

FORUM FOR MEDICAL ETHICS SOCIETY

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ANNUAL REPORT 2019-2020

FMES

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INTRODUCTION

The Forum for Medical Ethics Society (FMES) is an organisation focused on strengthening medical ethics in modern healthcare. It works to protect patients' rights, facilitate the conduct of transparent and humane research, and enable medical practitioners to deliver rational, patient-friendly and compassionate care. The FMES was founded by a group of Mumbai-based medical practitioners in 1989 to create space for engaging with issues in medical ethics. Contributing to the development of critical mass of human capital in bioethics remains one of its goals. This goal includes developing curricula and implementing them in collaboration with other organisations and academic institutions for short-duration intensive training in subfields of bioethics. Over the last 26 years, FMES has expanded its engagement beyond medical ethics to the broader discipline of bioethics. It has established three platforms:

- I. Health, Ethics and Law Institute for Training, Research and Advocacy (HEaL Institute) for FMES' programmatic work (since 2018);
- II. the *Indian Journal of Medical Ethics* for exchanges between non-medical experts, philosophers and social scientists, medical providers, health researchers, paramedical personnel and advocacy groups. IJME, till date, is the only journal on bioethics and medical ethics published from India (since 1994);
- III. National Bioethics Conferences (NBCs) platform for engagement amongst the stakeholders in bioethics. So far, FMES in collaboration with other organisations including academic institutes have organised seven NBCs in different parts of India (since 2005).

In this report we present the activities undertaken and accomplishments in relation to these three platforms.

I. Health, Ethics And Law (Heal) Institute For Training, Research And Advocacy:

The FMES has established its platform the Health, Ethics and Law (HEaL) Institute for

Training, Research and Advocacy to develop FMES' programmatic work in bioethics, with a dedicated website of its own (www.fmesinstitute.org) in 2019. The HEaL Institute has been enabled and seeded by Tata Trusts via a grant from August 1, 2018 to July 31, 2019. This has helped establish FMES' programmatic work more systematically and enable an identity independent of FMES' two other established platforms, namely, IJME, and the National Bioethics Conferences.

The institute is committed to take up socially relevant research, critical policy and program analyses to inform advocacy work towards making a difference to peoples' well-being. Its multi-disciplinary and multi-sectoral approach enables it to critically engage with law, regulations, constitutional entitlements, and historical context of matters at hand.

As an organisation, HEaL Institute conceives of health in its widest and most comprehensive scope that includes safeguarding the health of the planet. With this broader conception of health, the goal is to work towards contributing to the well-being of people via research, advocacy, training and action. It also aims to serve as a bridge between academia and activism for promoting and safeguarding people's democratic and constitutional entitlement to health, as an outcome of wide-ranging social – economic – political – environmental determinants. Its scope of work also encompasses ethics and human rights of health, health care delivery, health research, health policies and programs, and health economics.

Building on the work accomplished in the year 2018-19, the HEaL Institute successfully organized three short duration intensive training institute in three sub-fields of bioethics, namely public health ethics, biomedical research ethics, and social science and public health research ethics. The Institute continued its public engagement initiatives in the form of organising four round tables and grand rounds different themes of contemporary relevance. The Institute also hosted and concluded an essay competition for students from across the disciplines for the debut award namely IJME's Young Bioethicist and Change Maker award. It also completed the first phase of first of its kind e-

repository in bioethics in India; and concluded two small scale researches on the two aforesaid themes of round tables. Below we briefly present some of the highlights of these works.

I.1 Bioethics Training Institutes:

We concluded three short-duration training institutes as below:

i. A **Short-Duration Intensive Training Program in Biomedical Research Ethics** held on June 20- 22, 2019.



ii. A **Short-Duration Intensive Training Program in Social Science and Public Health Research Ethics**, held from June 26-30, 2019, at Bhubaneswar.



These two training institutes were organised in collaboration with the two institutions, namely, Calcutta School of Tropical Medicine (CSTM), Kolkata; and Nabakrushna Choudhury Centre for Development Studies (NCDS),

Bhubaneswar, Odisha, an ICSSR (Indian Council for Social Science Research) institute.

iii. A **Short-Duration Intensive Training Program in Public Health Ethics** held from July 17-21, 2019, at the Indian Institute of Technology Bombay (IIT Bombay), Mumbai.

This was organised in collaboration with the three institutions mentioned below: Centre for Public Health, School of Health Systems Research, Tata Institute of Social Sciences (TISS), Mumbai; Center for Policy Studies, IIT Bombay, Mumbai; and Indian Council of Medical Research - National Institute of Epidemiology, Chennai.

Seventy three professionals including doctoral candidates from across the disciplines and from all over India comprise the first cohort of course participants across these three training institutes. The faculty was drawn from various collaborating institutes mentioned above. We also invited a number of experts from various thematic areas relevant to the curricula.

Upon completion of these bioethics courses, the participants were empowered to take the learnings to their own ecosystems and facilitate knowledge transfer in research ethics in their organisations and peer networks.



iv. **Massive Open Online Courses (MOOCs) Program in Social Research Ethics**

Tata Institute of Social Sciences, Mumbai, MH, India and the HEaL Institute have been working collaboratively to develop MOOCs as part of the SWAYAM initiative, University Grants Commission (UGC), New Delhi. We

completed the development of the program, an important milestone for UGC to enlist it in MOOCs training institutes.

This is a post graduate elective course with a duration of 16 weeks and accounts for four credits. The course aims to help the participants appreciate the salience of research ethics in upholding the scientific integrity of research in general; and identify and apply the methods of ethical reasoning to social science research.

The first round of the program was completed during the period July and December 2019. About 700 participants had signed up for the program.

I.2 Round Tables

HEaL Institute hosted four round tables in collaboration with other organisations and institutes. They are as below:

i. **Engagement with Indian Philosophical Traditions:** This round table cum workshop was held on June 7, 2019, at the Seminar Hall, WRIC, University of Bombay, Kalina, Santa Cruz, Mumbai.



The speakers for this event were Prof. Meera Baidur and Prof. C. D. Sebastian. Prof. Baidur is a faculty and coordinator of the Philosophy Department at Bengaluru Central University. Prof. Sebastian is a Professor of Indian Philosophy at the Department of Humanities and Social Sciences at the Indian Institute of Technology Bombay, Mumbai.

This one-day engagement with Indian philosophical traditions of thinking introduced the participants to the idea of rationality and thinking in classical Indian

thought. In this two-part workshop, the first part offered a basic introduction to Indian philosophical thought through the exploration of some concepts and discussed the application of these to contemporary issues in philosophy. The second part explored a few of the ethical paradigms of Indian philosophy as an introduction to alternate ethics. The tone of the workshop was discursive and critical, while also being sensitive to the cultural ethos of India.

ii **A Publication Ethics and Bioethics Journal Governance:** This round table cum workshop was organised from June 8-9, 2019. The goals



Was to discuss the most current issues in publication ethics and governance related matters of bioethics journals drawing upon the discourse during the joint 14th World Congress of Bioethics and 7th National Bioethics Conference FMES co-hosted in December 2018 and current debates on these issues in the global bioethics peer community.

iii. **Emerging AI technology in health care in India: Critical reflections and charting out way forward:** This round table was organized in collaboration with Center for Policy Studies, Indian Institute of Technology Bombay (IITB) on Saturday, July 13, 2019 at IITB, Mumbai. Critical reflections and charting out way forward was organised in



AI is the ability of computer controlled machines to perform the tasks commonly associated with intelligent beings. AI

machines have the ability to perform complex and cognitive tasks like thinking, perceiving, learning, problem solving and decision making with the help of structured data. AI based technologies therefore stand distinct from the rest. Across the world, there is enormous interest in AI, both amongst policy makers and entrepreneurs, especially those connected to information technology. The number of start-ups is an indication of this interest. The last couple of years have witnessed policy papers developed by government think tanks or other related bodies in a number of countries including India.

We developed a manuscript titled, 'Political Economy of Artificial Intelligence (AI) in Healthcare'. It is being submitted to a peer reviewed journal.

iv. Navigating Doctor-Patient Relationships in India: This was held on February 15-16, 2020, at the UChicago Center in Delhi by Vidhi Center for Legal Policy in collaboration with HEaL Institute and FMES.



This two-day symposium was aimed at examining and creating a better understanding of the trust deficit in the doctor-patient relationship in India. The program focused on building trust and building networks through a series of discussions with patients' rights groups, doctors, other healthcare practitioners, researchers, and policy makers.

1.3 Grand Rounds



i. Towards Universal Health Care: History of 'Health for All' Struggles in India' (127th WHO Global Health Histories Seminar: This was held by the Centre for Global Health Histories (CGHH), University of York, United Kingdom in collaboration with HEaL Institute and FMES. The other collaborating institutes include: the Centre for Law and Society, School of Law, Rights and Constitutional Governance & the Centre for Public Health, School of Health Systems Studies, Tata Institute of Social Sciences, Mumbai; and Centre for Policy Studies, IITB, Mumbai. It was organised on Tuesday, June 18, 2019 at the Tata Institute of Social Science, Mumbai.

ii. How Pharma Companies Fudge Data: This was organised by the Moneylife Foundation, Mumbai in collaboration with HEaL Institute, FMES. It was held on September 23, 2019, at Walchand Hirachand Hall, Mumbai. following a talk by Dinesh Thakur, the whistle-blower who exposed data manipulation by Ranbaxy and exploded the myth of cheap generic drugs, The event began with the talk, followed by a Q&A and discussion between the audience and Dinesh Thakur, Dr Sanjay Nagral of the FMES, and Debasish Basu of the Moneylife Foundation.

iii. WISSENDURST '19 – Thirst for Wisdom: *This is an Under Graduate Medicos Research Meet* at the ESIC Medical College and PGIMSR, Chennai. HEaL Institute, FMES were the collaborators. It was held on September 20, 2019 at the Dhanvantri Hall, ESIC Medical College. An oration by Dr George Thomas, former Editor, *IJME*, and Consultant Orthopaedic Surgeon, on 'Integrity in Medicine' was part of the event.

I.4 Research Initiatives (Concluded and in-progress):

Community engagement in research ethics and public health intervention: Community engagement (CE) is increasingly recognized as an integral aspect of global health and global development research, building on early efforts by non-governmental organisations and community-based organisations to enhance the impact of their work through participatory and collaborative methods. Support for CE activities in biomedical research budgets began in 1990 when the National Institute of Allergy and Infectious Diseases (NIAID) began to fund Community Advisory Boards (CAB) for its HIV prevention trials. The Bill & Melinda Gates Foundation and the Wellcome Trust have also supported CE strategies for their investments and research on CE. Most recently, the World Health Organisation (WHO), following the 2015 Ebola outbreak, has formally incorporated community engagement into its International Health Regulations.

We remain involved in this area. During this year we undertook an in-depth literature review of community and stakeholder engagement in clinical trials in LMICs in the context of public health emergencies. In another international collaborative initiative, one of the core team was involved. These two initiatives in CE are briefly described below under 'i' and 'ii'.

i. Report on 'Community and stakeholder Engagement in Clinical Trials in LMICs in the Context of Public Health Emergencies': A literature review developed by us and Quicksand Design Studio.

This was a literature review of select relevant materials in the area of engagement and participatory approaches to clinical trials in low-and-middle-income countries (LMICs). Part of a larger initiative hosted at QuickSand Design Studio and supported by Wellcome Trust, it was aimed at getting deeper insights into opportunities and challenges in relation to future clinical trials in LMICs in the context of the three epidemics namely, Ebola Virus

Disease (EVD), Nipah Virus Disease (NiVD) and Zika Virus Disease (ZiVD), and Snakebite Envenoming (SBE), in Africa, South Asia, and South America. The continued outbreaks of these diseases has attracted the attention of the global public health peer community and of key entities such as the World Health Organisation (WHO) over the past five or more years.

Drawing upon this extensive literature review, we developed a report titled 'Engagement and participatory approaches to clinical trials in LMICs in the context of public health emergencies: A realist literature review'.

Ethical Challenges and Obligations in Health Journalism in India ii. Community engagement as a research ethics obligation

Many major research initiatives now include community engagement (CE) activities, but clarity about the goals of CE and the understanding of how to achieve them remains underdeveloped. As CE continues to gain standing in the eyes of funders and researchers in global health and global development, there is increasing urgency to clarify its core elements and the mechanisms through which it produces the relevant ethical and practical outcomes. An obvious step in this direction is some form of systematic review of the CE literature. In this research note, we have described a realist synthesis that we are undertaking to inform our understanding of CE. We have shared our experiences with an unpublished literature review, which is based on our conviction of the need for a realist review. We have also detailed, in this note, some of the challenges and potential benefits of a realist synthesis and our current work, with a view to further the understanding of CE.

This led to publication of a paper titled, 'Richardson EZL, Bandewar SVS, Boulanger RF *et al.* **Addressing diversity and complexity in the community engagement literature: The rationale for a realist review [version 1; peer review: awaiting peer review]** Wellcome Open Research 2020, 5:1 (<https://doi.org/10.12688/wellcomeopenres.15525.1>)

iii. Ethical Challenges and Obligations in Health Journalism in India

This was initiated in November 2018. In order to explore the intricacies that influence and inform health reportage in India, this study examines the ethical challenges for health reporters. Employing the Qualitative and Mixed Methods of research, this study not only highlights the seen and unseen influences on health reporters but also probes whether they incorporate ethics in their work. The study also illuminates how journalists represent issues (ethics, conflict of interest, privacy, confidentiality) pertaining to the public, especially marginalised groups. The purpose of this study is to allow health journalists to not only put forth the challenges they encounter on the field and come up with solutions, but also to elaborate on the various pressures and influences that shape their work. Furthermore, the research findings will aid in developing ethical guidelines specifically for health reporters in India.

We are currently writing a study report based on a qualitative research.

iv. Participation of Health Care Professionals in the Death Penalty: An Empirical Exploration

In 2018, India witnessed expansion of death penalty offences via amendments to The Protection of Children from Sexual Offences (POCSO) Act, 2012. Currently Death Penalty is valid in India for crimes of rape, murder and terrorist activities. Both in India and around the world death penalty which is also referred to as capital punishment has been extensively discussed from the point of view of ethics, human rights, and justice to survivors or victims of concerned crimes/offences committed by the perpetrator. Amongst others, participation of health care professionals in the death penalty at various stages of justice delivery, including execution of a convict has been central to these debates over centuries. One of the central concerns amongst those who support proscription of participation of health care professionals in capital punishment is that it squarely conflicts with the very foundation to medicine

repeatedly pronounced in various medical ethics codes including the oldest known, the Hippocratic Oath of 5th century BC.

Both the round table and the manuscript seek to undertake empirical investigation into perspectives and attitudes of students and practitioners of medical and health sciences about the death penalty, participation of physicians in the death penalty and their role in care provision to prisoners, especially those serving death sentence.

Under this initiative we undertook the following: (a) Organisation of a Round Table titled 'Death Penalty in India: Legal, Ethical and Health Matters' held in Pune on Feb 22, 2019.; and (b) Developing a manuscript for publication in a peer reviewed journal based on a qualitative research

v. Frontline health workers, working conditions and social accountability

There have been some efforts to ensure a level of continuity in the discourses around health care for the poor through a focus on approaches like Universal Health Coverage, Universal Access to Health Care, MDGs and SDGs. However, despite these advances alienation of communities has continued and governments with their eye on commercial interests have pursued policies that are undermining the gains of the Alma Ata. Further, States have not enough to ensure citizens participation in planning, budgeting, implementation and oversight of the health services resulting in real needs and priorities of citizens especially poor and vulnerable communities being left out. In health systems, social accountability implies that political and governmental actors, including public service providers, are held to account for their actions and decisions by citizens. The notions of transparency, participation and accountability are closely linked to the idea and processes of social accountability emphasised by different approaches to accountability.

In this initiative, we focus on health care workers (HCWs), their engagement with the state on one hand and with the communities

they serve, on the other hand. The objectives are two-fold: (a) To locate them in the system characterized by power hierarchies.; and (b) To appreciate the ongoing efforts and strategies of HCWs [including Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activists (ASHAs) and other community-level health workers (CHWs)] while demanding accountability from the state and to provide HCWs with all the support needed to help deliver on their commitments to communities by building and maintaining trust based relationships with communities. The underlying philosophy is to enable HCWs to be the change agents, rather than mere service providers.

vi. Exploration: Public narrative on ‘instance justice’

The brutal gang rape and murder of a young veterinarian (now known as the ‘Disha’ case) on Nov 27, 2019 in Hyderabad, was followed by the encounter deaths of the four suspects at the hands of the Hyderabad police, on Dec 6, 2019. The rape-murder, the police killings, and the public jubilation after the killings are all not only extremely disturbing, but very intriguing. The Disha case is a sombre reminder of the 2012 Nirbhaya case. These and other violent sexual crimes shake our conscience as citizens. However, this particular case stands out due to the police encounter followed by the public celebrations. These events raised two sets of key questions: (a) What shapes public opinion on important aspects of human life, like women’s safety, and the emerging trend of shortcuts to criminal justice delivery, or ‘instant justice’ in a democracy like India?; and (b) Do survivors of gender-based violence and their families perceive the ‘death penalty’ as the only appropriate redress and do they feel justified in supporting the extra-judicial path of ‘instant justice’ in the face of persistent delays in criminal justice delivery? The police action does not seem to be a one-off event when seen against the backdrop of contemporary India witnessing increasing tolerance for lynching, for mobs ‘taking the law into their own hands’. This raises concerns. The public narrative supporting the elimination of convicts via the death penalty as a legal measure, or of accused persons via

extra-judicial measures as the ultimate justice to survivors warrants attention and deliberation. This exploration was to look into these matters.

Outcomes: An editorial titled ‘Public narrative on “instant justice”: A slippery slope’ published in *Indian J Med Ethics*. Feb 2020.

I.5 Essay Competition

During the last year, we had announced an essay competition, namely, The Maiden *IJME* Young Bioethicist and Changemaker Award Essay Competition. In response, we received thirty-five submissions. They were reviewed by a screening committee comprising of three experts in the fields of medicine and artificial intelligence, law, and journalism based on the corresponding three themes announced for the essay competition. The screening committee chose four winners and three runners-up. The winners and runners-up were awarded a mentorship opportunity to help them further work on their essays. The four winners also received an opportunity to do a one-week internship with Jan Swasthya Sahyog (JSS), Ganiyari, Bilaspur, a grass roots level organisation working on rural public health issues.

I.6 E-repository platform

There is a dire need for India-specific material for ethics training and educational purposes. We have developed e-repository platform to create a systematically organised repository of material on medical ethics and bioethics in the form of books, guidelines, manuals, case studies as well as papers from other journals as part of the ongoing effort for awareness and consciousness building. FMES is probably the only organisation in India working on bioethics in a concerted way.

Over the last two decades FMES has developed extensive scholarship in these areas to inform policies, programs and law towards making them people-oriented. It has also developed and sustained a network of committed healthcare professionals, social scientists, ethicists and critical thinkers who have been working in the field of bioethics locally and globally. It serves as a virtual think-

tank which addresses issues in health and allied themes which impact people's lives. However, we see a major gap in the form of non-availability of robust resources in bioethics focused on India. Such resources are available in other countries both developed and developing. In the coming years, FMES sees itself taking on the role of building and hosting an e-knowledge hub and an e-dissemination house for national and international material and resources related to bioethics, in a comprehensive manner.

We now have a collection of about 7000 plus pieces, of which around 1555 resources have been screened for inclusion in the repository. This set includes various types of materials including documentary and mainstream films used for health and bioethics educations purposes, case study e-books, study reports, peer reviewed journal papers (links), ethics guidelines – both national and international. This also includes videos we have prepared during this grant period, such as one-on-one conversations with bioethics scholars from India and outside; grand rounds, and round tables. These are available on our HEaL Institute website. We have created an FMES YouTube channel. The link to these videos will also be available on the e-repository platform.

I.7 Advocacy

i. Investigation into suicide of Dr Payal Tadvi, a resident doctor from marginal community

We are involved in exploration into the caste-based discrimination in medical education institutions and obligation of medical councils jointly with other networks, namely, People's Union of Civil Liberties, Maharashtra, Medico Friend Circle, and Forum Against Oppression of Women.

Dr Payal Tadvi was a second-year post-graduate student in Gynaecology and Obstetrics stream and was doing her residency at the BYL Nair Ch Hospital and T N Medical College, run by the Mumbai Municipal Corporation (MMC), and considered as one of the premier medical institutes in India. She committed "suicide" on May 22, 2019 and attracted much attention

by public at large, the media, and key constituencies such as students, especially from higher education institutes.

Engagement with the issue at hand – suicides of students at higher education institutions from across the country – continues both because the suicides continue to take place, and media and scholars respond to these incidents.

Our exploration undertaken by those who have been either deeply involved in and/or have had long standing association with various movements; and have engaged in various capacities with issues of marginalization, violation of medical ethics and human rights is yet another contribution looking deeper into the institutional environment to know what might better explain the sustained trend of suicides in medical education institutions. Overall, this exploration is informed by a perspective that draws upon both our work in the broad spectrum of peoples' movement and our understanding from the feminist perspective of intersectionality of gender, caste, religion, and other axes such as language, ethnicity that contributes to layered vulnerability that plays out in India across sectors and institutions.

ii. Engagement with the COVID-19 public health emergency

India acknowledged the pandemic in India only towards the end of March 2020. We engaged with the issues relating to the public health emergency during the initial phase in three ways: (a) writing in the popular press on the ethics issues relating to the pandemic; (b) by creating a blog-space dedicated for COVID-19 accompanied by an e-repository on COVID-19; (c) by joining other networks and people's health movement for the purposes of advocacy on pressing issues of ethics, justice and equity in public health, clinical care, and biomedical and public health research.

Select writing in the popular press include:

- Mumbai Mirror | March 27, 2020 | [A 'surgical' strategy to fight coronavirus](#) |

Sanjay Nagral

- Mumbai Mirror | March 20, 2020 | [Second Opinion: Sabka saath in the times of corona](#) | Sanjay Nagral
- March 15, 2020 | [Social distancing.....you must be kidding me](#) | by Vijayaprasad Gopichandran, Sudharshini Subramanian, Vinod H Krishnamoorthy
- Mumbai Mirror | March 13, 2020 | [Reminders from the coronavirus](#) | Sanjay Nagral

The blog space and the accompanying e-repository dedicated to COVID-19 is titled, 'COVID-19 Insights: Ethics, Law and Human Rights perspectives and analysis'.

A number of core team members of FMES and HEaL Institute collaborated with other networks, organisation and peoples' health movement as part of the engagement with the government and the health administrators. These include Jan Swasthya Abhiyan, All India People's Science Network, Internet Freedom Foundation.

II. National Bioethics Conference

During this reporting year, we published the proceedings of the joint 7th National Bioethics Conference and 14th World Congress of Bioethics held in December 2018 in Bengaluru, India.

It is: Pitre A, Bandewar SS, Hulshult H, Egalite N, Sharma R, Surani N, Bringing solidarity, justice and equity to the centre of the bioethics discourse. Overview of proceedings of the joint 14th World Congress of Bioethics and the 7th National Bioethics Conference, 2018. *Indian J Med Ethics*. 2019 Oct-Dec;4(4) NS:318-25. DOI: 10.20529/IJME.2019.065.

We also had done preparatory work for the 8th NBC to be organised December 2020 on the theme titled, 'MENTAL HEALTH: CENTER-STAGING HUMAN RIGHTS, ETHICS, LAW AND POLICY MATTERS'. However, we had to change the plans due the pandemic. The 8th NBC is now taking place on virtual platform on

the theme, 'Crisis within a crisis: The scientific, ethical & humanitarian challenge of COVID-19' during November and December 2020.

III. Indian Journal Of Medical Ethics

IJME has completed its 29th year of continuous publication, though facing constant financial challenges. The journal is now considered a reliable source of healthcare ethics information and policy to be cited by journalists, policy makers, and even courts. Its content is used widely for ethics courses and its leading members are recognised ethicists active in ethics committees and courses on ethics. While the healthcare scene in the country is extremely challenging, especially in the wake of the Covid-19 pandemic, the journal has an important role in the debate on ethical problems and possible solutions. This brief report summarises the journal's April 2019 to March 2020.

III.1 What we published

From April 2019 to March 2020, IJME published 120 items, 110 of them in the four issues from April 2019 to Jan-March 2020, while 10 were published Online First till March end. The distribution section-wise was:

Editorials (including 5 Editorials, 1 Theme Editorial)	6
Articles	11
Comments	15
Case Studies	5
Discussions	8
Reflections	6
Students' Corner	5
Reports	6
Reviews	14

Letters	10
Financial Reports	1
Obituary	1
Conference Reports	2
Law and Bioethics	1
Commentaries	5
Creative Space	4
Theme Case Studies	10
TOTAL	110

**These include submissions received during the previous year.*

During the year, we published one theme issue titled “Case studies in public health research ethics from India” with five theme case studies and corresponding commentaries on each. The journal received 259 submissions, including invited ones, over the year 2019-20. Of these:

- 140 were archived (including 7 withdrawn),
- 69 were accepted and published,
- 19 were in the editing stage,
- 31 were sent for review.

Our editorial team welcomed the addition of an editorial consultant.

III.2 Our reviewers

We are grateful to our reviewers for the dedicated work they put into working on and improving submissions. Besides our internal reviewers, we thank the following external reviewers for their support during the year 2019-20:

Aamir Jafarey, Aasim Ahmad, Abha Saxena, Adithya Pradyumna, Alok Sarin, Angus Dawson, Anindita Majumdar, Anjali Nair, Anoop Thekkuveetil, Anurag Bhargava, Arun Bhatt,, Barbara Secker, Bevin Vijayan, Bushra Shirazi, Carolin Elizabeth George, Chinu Srinivasan, David Healy, Denny John, Dheeraj

Kattula, Dhvani Mehta, Emdad Ul Haque ATM, Gajanan Phutke, Gayathri Prabhu, George Thomas, Irfan Engineer, Jagriti Gangopadhyay, Jaya Sagade, Jennifer Gibson, Jing-Bao Nie, Jissa VT, Joe Varghese, Johnson Pradeep, Ketaki Chowkhani, Lars Breimer, Leena Lourduwamy, Leena V Gangolli, Lopa Mehta, Malu Mohan, Manickam Ponnaiah, Manjulika Vaz, Margaret Whitstock, Mark Wilson, Mario Vaz, Meghan Doherty, Monica Sakhrani, Monty Khajanchi, Nandini Kumar, Naveen Kumar, Navjeevan Singh, Nazli Hossain, Nithya Gogtay, Nobhojit Roy, Prabir Chatterjee, Pravin Bolshete, Priya Satalkar, Priyadarshini C, RR Kishore, Rakhal Gaitonde, Rakesh PS, Raman Kutty, Ramani Atkuri, Ravi Prasad Varma, Ravi Vaswani, Richard A Cash, Roshini Alexander, Sandeep Bawdekar, Sangeeta Rege, Sanjay Nagral, Sankar Giri, Saamil Dholakia, Sara Bergstresser, Satendra Singh, Sayori Ghoshal, Shaibya Saldanha, Sharmila Jalgaonkar, Shilpa Phadke, Sophia Modi, Soumitra Pathare, Srinivas DK, Subhasri B, Suchitra Dalvi, Sudarshini Subramaniam, Sudarshan Kottai, Sujit Chandy, Sunil Nandraj, Sunu Thomas, Supriya Subramani, Swarnalakshmi Singaravelu, Sylvia Karpagam, Udaya Mishra, Upreet Dhaliwal, Usha Raman, Varalakshmi Elango, Vikram Patel, Vipin Vashishtha, Vivek Divan, Vrinda Marwah, Yogesh Jain.

III.3 Social media presence

The IJME Facebook group now has 7900 members. We also have a Facebook page for the *Indian Journal of Medical Ethics* and HEaL institute with 2264 and 546 followers respectively. Additionally, we have Twitter accounts for *IJME* and HEaL Institute with 1055 and 99 followers, and a LinkedIn account for IJME with 763 contact. Bioethics news across media and new articles published in IJME are regularly posted on these spaces.

III.4 Indexing

We continue to be indexed in Medline, The Philosopher’s Index and Scopus. We have joined Pubmed’s LinkOut facility from 2017 onwards, in order to have direct access for readers searching the database. From a shaky start, the data below shows an increase in

direct usage from the Pubmed database, more so since the start of the pandemic. By extending the range of our content in the law, philosophy and social sciences, we will continue our efforts to be included in more databases in those disciplines, making our content known to more readers.

Month & Year	Hits (2018-2019)	Month & Year	Hits (2019-2020)
Mar 2019	1239	Mar 2020	974
Feb 2019	1058	Feb 2020	939
Jan 2019	1020	Jan 2020	880
Dec 2018	823	Dec 2019	824
Nov 2018	1032	Nov 2019	800
Oct 2018	966	Oct 2019	857
Sep 2018	923	Sep 2019	869
Aug 2018	897	Aug 2019	758
Jul 2018	885	Jul 2019	790
Jun 2018	814	Jun 2019	707
May 2018	1081	May 2019	904
Apr 2018	1136	Apr 2019	1095

III.5 Web management

We have four full time staff for all FMES/IJME work. Mahendra Shinde and Vijay Sawant, both veterans of the NGO sector, have joined our team in this year. Now, all uploading of IJME content is dealt with in-house. While Samanvay Foundation continued as technical partner, we accomplished transfer of skills to enable in-house website management including uploading content, and management of the back-end towards making FMES largely self-sufficient with all its website management.

III.6 Usage data for the website

The Table below shows information about the comparative usage of our website over the past three years:

Indicator	2016-17	2017-18	2018-19	2019-20
Users	133207	156659	288962	572504
No. of sessions	172809	198645	362369	709948
Page views	324073	377224	554739	983615
Pages/session	1.88	1.90	1.53	1.39

Avg session duration (min: ss)	1:35	1:29	1.13	1.03
Bounce rates (%)	73.72	63.72	80.79	83.79

Key to terms used:

Session

A session is the period/time a user is actively engaged with the website. When user is inactive for 30 minutes or more, any future activity is attributed to a new session.

Bounce rate

Any user session which views only one page is considered to have bounced. Bounce rate is single-page sessions divided by all sessions.

Cumulative time spent

Total number of sessions multiplied by number of sessions. Day = 86400 seconds

Explanation

1. The page views are up by 77% and the number of users is up by 89%.
2. Average session duration is down, pages per session are down, and the bounce rate is up. Given 1 & 2, the following inferences can be drawn: (a) There is significantly higher consumption of IJME content because the page views are up.; and (b) There is a trend that the users are reading content in multiple smaller sessions than in one long session.

Finally, consolidating all metrics, the total time spent by all IJME users, in 2018-19 is 306.17 days, and in 2019-20 is 517.6704 days. This is up by 69%.

III.7 Our print issue

We have maintained the size of the issue at 88 pages for all issues this year too, and the subscription rates which were revised in January 2019, continue as shown below. We have not been able to print an issue after January 2020, due to the lockdown following the pandemic. Printing will be resumed once the lockdown is lifted.