HARD TIMES
The state of Tamil Nadu is near bankruptcy. Our two major political parties blame each other, as they have been doing for as long as I can remember. The difference this time is that the government has taken steps to do something about it. In a surprising move, it withdrew a number of populist measures. Bus fares were raised, though the government presented figures showing that Tamil Nadu fares are still cheaper than those in 7 other states. While our neighbours Andhra Pradesh and Kerala were cited, it may be important that Karnataka was not. I presume the states not mentioned have lower fares than ours. Prices of food distributed through the public distribution system were also raised. Lower rates were fixed for families below the poverty line, but even for them the price of rice rose from Rs 3.50 to Rs 5.65 per kg. Domestic electricity charges rose to 150% of the previous rate. Taxes on edible oil, cotton hosiery, computer software, urea, diesel, furnace oil, low sulphur oil and cement were also raised. The motor vehicles tax was raised for all varieties of motor vehicles, from two-wheelers to heavy transport vehicles. And, as an afterthought, a day later, the state government-owned Aavin dairy announced a rise in the price of milk and milk products.

The government also sought to pare its expenses. A government release said staff strength ‘shall be reduced by 30 per cent over five years’. A voluntary retirement package is to be introduced for employees in the government, public sector undertakings, local bodies and cooperative institutions. A complete ban on the creation of new posts was announced, and a ban on filling of vacant posts except for teachers, doctors and police constabulary. The bureaucrats were especially hard hit as their travel perks, leave travel allowance and medical reimbursements were cut by 10%. There has been a downgrading of entitlement to fly on official business and only the top officers will be allowed to fly. The rest will have to submit to the tender mercies of the Indian Railways. As travel expenses cost the government Rs 1.72 billion every year, by these measures it hopes to save Rs 0.5 billion.

Nothing was mentioned about the salaries and perquisites of legislators who, many of us feel, have too good a deal at our expense. Nor was there any mention of the free power supply given to agriculturists—about 3 million connections—leading to an annual loss of around Rs 32 billion. This important vote bank has not been tampered with.

The government began its austerity and staff reduction drive by announcing the appointment of a commission to look into government staffing and spending, and to find further ways to reduce expenditure. Perhaps a good start would be to abolish this commission.

The parlous state of its finances did have one good outcome for the government. For once, it stood firm against the blackmail attempted by the State Transport Unions. The State Transport Corporation offered its employees a bonus of 8.33%, while the unions stood out for 20%. The government declared itself unable to offer more as the State Transport was losing money. Therefore, the unions went on strike. We would normally have seen the authorities cave in, but this time the Chief Minister reminded the workers that service rules provided for disciplinary action against those who kept away from duty for more than 9 days without official sanction. When they found the government unyielding, the unions dropped the strike and returned to work without any conditions.

Of special interest to us is the information that hospitals and medical colleges are also to be involved in the fund-raising drive. A fee of Rs 5 will be levied for ‘issue of outpatient ticket to patients who avail themselves of medical facilities from superspecialty wings of government hospitals’. While access to the hospitals for visitors will remain free during visiting hours, a fee of Rs 5 will be levied for visits outside hospital hours. I have doubts of the ability of hospital authorities to collect fees from visitors. The person who must ensure the possession of an entry ticket is a member of the vast number of lower grade hospital staff who already make a large illegal income from patients and their visitors. This gives them another opportunity, and the only way the government can realize some income from this would be to contract out the entry of visitors to private parties. As it stands, the government is thinking of hiring private companies for many such services.

Meanwhile, the president of the Tamil Nadu Congress Committee submitted a petition to the High Court that visitors should not be permitted in hospitals outside visiting hours anyway, and to collect a fee from them was contrary to social justice since only the poor seek treatment in these hospitals. The Court agreed with him and restrained the government from collecting any fees from visitors, at the same time prohibiting the entry of visitors outside hospital hours.

The fee structure in government medical colleges will be revised upward ‘with a view to extending better training’. The government has also decided to increase the number of undergraduate medical seats in government colleges and allot half of these to non-resident Indians on payment. Now that the Medical Council of
India itself stands discredited, perhaps the government anticipates no objections from it.

The fee for training programmes offered by medical institutions in the state has been raised nearly 10-fold. Also, private trusts applying for an essentiality certificate to start dental, medical and paramedical colleges will be charged a 'scrutinizing fee' varying from Rs 10,000 for paramedical to Rs 25,000 for medical colleges.

The government is set on opening more and more hospitals and medical colleges while the existing institutions languish for want of staff and simple facilities, for which the government claims it has no money. The existing medical institutions are disintegrating, literally and figuratively. Last year the roof of the tuberculosis ward of the Government General Hospital in Chennai caved in, killing a few patients. On 21 November, a high-tension electricity cable, which was old and should have been replaced months ago, gave way and the hospital was deprived of electricity for over 10 hours. While emergency generators should have taken over, some of them were in poor condition and failed. Some operations were postponed, some which had already been started had to be completed under torch light.

A few months ago, some mental patients died in a fire at a private mental asylum (I use the word in preference to hospital, since this was not an institution run by the medical profession) in one of the southern districts of Tamil Nadu. The government ordered all such institutions closed on the grounds that patients were not well looked after there and were subjected to inhuman conditions. The Bible says (Luke 6:41), 'And why beholdest thou the mote that is in thy brother's eye, but perceivest not the beam that is in thine own eye?'

Not long ago, a ward in the Government Mental Hospital collapsed and killed a patient. Last month a patient was found dead in an isolated cell where he had been confined for violent behaviour. His body was found with a piece of cloth tied round his neck. An inquiry was ordered into how he died, and whether it was possible for a person to strangle himself with a piece of cloth. He had been admitted to the hospital on 3 November for violent behaviour. He was given haloperidol and chlorpromazine on 13 November and the case sheet contained no entries from then till the day he was declared dead—23 November. The inquiry recommended that disciplinary action be taken against two warders and a nurse for negligence. Their colleagues want to know why no action was taken against the doctor, who they claim did not see the patient for 10 days before his death. On the analogy of the now defunct asylum, should not the government close its own mental hospital for cruel negligence?

WHERE WILL IT ALL END?

A recurring item in the newspapers is a succession of what is headlined as hooch tragedies. Illicit liquor laced with methanol is the cause. On 9 October, The Hindu reported that 280 persons had died of methanol poisoning in the past 10 years, and since then I have counted 55 more deaths reported in the newspapers. Tamil newspapers publish these reports under banner headlines and I fail to understand how people can still drink the stuff which they should know kills rapidly, and blinds some who do not die. Apparently the ready availability of the poison is because of an administrative change that took methanol out of the purview of the Excise and Prohibition Department in 1984. The government now proposes to bring it back under the control of that department. It also wants to request the Central Government to amend the Poisons Act to require manufacturers to add a bitter substance to methanol, and to colour it with methylene blue or crystal violet to give it a distinctive colour. It seems to me that the distillers and vendors of this illicit alcohol are guilty of murder, and should be tried and punished for that offence. Exemplary capital punishment of a few offenders, like the death penalty for people carrying drugs of addiction into Singapore and Malaysia, would serve as a deterrent to others who try to take advantage of human weakness to make easy money, with scant regard for the safety of their customers.

There has been only one exception to the massive price hikes ordered by the government on everything it touches. Officials of the Excise and Prohibition department said the government was contemplating reduction of excise levy on cheap Indian-made foreign liquor brands to make them affordable for the poor. If the present 55% levy on the lower-end brands were removed, cheap and safe liquor may be available for Rs 20 per 180 ml bottle. An odd way to enforce prohibition, to which the government of our once and (possibly) future Chief Minister, Ms Jayalalithaa, says it is committed in principle.

M. K. MANI

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Book Reviews


As healthcare systems throughout the world struggle to provide adequate healthcare to their burgeoning populations and yet keep costs down, the need and justification for evidence-based healthcare, cost-effectiveness and health technology assessment (HTA) is increasingly obvious. Evidence-based medicine (EBM), a term that did not exist until recently, has captured the imagination of clinicians and health policymakers. We now have journals exclusively devoted to EBM, electronic databases on systematic reviews (Cochrane Collaboration, for example), and workshops and books on EBM. In the 1980s and 1990s, clinicians who introduced the concept of EBM argued that healthcare and clinical decisions should be made on the basis of strong evidence generated by well done controlled trials and research studies. They felt that this approach was better than traditional decision-making approaches, which they saw as being far more open to bias and error.

Evidence-based medicine has been defined as a process of 'integrating individual clinical expertise with the best available