read English) — and escorted off the premises. Even as villagers obtained another court stay and prominent citizens submitted a memorandum to the collector, police arrived at the sanatorium to "facilitate" further discharges out of the 24 remaining patients. On August 18, only 5 patients remained.

The villagers sought action against this contempt of court, and on September 8, the court ordered re-admissions. However, sanatorium authorities plead their "inability" to admit patients since they had not received official instructions following the latest court order.

On September 14 - nearly a week after the court directed re-admissions and in the midst of extensive media coverage on Vajpayee's knee and Kumaramangalam's diagnosis - 45-year-old Bhagwandas, one of the patients discharged in August, died just inside the sanatorium. He had been camping outside the gates for three days, but had been refused admission by the sanatorium management. He had been moved "just inside" the previous evening, because he was gasping for breath and crying for help. At dawn, Bhagwandas died.

The sanatorium is still in the local news. One section of the medical community is saying that TB sanatoriums are irrelevant. The administration, which is mandated to take care of public health and public health institutions, says the sanatorium is just an old building. The IIM is threatening to leave Indore if it is not quickly given its land free of "encumbrances". It promises plans for rural development and primary education but not unglamorous health care for TB patients. (4)

While much of the national media has maintained a studied silence on the matter, a leading national daily stated: "IIM Indore being killed by TB sanatorium." (5)

What, then, shall we say killed Bhagwandas? TB compounded by contempt of court and all round callousness?

Readers are asked to register their support through letters or emails containing their name, address and occupation, at the address given below, or to purplepapaya36@hotmail.com.

Gita Dewan Verma, 1356 DI Vasant Kunj, New Delhi - 110070.

References:

1. Menon Sreelatha: Thakur promises health care facilities to all. *Indian Express* August 2, 2000.

2. ENS Economic Bureau: FM goes to US for medical treatment. *Indian Express* August 2, 2000

3. Writ Petition no. 483/98 (filed in March 1998). Writ petition 1816/98 (November 1998), Writ petition 1040/2000 (May 2000).

4. Singh Sudhir K: IIM Indore may close shop on land issue. *The Times of India* August 14, 2000

5. The Times of India News Service: IIM Indore is being killed, says director. *The Times of India* August 17, 2000

Correction

Regarding my case study (1), it is heartening to know there are fora that do not shy away from voicing genuine and relevant issues.

In my original article I had stated that the pregnancy that was the subject matter for the article ended in a miscarriage. A subsequent pregnancy ended with the birth of my daughter. The case study implies the pregnancy that raised the issues of the attitude problem of practioners ended happily. This was not so.

Trivikrama Kumari Jamwal,
Sunbeam, 129 A/D Gandhinagar,
Jammu 180 004

Reference:

1. Jamwal, Trivikrama Kumari: Case study: a professional deficiency. *Issues in Medical Ethics* 2000; VIII (3): 91.

Correction

The Q in *QPMPA* stands not for Quilon but for Qualified. The Qualified Private Medical Practitioners Association now has a website, www.qpmpa.com

Not an ethical issue

In reference to Geetanjali Gangoli's report on the National Health Services (1), we should be least concerned about the problems of the NHS other than noting that such a system, like all socialistic systems, cannot survive in a demanding capitalistic environment. To expect the government to provide quality services encompassing the entire gamut of modern medicine at a disproportionate cost compared to the private sector, is absurd.

Concerning the proposal to send patients to India, we need to look at its ethical, legal and economic aspects.

Ethically, I doubt if such a transfer of patients violates any ethical principle. Legal issues may be complex and need careful evaluation. If a malpractice suit is filed while the patient has an adverse reaction during the flight, or in the parent country long after the procedure, it may be difficult to determine errors in practice, and even more to settle claims. Standards of care may vary from country to country and may need more precise definition.

As for the economic aspects, I doubt if patients arriving in India from the UK can exploit our private medical enterprise. It has never happened with patients coming from the Gulf. In fact, the reverse may be true. From past experience, patients coming from the Gulf were exploited systematically starting with taxi drivers at the airport to touts and ward boys at major hospitals. Hospital administrators, doctors, nurses and laboratory services had a hey day with each taking a slice of the Gulf pie.

I have no reason to believe that we have changed in the past decade. The state may have to enact laws to protect foreign patients against exploitation. As far as foreign patients reducing Indian patients' access to care, these numbers would be so small that the private sector easily accommodates them. They are unlikely to make a dent in our vast medical service.

Jagdish Chinappa, Manipal Hospital, Airport Road, Bangalore, 560 017.

Reference:

Gangoli G: National health services: imminent collapse. *Issues in Medical Ethics* 2000; VIII (3): 97.