

## LETTERS

### Concerns with regard to an article

*Published online on April 6, 2019 DOI: 10.20529/IJME.2019.014.*

We have read with interest and concern the article titled "Consultations on human infection studies in India: Do people's voices really count" (1) by Sandhya Srinivasan and Veena Johari. The article expresses the opinions of two persons who have not visited CMC, nor have spoken to anyone concerned, to ascertain the authenticity of the information published or with regard to the purported research in CMC. Therefore, we would like to point out some very apparent factual errors alluded to in this article with regard to the involvement of Christian Medical College, Vellore.

While it is indeed true that researchers from CMC have attended the workshops at Vellore and Bangalore for engagement in National level discussions on CHIMS, their participation in these meetings was entirely out of their own individual interest and not as representatives of the institution. Participation of these researchers in these meetings did not reflect the views of the institution or imply any intention on the part of the institution to get involved in Controlled Human Infection Model (CHIM) studies.

The two persons from CMC (in their individual capacity) visited the Oxford Vaccine Group's Laboratory facility in the United Kingdom, on the invitation of Dr Pollard to see a typical Controlled Human Infection Model (CHIM) facility. Decisions with regard to Controlled Human Infection Models (CHIM) have to be made by professionals who are fully aware of the various processes involved. The mere attendance at these meetings did not imply any plans to conduct Controlled Human Infection Model (CHIM) studies within the Institution. It should also be pointed out that there were participants from other institutions and a Central Government Department who visited the Oxford Vaccine Group's Laboratory at the same time.

The article states and I quote "The Oxford centre has carried out many CHIM trials including one of a typhoid vaccine developed by CMC along with Bharat Biotech with support from the Wellcome Trust and the Bill and Melinda Gates Foundation." This statement is factually incorrect as CMC was not involved in the development of the typhoid vaccine along with Bharat Biotech as stated in the article.

The article further states that "Second, CMC is apparently working on building capacity to do 'first in human trials' including upgrading facilities for waste treatment and containment. These facilities would also be needed for CHIM trials, 'So that if and when they are allowed, they are prepared', a participant mentioned in a post workshop conversation. And finally, a proposal for typhoid research using CHIM is also being developed."

It would have been very useful for the authors if they had made an effort to talk to people directly involved with research within the institution to clarify the position of CMC as an institution rather than making foregone wild conclusions based on conversations with a participant [**whom we assume was not representing CMC at that workshop**]. **We would like to reiterate that the Administration, the Research Office and the Department of Bioethics of CMC Vellore** have not made any plans for upgrading facilities in our Institution for Controlled Human Infection Model (CHIM) studies and have not endorsed these studies in our institution. **We would also like to state that these studies are unlikely to be performed in CMC in the near future.**

CMC Vellore as an institution wishes to place on record the factual inaccuracies in the article both with regard to its involvement in the research referred to and the participation of the two persons in the above deliberations as representatives of the institution.

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#### Reference

1. Srinivasan S, Johari V. Consultations on human infection studies in India: Do people's voices really count? *Indian J Med Ethics*. Published online on March 22, 2019. DOI:10.20529/IJME.2019.011

### **Response of the authors to the Letter "Concerns with regard to an article" published online on April 5, 2019 (DOI: 10.20529/IJME.2019.014) on the IJME website.**

*Published online on April 16, 2019 DOI:10.20529/IJME.2019.017.*

We have read the letter by Dr Biju George and Dr Anna Pulimood (1) in response to our report on consultations on human infection studies (2) in India, and emerging issues. Their concerns are not so much with the content of our published report, as with their interpretation of it.

Their concern that we did not visit CMC Vellore seems to be unwarranted, as the information in the report is clear, specific and based on what transpired in various meetings. We have not drawn any foregone wild conclusions, but have merely stated that some facilities at CMC Vellore are being upgraded, which has not been denied by CMC Vellore in their letter.

It is good that CMC Vellore have clarified that the persons from their institute who attended the meetings and related programmes with regard to CHIM trials were not representing the institute, and were attending out of their own interest and

in their personal capacity.

We appreciate their clarifications and suggest that there is a need to understand why there is talk about CHIM preparations in CMC Vellore. We hope that whatever CMC might plan in the future regarding CHIM studies will be well thought out, transparent, and with public engagement to create trust.

We regret the error in the text that CMC Vellore was involved in the development of Bharat Biotech's typhoid vaccine and have asked for a correction on this point.

We stand by the accuracy of the rest of the report which brings before the public the issues and discussions with regard to CHIM trials in India.

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#### References

1. George B, Pulimood AB. Concerns with regard to an article. Indian J Med Ethics. Published online on April 5, 2019. DOI: 10.20529/IJME.2019.014.
2. Srinivasan S, Johari V. Consultations on human infection studies in India: Do people's voices really count? Indian J Med Ethics. Published online on March 22, 2019. DOI: 10.20529/IJME.2019.011.

#### Institutions should take responsibility for student suicides

Published online on June 7, 2019. DOI:10.20529/IJME.2019.029.

I was greatly saddened to hear the news of a young resident, Dr Payal Tadvi, committing suicide at the BYL Nair Hospital and Topiwala Medical College in Mumbai. However, it is heartening to see that some fellow students, her family and the Tadvi Bhil community have made this issue public and are rallying for justice for her. Meanwhile, the three seniors that she has named have been arrested and, a faculty member suspended.

If this is where this matter ends, it will be sadder still. Anyone who knows medical colleges well and is familiar with their problems will know that the roots of this tragedy lie much deeper. At present, Mumbai's government medical colleges are admitting almost 30 percent of their students in the reserved categories, most are first generation professionals, drawn from small towns and villages. The college does nothing to ease their entry into residency life in this large metropolitan city, where everything is different from home, more manic, more impersonal and more brutal. And it does nothing to sensitise students to ethics and human rights, to train them to differentiate between exercising authority and being discriminatory. Nothing is done to make students introspect on their own beliefs and prejudices, although doing so is vital to their role as doctors.

When I was doing interviews for my doctoral research, generation upon generation of doctors narrated to me stories of residency in which they were overloaded with work, ordered about, bullied, not allowed time to bathe, eat

and sleep. Stranger still, most of them did not see anything peculiar about this experience. As an outsider, I could not understand why residents should be trained as if they are in a combat situation. Presumably, soldiers need to be prepared to survive physical hardship and deprivation, why should doctors need such training? As I could see it, it was simply a bizarre and unfounded strategy intended to 'toughen' them up. All it seemed to do was to teach residents that aggression is useful and right, that their hardship was a justified reason for mistreating patients and that their peers and colleagues were to be bested and defeated, not befriended or co-operated with. What was even more alarming was that senior faculty either claimed ignorance of what transpired on the frontline or felt no obligation to mediate relationships between residents, and between them and patients, to prevent excesses from taking place.

In this larger environment, it's easy to see how discriminatory attitudes merge with normalised violence allowing seniors, themselves residents, to perpetrate the kind of harassment and what one of my respondents called, 'non-specific torture' that drove Payal to the brink. This case, like earlier cases, shows how the form in which students experience caste discrimination is changing. It takes place in the form of ostensibly bureaucratic problems like delay in receiving stipends, being denied opportunities to train, or being left out of important decision-making. In the competitive world of professional education and practice, for students to be deliberately left behind is real violence. I am not sure whether our current legal and educational systems are equipped to even recognise discrimination in this form and address its root causes.

While the legal system takes its own measures, if the medical education system and its institutions are not implicated for their role in this case, I fear the consequences. The general population of students will not even reflect on their own discriminatory attitudes and instead feel like victims. Residents like Payal will be continue to be caught between immediate seniors who have unaccountable power and a college administration which they feel cannot be bothered to help.

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#### Not a case for social triage

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I request the author of the letter "Institutions should take responsibility for student suicides"(1) to refrain from passing unwarranted judgement on a matter that is still before the courts. It is premature to implicate the medical education system and its institutions for a possible role in the untimely death of Dr Payal Tadvi. Medical ethics and human rights are among the core ideas of the medical education system. We do observe situations that could be regarded as somewhat encroaching into violation of human rights; but that is of an