria

NGOs in Delhi have demanded an apology from the health minister A K Walia for conducting an AIDS Campaign targetting slumdwellers alone. "The campaign is creating myths about slums being full of STDs to terrorise people and isolate them," said Manoj Pande of the Himalaya Seva Sangh, an NGO linked to the AIDS Bhedbhav Virodhi Andolan. "Why shouldn't MPs who travel so much, and party-hopping affluent Delhiites be targetted for high risk behaviour and their potential of spreading HIV?" he asked. Jaya Srivastava of Ankur warned against falling into a trap set by funding agencies and pharmaceutical companies. "It is through such campaigns that these agencies decimated the poor in Africa. First they labelled Africa as the breeding ground of AIDS... and then by targetting their slums as high-risk areas, they wiped out all aid and attention that should have gone for nutrition and other diseases," she said.

NGOs want minister's apology over AIDS drive in slum areas. Sreelatha Menon, *Indian Express*, June 8, 2000.

Sorry, not in the rules

Medical experts and transport authorities are taken aback by the Karnataka State Road Transport Corporation's refusal to clear medical bills of nearly Rs 1 lakh, of a private rural hospital which provided emergency medical relief to nearly 50 accident victims near Pune. The KSRTC's argument: there is no provision under the rules to pay a private hospital.

"We are not after money and are willing to treat it as charity," says Dr Shyam Kulkarni, who heads the 25-bedded Anand hospital, Yewat, near Pune, "but we are not sure how to react in the event of another accident." A truckload of badly injured people were brought to the hospital after the speeding KSRTC bus dashed against a lorry carrying iron angles. Hospital staff were overwhelmed by the magnitude of the mishap, providing intravenous drips, X-rays, minor surgeries, and treatment for fractures and other injuries. One passenger died in the hospital, nine were seriously injured, 20 had multiple fractures and 20 suffered other injuries.

KSRTC refuses to pay hospital for aid to bus mishap victims. Abhay Vaidya, *TOI*, June 1, 2000

No lights in Jammu

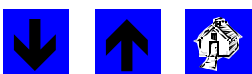
Surgeons operated under torchlight not just once but 17 times in a period of 24 hours, at the SMGS hospital in Jammu, which caters to a more than 10 lakh population. The problem of frequent power failures affects all hospitals in the area. Though the chief engineer PWD said supply was snapped because the special line snapped, a doctor in the hospital said 'it is something we have faced ever other day for one month.' The only generator is non-functional and there is no money to repair it. In the children's hospital, there is no drinking water and electricity.

Jammu doctors perform surgeries under torchlight. Pradeep Gupta, *Indian Express*, June 3, 2000.

Supervising IVF

A committee on Labor, Social Affairs and Health in Israel called on the Health Ministry to boost supervision of fertility treatments in private clinics, and to consider liberalising regulations to expand the pool of egg donors beyond women receiving fertility treatment.

This follows accusations about irregularities in fertility treatment regarding egg donations. A 32-year-old woman is suing the Herzliya Medical Center after two gynaecologists



used "the plaintiff's reproductive organs as a machine for producing ova" without her consent, which were then "sold to other women". Other women came forward claiming that more eggs than they had consented to provide had been extracted for commercial gain. All the doctors implicated in the lawsuit deny the allegations.

An estimated 15,000 women have fertility treatment in Israel at nearly two dozen (most privately run) IVF centres. About 2,000 women await donated ova, mostly from private clinics which offer almost-free fertility treatment in return for egg donation. **Israel faces changes in IVF regulations, Rachelle H B Fishman *Lancet* 2000; 355**

Testing embryos

The German minister of health invited reproductive scientists, philosophers, theologians, and lawyers to a public hearing on proposed new legislation on preimplantation genetic diagnosis (PGD), which is currently not legal in Germany. It would allow PGD but restrict it to cases where there is a known predisposition for severe genetic disease.

Though constitutional modifications in 1994 made it possible to regulate reproductive medicine at the federal level, the recent public hearing made it clear that opinion on the topic remains sharply divided, with little scope for compromise. Whereas representatives of medical associations demanded the right to use PGD, organisations representing people with disabilities disagreed. Similarly, researchers want a relaxation of existing laws on stem-cell research, to enable collaboration with the international research community, but politicians feared it would be misused.

Preimplantation diagnosis debate rumbles on in Germany, Andreas Sentker, *Lancet* 2000; 355

Waiting list for heart surgery

A cardiovascular surgeon's public revelations that seven patients had died while waiting for heart surgery has caused uproar in Catalonia, Spain. The ethical conflict prompted the surgeon to report the situation to the Catalan Society of Cardiac Surgery and the ethics committee of the Official Medical College of Barcelona (COMB).

The head of the Health Department said that his department "was not aware of these deaths". The president of COMB said the ethics committee had not received any formal complaint but added: "if these statements are true, then an urgent solution has to be

found". The next day, the Board of Independent Doctors at another of the city's university hospitals released a statement saying that six patients on the heart-surgery waiting list died in the last semester.

Cardiovascular surgeon's remarks cause uproar in Spain, Xavier Bosch, *Lancet* 2000; 355: 1894 - 1896.

Wim Weber

Health database

Following a joint seminar with the World Health Organization, the World Medical Association is to draw up international guidelines on the use of centralised health databases.

Advances in genetics and the formation of the Icelandic genetic database have sharpened focus on the potential for abuse of all health databases, although centralised health databases have been an essential resource for scientific research for many years.

"Guidelines must address the issues of informed consent, privacy, confidentiality, individual access, and accountability on the part of the owner of the database," said Dr Anders Milton, chairman of the World Medical Association.

Among the issues to be tackled: whether separate guidelines are needed for genetic and other health data, and the role of the private sector.

Dr Daniel Wikler, senior ethicist at the World Health Organization, cautioned that developing countries must receive particular attention because they are targets for research initiatives even though the level of public awareness and education may be low.

WMA to produce guidelines on health databases Kamran Abbasi, *BMJ* 2000; 320: 1295

Not in her best interests

In the UK, a court of appeal overturned a ruling sanctioning a hysterectomy on a 29-year-old learning disabled woman whose mother had asked for the operation to stop her daughter's periods and prevent her from getting pregnant.

The ruling held that the high court had wrongly agreed that the mother could choose equally between a laparoscopic subtotal hysterectomy and the insertion of a Mirena coil. The former is drastic surgery, whereas the less invasive procedure, the Mirena coil, which reduces menstrual flow, was clearly in the woman's best interests. The hysterectomy was acceptable only if the Mirena coil failed.

Court refuses mother's request for hysterectomy Clare Dyer, *BMJ* 2000; 320: 1424

These doctors may advertise

The Israeli parliament passed a bill reversing the absolute ban on physicians and other professionals advertising in anything but the telephone book.

Although the Israeli Medical Association does not oppose doctors advertising, the secretary-general of the IMA legal department expressed concern that "advertising should be limited so it would not be harmful nor misleading". The IMA is working with the Justice Ministry on specific detailed guidelines and monitoring procedures to enforce the law and protect the public.

The German Medical Association has relaxed its ban on public advertising for physicians. Doctors may now publicise their specialist formal education and specific diagnostic and therapeutic abilities on their practice signs, in newspapers, and on the internet. The association's delegates argued that patients can exercise their right to choose their own doctor and their right to self-determination in medical treatment only when they have the necessary information, but also noted that patients should, on the other hand, be protected against incorrect medical advertisements.

News: Rachelle Fishman, Wim Weber *Lancet* 2000; 355: 1894 - 1896

Too many doctors here...

Venezuelan authorities are taking steps to tackle a massive oversupply of doctors. Against the WHO recommendation of one doctor for every 1000 people, Venezuela has one for every 477, and the figure is set to rise to one for every 390 within six years.

Yet most graduating doctors want to specialise, usually in plastic surgery, and though thousands of graduates are unemployed, only eight per cent of the country's doctors choose general practice. Coverage in the rural areas is virtually non-existent.

Venezuela struggles with surplus plastic surgeons. Clare Wallerstein *Lancet* 2000 355: 258-2060.

Bid for a nose job on the net

Cosmetic surgeons in California can now bid for patients at an online auction mediated by medicineonline.com. Patients click on the procedure they want and surgeons can respond with their credentials and a price.

Minerva *BMJ* 2000; 320: 1284

