

scorpion and snakebite was held up for three years, as the editor was more interested in a foreign author who has never seen and treated scorpion sting cases! Scorpion and snakebite accidents are frequently faced by farmers and labourers, so I decided to focus on lectures at rural medical colleges, especially to final year medical students, interns, and residents, with no obligation for teachers to attend.

The results are seen in the following two experiences:

- In 2010, I approached my classmate, the director of medical education and research (DMER), to arrange my talk at one of the first rural medical colleges established in the state. On reaching there in time, I asked for the Professor and Head of department and found he had apparently cancelled my talk since I had approached the DMER instead of contacting him. He felt that I had tried a backdoor entry. That was a big disappointment.
- Again in June 2022, my friend — the DMER — contacted the Dean of a medical college, who refused to arrange a talk, on the trivial ground that there was no good hall at the medical college. After repeated appeals, the Dean finally agreed and arranged a lecture at the medical college, which was attended by almost a hundred students and faculty members, who gave me a standing ovation after the detailed presentation. Surprisingly, the Dean was present and did not even offer me a glass of water after my talk. Furthermore, I had been late by 30 minutes for the talk due to the long journey, so he sent me a sarcastic message that I should “follow institutional protocol”.

Sadly, this goes to show how even over the past twelve years, there has been no improvement in the casual and egotistical attitude towards getting and sharing life-saving knowledge. Further, there is a deep-rooted prejudice in several medical colleges that no authentic medical research is done in the private sector. On the other hand, I have been invited thrice to deliver lectures to medical students at the GS Medical College and KEM Hospital, Mumbai, where the incidence of such poisonous bites is possibly rare.

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Virus versus humanity — Do vaccines tilt the scale?

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S Srinivasan in his article “The vaccine mandates judgment: Some reflections”, in this journal, analyses a judgment of the Hon’ble Supreme Court of India in summer this year [1]. Therein, he underscores significant points of interest, the logic behind them, a few points of contention, their scientific basis and areas where logic defies rationality and prudence. Nevertheless, certain relevant points about vaccination are overlooked in the article. Under the subheading, “Vaccine mandates and the right to privacy”, the author states that the order “finally zeroes in on this proposition...and that is that the risk of transmission of the Severe Acute Respiratory Syndrome (SARS-CoV-2) virus from unvaccinated individuals is almost on par with that from vaccinated persons”. Therefore, when the immunisation does not serve the social purpose of stopping propagation of the infection, why should the authorities mandate people to accept vaccination? This is the argument put forth by the author.

The point needs to be made here that that is not the only rationale of the government’s vigorous efforts to increase the vaccination rate of the population. When the virus gets the opportunity to spread widely, it multiplies and mutates producing variants which may be more pervasive or severe [2]. Such variants have higher chances of emergence when the virus gets an opportunity to spread like wild fire [3]. And this is one more reason to stop its devastating march, which not only exhausts the healthcare system, with most available resources being diverted towards Covid-19 care; but also affects the economy, further depriving those already marginalised, and frays the social fabric [4]. Now, we in India know what happened when migrant workers had to walk, sometimes for hundreds of kilometres, and when religious groups were pilloried saying they had deliberately spread the virus.

The only way to control the disaster is by stopping the pandemic and restoring normalcy to society. That is not possible while novel variants keep emerging. Hence, every possible effort should be made to stop providing the virus the opportunity to run amok among susceptible communities. That is possible only when all of us get vaccinated, wear masks — especially when indoors — observe social distancing, gather outdoors as far as possible

and improve ventilation of the buildings in our surroundings. We need to remember that vaccines are among the few ways to reduce overloading of the healthcare system along with Covid appropriate behaviour. Experience of robust data from a politically divided United States of America provides us the insight that when people comply with these simple measures, a pandemic is brought under control and when not, unnecessary and avoidable suffering ensues [5].

At the end of the day when only one bed is available in my hospital ICU, I would think twice before allotting that to a patient who made a *conscious* decision to remain unvaccinated despite having full knowledge of the possible outcome. Such a person — through sheer recklessness — has risked not only his own life but those of his family members, fellow workers, friends, and possibly of healthcare workers tending to him. When someone asserts his right to privacy, he should consider whether healthcare workers *too* have the right to decide whether to treat such people when they arrive at a hospital gasping for oxygen, with dipping vital signs and perhaps, together with their family members. While working in a Covid hospital, we saw several family members being admitted and wondered if one of them had infected the others. We were overwhelmed when more than one family member — usually the elderly — did not survive the course of admission despite our best efforts.

Were all their civil rights protected when one among them decided to remain careless? I wonder. All of us are together sailing into uncharted territory and the collective interest should be our first priority, overriding personal choices when uncertainty looms large. Looking after the most vulnerable, the frail, those with comorbidities, must be our choice even when we have the right not to do so. We may exercise our rights in a way that others may be harmed *unintentionally*. But our goal should be to make a protective shield around them when we can. The law may permit us to work around weaknesses in scientific assertions and data generation in our less-than-optimal human enterprise; but our morality should guide us to leave no stone unturned to protect as many lives as we can. History may judge us by how much we cared for others when the law did not mandate us to do so. The US Supreme Court's overturning of the *Roe v. Wade* judgment in the *Dobbs v. Jackson Women's Health Organization* case this year taught us the hard lesson that judges may be swayed against the scientific community and public interest [6]. Let us make every possible effort to ensure that freedom from disease and benefit for all is our slogan, superseding and overtaking individual freedom.

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Solving crimes, balancing rights in police investigation

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Jinee Lokneeta's editorial on Police investigation and unethical "scientific interrogation" was published in the January-March 2023 issue of *IJME* [1]. It is a scathing critique of the way police investigators rampantly misuse/exploit loopholes in the law, extract forced confessions from the accused and use them in a court of law — sometimes leading to convictions or prolonged incarceration of innocent victims. Her Excellency, the Hon'ble President of India, expressed similar sentiments when she questioned the need for building more jails at the same time that we talk of "moving towards progress as a society" [2]. Her comment was in the context of a large number of undertrials in jails, suffering from the inefficiency of the present day criminal justice system. Therefore, the need of the hour is to fix the weaknesses in the system and advance towards a rapid, truthful, honest and impartial system of police investigation. It is against this background that the journal has published the Editorial, and we support the broader intent which impelled the author to research the current criminal investigation system and expose its deficiencies. Nevertheless, when we go deeper into the details, several features begin to appear which seem incongruous with the author's arguments in her editorial.

The intended purpose behind using narcoanalysis on the accused as per court-order is not to extract confessions but to get some clues, utilising which the investigators may be able to join the otherwise disconnected dots [3]. In the Shradha Walkar murder case, after formal case-registration and following the subsequent leads, the police were successful in recovering the weapon used in the alleged murder of Shradha Walkar although the charges remain to be proven in a court of law [4]. Similarly, although body parts of the victim, disposed of in disparate locations, were recovered after the accused's confession, further biological investigation to verify the possible link between the biological evidence and the crime was needed [5], so as to