

FROM THE PRESS

Finally, action taken on research death

Three months after 22-year-old Dharmesh Vasava died shortly after he participated in 'bio-equivalence' tests by Sun Pharma Advance Research Centre, police arrested two Sun Pharma employees in connection with the death. The tests were conducted on 30 volunteers, most of whom were paid. Sun Pharma director Shailesh Desai said that all norms had been followed and that they had had the required permission for the tests.

Times News Network. Two drug firm staffers held as man died after tests. *The Times of India*, January 4, 2003

Human guinea pigs

Bayer CropScience of Mannheim, Germany, one of the world's biggest chemical companies, faces an inquiry after it was found to have paid students 450 pounds sterling, in 1998–2000, to drink fruit juice laced with pesticide. The Nuremberg Code bans the use of humans for testing poisonous substances that have no medical application.

Volunteers were fed undisclosed dosages of azinphos-methyl (AM), an organophosphorus chemical. The blood and nervous system disorders linked to exposure to AM are well documented. Bayer has not checked on the subsequent health of its human guinea pigs.

The EPA has referred the studies to an expert panel of the National Academy of Sciences, to get an opinion 'on whether these human studies are ethically and scientifically valid'.

Louis Rogers. Firm paid students to take pesticide test. *The Sunday Times*, London. Reprinted in *The Times of India*, January 16, 2003

Pollution punishment

Four years after the Biomedical Waste (Management and Handling) Rules, 1998, were framed by the Maharashtra government, plans are finally afoot for the Maharashtra Pollution Control Board's (MPCB) first prosecution. Following an inspection by its regional officer, the MPCB will seek the government's permission to prosecute a civil surgeon heading the Alibaug Civil Hospital in Raigad district. According to the guidelines, hospitals are expected to either incinerate or autoclave biomedical waste. The hospital did not do so; nor did it install the required equipment or even apply to the government for the necessary funds.

Express News Service. Civil surgeon to be prosecuted for flouting waste disposal norms. *Indian Express*, December 28, 2002

Poor service, poor academics

The state government-run 1,300-bedded JJ hospital in Mumbai, once the state's premier hospital and teaching

centre, now has idle MRI and ultrasound machines because there is no money to repair them. Key telephone and fax lines have been cut off and the morgue was shut down for a year because of unpaid bills. The radiology department was shut because vital machinery was out of order for weeks and open heart surgery could not be done for much of the year because the heart–lung machine had stopped.

Rekha Dixit. Funds crunch hits JJ hospital. *The Times of India*, January 4, 2003

Graceless medial students

Eighty-nine medical students in Nashik were remanded to medical custody for a day for storming the collector's cabin. They had been agitating to demand revision in the grace marks policy and scrapping of the internal assessment system. Other demands included elimination of the three-tier fee structure, revival of the revaluation system and availability of copies of answer books.

Express News Service. 89 medical students jailed, give bandh call. *The Indian Express*, February 3, 2003

The ones that got away

Senior doctors M G Rathod, Mohan Jagde, Chetan Oberoi, V S V Machiswala, Vimal Kasbekar, S M Haridas and K C Mohanty at JJ Hospital and Grant Medical College, Mumbai, were accused in 1995 of misusing their official status to aid underworld elements. All were exonerated owing to the failure of the medical education department to provide adequate evidence against them.

One committee, which existed only on paper, found no evidence. After another committee confirmed that the seven doctors under inquiry had links with criminals and recommended stringent action against them, a fresh probe was launched, which too confirmed that the doctors were linked to criminals and called for a departmental inquiry and criminal prosecution as well.

However, medical superintendent M L Lankeshwar could not provide adequate evidence against the doctors.

Prafulla Marpakwar. Guilty doctors free, thanks to govt. *The Indian Express*, December 29, 2003

Corrupt examiners—same old story

When Professor B M Sabnis was nabbed while accepting a bribe in April 1994 for passing a candidate, it seemed that the scandal would compel a cleansing of the medical examination system. Today, however, he teaches at a government medical college in Yavatmal and is vying for a plum job in JJ Hospital in Mumbai.

Why wasn't stern action taken? 'While the Anti-Corruption Bureau completed investigations within six months,

the government gave permission to prosecute Dr Sabnis only after three years. The chargesheet was filed in 1997 and the matter is now in court. 'When a case comes up after 10 years the students are elsewhere, witnesses have forgotten and the chances of conviction are much lower,' says A S Samra who then headed the ACB. Adds a Mantralaya official, 'Public servants are usually suspended for a year, except in extraordinary circumstances. So after a year Dr Sabnis was reinstated.'

Cases like that of Dr Sabnis and Dr R G Bhusale—a JJ hospital doctor who was implicated in a paper leakage scam in 2000 but is back at work today—can only have emboldened others.

Thus, at the recent MBBS examinations, fresh controversies have been thrown up. Students' castes, political leanings, inter-college rivalry, whimsical, vindictive behaviour by examiners—and bribery—affected results. Shabnam Minwalla. Bribery virus puts MBBS exam system to the test. *The Times of India*, January 13, 2003

Kidney sales in Pakistan

The kidney trade has assumed alarming proportions in Pakistan, with an illegal network that extends from villages all the way to hospitals in Rawalpindi. The stronghold of the brokers is the Sultanpur Mela and the adjoining villages of *tehsil* Bhalwal, where hundreds of people have sold a kidney.

The governor has directed the district government here to submit a full report on the sale of kidneys. DCO Malik Hassan Iqbal told *Dawn* that his team recorded statements of various persons and said that people were selling their kidneys only to overcome poverty and clear their debts. Some did so to release a relative from bonded labour. Some had to pay for the treatment of a relative who fell ill after selling a kidney. Poor postoperative care has rendered many unable to work for a living.

Mr Tassadaq Hussain Baloch, member, Punjab Bar Council, called for legislation for curtailing kidney sales and stressed the need for developing the sense of donation instead of monetary gain.

Sajjad Abbas Niazi. Menace of kidney sale. *Dawn*, January 3, 2003 (sent by Aasim Ahmed, Karachi)

Missing kidney inquiry

Three doctors from KEM hospital will inquire into the allegations of medical negligence and removal of a kidney from a 62-year-old by two doctors of the civic Mulund general hospital.

A man was operated upon at that hospital twice for a hernia. Before the second operation a radiological test

showed a missing left kidney. After the second operation the victim suffered from renal failure and later died. His son lodged a police complaint accusing the doctors of removing his father's left kidney. The police have charged the doctors with culpable homicide not amounting to murder.

Times News Network. KEM doctors will probe kidney removal case. *The Times of India*, January 13, 2003

Tamil Nadu's cottage industry—kidney transplant

In almost every one of the 150-odd huts in Namalwarpet on Kunnor High Road in north Chennai, there's someone who has sold a kidney.

Non-related kidney donations must be approved by the state authorisation committee which must satisfy itself that the donor is 'emotionally attached' to the recipient and there is no money transaction between the two.

There are 45 recognised kidney transplant centres in Tamil Nadu including 28 in Chennai, approved by the authorisation committee. 'We meet only once a week and we are forced to clear at least 30 cases in each sitting,' says a representative in the committee from the directorate of health services.

Pushpa Narayan. In Chennai neighbourhood kidney is a cottage industry. *The Indian Express*, February 25, 2003

Can live unrelated transplants be ethical?

The Tamil Nadu government's plans to modify the system of authorising live unrelated kidney donation are opposed by those who view live unrelated transplants as a trade.

The government described its new plans at a workshop for health professionals and stakeholders in the regulation of transplantation of organs, organised by the department of humanities and social sciences at the Indian Institute of Technology, Chennai.

The plans include a decentralised system and partnership with non-governmental organisations with greater accountability for the hospital, starting with routing all transplantation applications through it rather than putting the onus on the committee.

However, this idea 'which is almost ready for final approval' has been opposed by those who view the existing system of approvals as nothing but commerce in organs.

Dr M K Mani said that there was no need for the government to collaborate with the trade in kidneys. Every live unrelated transplant was nothing but trading in the organ, exploiting the poor. The Act as it stood was unworkable, and there should be a ban on unrelated donations, he said, demanding greater government emphasis on ca-

daver donations as well as preventive programmes for diabetes and hypertension, both of which were leading causes of renal failure.

The state government, however, is going by the law, which allows live unrelated transplant donation on the grounds provided for in the Transplantation of Human Organs Act, 1994. There were 20–30 applications each week before the committee from across the state and it was practically not possible to verify each case for facts, said Ms Girija Vidyathan, health secretary.

The director of medical education, C Ravindranath, disclosed that the BBC had reported that several transplants had been done for British nationals in hospitals in the state and wanted the government's comment. However, there was no report filed with the government, indicating that these might not have gone through the authorisation committee.

Special correspondent. Panel to be decentralised for kidney donation approvals. *The Hindu*, March 9, 2003

Dangerous drugs

Alprax or Alprazolam, a generic anti-anxiety medicine, has become the drug in demand among urban Indians. Professionals, socialites and housewives reach for this low-priced drug as a way to still that anxiety tic which is fast becoming a side-effect of life. Chemists sell the drug freely even though it should be sold only by prescription. Consumers are unaware that it is addictive and can produce side-effects like drowsiness, memory loss, slurring of speech and loss of immunity to infections.

Piali Bannerjee. New trend in chill pill abuse triggers alarm. *The Times of India*, February 9, 2003

Call for an immediate ban on dangerous drugs

The Delhi High Court asked the Centre's Drug Technical Advisory Board (DTAB) to examine the safety of the analgesic Nimesulide, which a petition alleges has been banned worldwide. The DTAB will find whether the Drug Controller has approved the drug. The Court also ordered that the manufacture of Astemizole and Terfenadine, used for skin disorders, be stopped from

April 1. Social Jurist, an organisation of lawyers, has alleged in a Public Interest Litigation that the government is allowing the manufacture and sale of 'unsafe' drugs.

Raman Duggal, the organisation's lawyer, told the court that Nimesulide was only permitted in suspensions of 100 mg and 50 mg per ml. Permission was needed for any other combination but it was being sold in deadly combinations with other drugs. 'The drug, which is prohibited for children below three, is being used in combination in other formulations. This is not only illegal but hazardous to health,' he said. It was only in India that the drug was permitted for use by children.

The Union Health Ministry in an affidavit earlier had stated that the safety of Nimesulide was being examined. The DTAB has recommended the phasing out of Astemizole and Terfenadine within a year. The petition wants the drug to be withdrawn immediately.

Express News Service. HC seeks report on 'banned medicines'. *The Indian Express*, February 22, 2003

Distorting the doctor–patient relationship

A doctor–client dispute snowballed into a communal flare-up at Warud, Amravati district, with an attack by Bajrang Dal activists on shops owned by Muslims.

Asif Pathan assaulted an Ayurvedic doctor Shailesh Lokhande, reportedly for causing his wife to lose sight in one eye. Pathan was beaten up by two Bajrang Dal activists who were protecting the doctor in anticipation of a possible attack. Pathan went to the police station and had himself arrested. Later, some doctors, joined by a 3,000-strong crowd, protested the attack on Lokhande. Some Bajrang Dal activists also attacked property owned by Muslims. Bajrang Dal Vidarbha chief Subodh Acharya told *The Indian Express*, 'Lokhande had been receiving threats for being a VHP activist from Muslims owing allegiance to SIMI, so we had given him two bodyguards.' He admitted that his men attacked Muslims' shops as a reaction.

Vivek Deshpande. Doc–client rift takes a communal hue. *The Indian Express*, January 23, 2003

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