

Pre-test counselling for HIV

Even though the Indian Medical Association (IMA), has guidelines that make it mandatory for anybody taking an HIV test to receive pre-test counselling, most hospitals in Pune that this reporter visited were not equipped with counselling cells.

Dr Sanjay Mehendale, deputy director of the National Aids Research Institute (NARI), said pre-test counselling was perhaps one of the most important aspects of any HIV/AIDS awareness programme. "Testing for HIV can put the patient through enormous stress and trauma, since a lot of fear, stigma and dread is attached to the disease. Whether the result is positive or negative, it is essential for the patient to go through a thorough pre-test counselling," Mehendale said.

According to the IMA guidelines a pre-test counsellor is supposed to make the patient familiar with all the procedures required for the HIV test, and then ask the patient why s/he has decided to go in for a test. If the patient has had a history of high-risk behaviour, the counsellor has to explain the degree of risk to the patient.

Preparing the patient to accept the result is the next part of the procedure. After the patient is informed about the various medical facilities that have made it easier for someone to live with HIV, s/he has then to be asked permission to carry on with the HIV test. Dr Vinay Kulkarni, HIV physician for Jehangir hospital, acknowledged the importance of pre-test counselling. However, he claimed that logistically, in Pune, it was not possible to counsel every patient that goes through an HIV examination. "We give pre-counselling to patients who volunteer for an HIV test. But for patients who are undergoing surgery, we usually suggest a rapid screening since there are more important factors that need to be taken care of. However, in this rapid testing if we do discover an HIV positive case, we then refer them to a counsellor before the news is broken," he said.

HIV expert Dr Sanjay Pujari also cited the sheer number of people going in for test as the reason for the absence of pre-test counselling for HIV. "The number is so mind boggling that the hospital authorities cannot cater to all the patients that go in for a test. Besides, the tradition of medicine in India has always been very fraternal. The physician always has an upper hand in medical matters and the patient rarely objects to what the physician suggests. If the patients know their rights, they can demand pre-test counselling," Pujari said.

According to Dr Mehendale, the importance of pre-test counselling cannot be neglected. "There is hardly any investment required to set up a pre-test counselling office. Even the counsellor doesn't need a formal degree. We at NARI provide regular training programmes where we train volunteers to become effective HIV/Aids counsellors," he said. The situation puts the onus on the person going in for a test. One will be well within one's rights to ask for a counsellor before taking the test. It could make all the difference. Geetanjali Patole. HIV: Talk before you test. Times News Network, February 17, 2002

Forensic medical scams

The Jammu and Kashmir government suspended five doctors and a police officer who were found to have been involved in a controversy in the collection and transportation of samples for DNA tests to ascertain the identity of the five deceased persons killed at Panchalthan-Pathribal in Anantnag district of Kashmir in March 2000.

The officers placed under suspension are Dr Balbir Kour, Head of

Department of Forensic Medicine, Dr Fazili, Associate Professor, Dr Abida Kouser, Forensic Medicine department, all from Government Medical College Srinagar, Dr S M Saleem, Medical Officer in Anantnag and DSP Sheikh Abdul Rehman.

An official spokesman said that in view of the contradictory reports from Central Forensic Science Laboratory (CFSL), Kolkata and the one received earlier from Centre for DNA Finger Printing and Diagnostic Laboratory (FPDL), Hyderabad, the Government authorities here have urged CSFL and FPDL to send their representatives to collect fresh blood samples of the relatives of the deceased persons connected with the Panchalthan-Pathribal incident. PTI: Five doctors, cop suspended over J&K DNA issue. *The Times of India*, March 20, 2002.

Treatment of HIV positive patients

Private hospitals take money for conducting initial tests and then tell patients to go to a government hospital for treatment as they "do not belong here". HIV positive patients are made to stay in isolation and attendants warned not to touch their 'highly-contaminated' mattresses. Doctors working with HIV positive patients accused health providers and hospitals of criminal neglect when dealing with HIV patients. Another subject discussed was that of HIV, confidentiality and ethics. They spoke at a Delhi workshop for HIV and AIDS organised by the Society for Civic Rights. The workshop called for of training programmes and improving the quality of professionals dealing with AIDS patients. Chitra Ganguly. 'HIV patients treated shoddily in hospitals' *The Indian Express*. March 12, 2002.

Patient with HIV awarded compensation

The Bombay High court directed KEM Hospital, Pune, to bear all medical expenses for the treatment of a 13-year-old girl who contracted HIV through blood transfusion while under neonatal care at the hospital in 1988.

The interim order was given on a petition filed by the girl urging the court to direct the hospital to bear her medical expenses for life, and compensate her for its negligence.

The girl was born on December 2, 1988. On December 15, 1988, she was admitted to KEM for neonatal septicaemia and given blood transfusions. Since her discharge on January 1, 1989, she has been in and out of the hospital for various infections. In May 2000 she was admitted at KEM, where she was detected to be HIV positive. Her parents were found to be free of the virus.

The petition urged the bench to direct the hospital to bear medical expenses including expenditure of drugs and to provide the girl treatment free of cost, or alternately pay Rs 20,000 per month.

Express News Service. Girl infected with HIV to get compensation. *Indian Express*, March 9, 2002.

They bought his kidney but they didn't pay

Jarnail Singh, an unemployed resident of Chak Jinda village, told the Jalandhar police that he had allowed his kidney to be removed because Balbir Sehajpal, the recipient, and his wife, promised Rs 1.25 lakh in cash and a loan of Rs 2 lakh to set up his own dairy. The transplant was done after all formalities were completed, including video-taping of his consent. He received Rs 5,000 and rations worth Rs 1,700 before the Sehajpals threw him out.

LK Yadav, SP, said a case had been registered against Sehajpal under Section 420 of the IPC under the Transplantation of Human

Organs Act, 1994. A notice has been issued to the hospital concerned under Sections 160 and 91 of the Cr PC.

Hospital authorities said they had not received a police complaint. "It is an effort to tarnish the image of the noble profession and our doctor fraternity will not take this lightly," said a spokesperson.

Varinder Singh. Kidney sold for a song? Donor alleges transplant racket. *The Tribune*, Chandigarh, February 20, 2002. Sent by Mr Satyapal Dang.

Yet another kidney trade racket

Seven years after the Bangalore police cracked down on an organised kidney trade, comes an even bigger racket has been unearthed in Mandya district, Karnataka, by the district police. The players are the same – impoverished donors willing to sell their organs for a reprieve from the burden of indebtedness, generally well-to-do patients facing end stage renal failure only too willing to buy a kidney in contravention of the law, a network of agents and sub-agents with contacts in both these camps and in the Bangalore hospitals where renal transplants are performed, laboratory technicians, doctors and hospitals.

Forty-seven residents of Hollalu village in Mandya district have sold their kidneys, and there were at least 100 in the queue when the racket was busted. (Incidentally, the going rate of Rs 35,000-Rs 40,000 has not changed in the last five years.)

Between January 1996 and today, over 1,000 applications for 'unrelated renal transplants' went before the government's Authorisation Committee set up under the Transplantation of Human Organs Act, 1994. All but a few were accepted. It is suspected that nearly 80 per cent of the applications have forged documentation – which, incidentally, is why the police entered the scene, since the Act does not have scope for police action.

In 1998-99 and 1999-2000, Lakeside Medical Centre and Hospital conducted 86 unrelated transplants. The 'top performers': MS Ramaiah Institute of Nephrology 58; Bangalore Hospital 47; Manipal Hospital 28; and Mallya Hospital 12. All were approved by the Authorisation Committee which for a short period included one of the main accused in the 1994 kidney scam.

"If there is an iota of doubt over the genuineness of an application, permission should not be sanctioned. On the contrary, they are approving most of the applications," said Dr H Sudarshan, chairman of the state's Task Force on Health and Family Welfare.

This article describes the kidney trade in the area, the authorisation committee's functioning, and the limitations of current legislation. **Parvathi Menon, Kidneys still for sale. *Frontline*, February 15, 2002. <http://www.flonnet.com/fl1903/19030330.htm>**

Debate on sex determination

Some comments from a discussion at the RN Ganguly public forum on 'pre-conceptional sex selection: boon or bane?':

Dr Rekha Davar, member of the state's PNDDT committee, said "The test was only perpetuating gender bias in Indian society."

Dr Aniruddha Malpani said it was a couple's private decision to have an optimal family, "and if that family includes a son, who are we as doctors... to tell him he cannot do so? If everything has to be regulated on society's terms, why allow cosmetic surgery?"

Dr Sarla Malhotra from Chandigarh said in her 30 years of practice she had not come across a couple wanting to abort a male foetus.

Another doctor argued that 95 per cent of couples don't go for another child if they get a boy, but if they don't, they will try for one. "What does that do to the population explosion?"

Express News Service. Sex test debate on need versus bias. *Indian Express*, February 25, 2002.

And some more comments on the subject

The following question, and its answer, was printed in a 'health education column' of a leading English tabloid: "How soon can one determine the sex of a foetus without endangering the baby?"

The doctor's answer: "The most conventional and non-invasive way to determine the sex of a baby quite accurately at the 12th week is an ultrasound examination."

This advice was given – and printed in a newspaper – even as the supreme court has directed all states to confiscate ultrasound equipment from clinics being run without licenses, in order to stop sex determination tests.

From a 'health education column' by Dr Altaf Patel, professor at Grant Medical College, Mumbai. *Mid-Day*, January 29, 2002. Times news network. Seize ultrasound units from illegal clinics: SC. *The Times of India*, January 30, 2002.

IVF advances

At least five per cent of women who approach IVF centres in Mumbai are past 50 years. While almost all doctors are comfortable with women conceiving children between 40 and 46 irrespective of their menopausal status, the question is: where does one draw a line? Or should one draw a line at all?

Dr Indira Hinduja believes that nobody has the right to judge a couple's desire for when they want to have a child. Maria Ferreira, who had her daughter when she was past 50, is emphatic that parents alone can take a decision. Doctors and older parents say prospective parents are put through innumerable physical and psychological tests before being given the IVF option.

However, Dr Rama Vaidya, president of the Indian Menopausal Society, thinks the medical community could do with some guidelines paying special attention to the health of the woman and child.

Aruna Chakravorty. City is a womb for menopause mothers. *Indian Express*, January 2, 2002.

Service in public hospitals

After 47-year-old Pravinaben Somapura had a cardiac arrest in June 1999, an angioplasty hospital showed that some of her cardiac vessels were completely blocked, calling for an urgent operation. But LTMG Hospital at Sion, Mumbai, would not conduct the surgery till it was paid Rs 58,000. It took her family a year of visits and pleading to collect Rs 58,000 from 12 trusts.

The angioplasty was scheduled for March 10, 2001, but has been postponed indefinitely because the hospital's angiography machine broke down. The hospital refuses to transfer the money to another municipal hospital so that the operation can be conducted there.

Express News Service. BMC sits on surgery fees for seven months. *Indian Express*, December 5, 2001.

Blood donation or competition?

Clubs and police stations in Kolkata are competing draw blood donors to their voluntary camps with incentives like bags and wall clocks to donors. Debabrata Ray of the Association of Voluntary Blood Donors, West Bengal, labels this an alarming trend. "Other than Rs 10 worth of nourishment, a donor card and a badge, a person should not be given any incentive to donate blood," he says. **Amit Ukil. Camp rivalry blamed for bad blood stocks. *The Telegraph* March 13, 2002.**