Health activist Binayak Sen’s bail application rejected in Supreme Court

Dr Binayak Sen, a senior public health activist and medical care provider to many impoverished residents of Chhattisgarh, was denied bail by the Supreme Court on 10 December 2007, International Human Rights Day. This has caused dismay among his friends and supporters and representatives of civil society. Dr Sen has been imprisoned by the Chhattisgarh State Government under the Unlawful Activities (Prevention) Act and the Chhattisgarh Special Public Security Act (CSPCA).

As an office bearer of the People’s Union for Civil Liberties, Sen had been campaigning on issues of human rights and civil liberties, and raising awareness about the atrocities committed through the Salwa Jadum movement. His work in the field of public health, and the respect for his dedication to community health has been exemplified through global support which has poured in from those who know him through his social work, and through journals. The Chhattisgarh Government has called him a ‘namesake doctor’, in spite of his impressive academic record as a student in the Christian Medical College, Vellore and his clinical work with union workers, tribals and villagers. He is also the recipient of the Paul Harrison award in 2004, and has taught at the Jawaharlal Nehru University, New Delhi.

Dr Sen’s supporters and friends are continuing the campaign to bring attention and support to the case, and ensure his early release from detention. This includes raising funds for his legal defence, and also volunteers to continue the clinical programmes he was running before he was imprisoned in May 2007.

ANANT BHAN, Pune, Maharashtra

Patient care in government-run teaching hospitals:
A dream turned sour?

The recent episodes of alleged manhandling of junior doctors by a member of the legislative assembly at Niloufer Hospital, and assault of a nurse at the Gandhi Hospital in Hyderabad and several such incidents that are being reported almost every day from several parts of India highlight issues regarding patient care in government-run teaching hospitals. Junior doctors in all teaching hospitals in Andhra Pradesh were on strike for some days demanding action against the legislator.

It has become commonplace to read about disgruntled relatives of patients thrashing doctors, especially in government-run teaching hospitals, including several premier teaching institutions all over India. With increasing corporatization and commercialization of healthcare, these teaching institutions represent the last vestiges of affordable quality medical care for the common man. Not only do several extremely sick patients throng these hospitals, but several patients who take a turn for the worse while getting treated in private nursing homes and hospitals and cannot afford the expenses involved in intensive care units are ‘counselling’ to take these patients to the teaching hospitals.

Patients of alleged poisoning and trauma that constitute medico-legal cases are cared for essentially in teaching hospitals as very few private/corporate hospitals entertain such cases initially. Epidemic outbreaks such as dengue fever in New Delhi, and chikungunya in Andhra Pradesh result in a massive influx of patients to these teaching hospitals. Small wonder then that in these hospitals the outpatient service is overcrowded, emergency rooms resemble a battle scene and the wards are overflowing and filled to more than their capacity with very sick patients. The media frequently—and often unjustly—criticizes these hospitals for the high rates of mortality observed. It is a fact that the most serious patients, whom no one else wants to treat, are cared for in this setting; consequently, the mortality rate in government-run teaching hospitals is bound to be high.

The basic workforce in government-run teaching hospitals are junior doctors, interns and postgraduates in training who frequently work 24–36-hour shifts. Given the paucity of materials, medicines and facilities, and shortage of medical and paramedical staff, attendants and relatives of patients are frequently requested to procure medicines, catheters, etc. In this scenario, even the best attempt by doctors with whatever facilities that are available is often not up to the expectations of the patients and relatives; this frequently leads to arguments that spiral into controversies. As hardly any security is provided for the doctors on duty, scuffles are commonplace. The public expects high quality tertiary care including drugs and materials to be delivered ‘free of cost’ at these teaching hospitals. The ultimate—unanswered—question is: ‘Who should pay for the health of the common man?’ Is it the patients themselves, the government, insurance agencies, the patients’ employers, or philanthropic organizations?

ALLADI MOHAN, Tirupati, Andhra Pradesh

Medical students on strike in Tamil Nadu

Medical students all over Tamil Nadu were on strike against the proposal by the Union Minister of Health to make one year’s rural service compulsory after completion of the MB,BS course.

In Tamil Nadu, the movement against the proposal was started by the Doctors’ Association for Social Equality (DASE). Dr Ravindrananth, leader of DASE, says that the proposal will deprive doctors of 31 000 job opportunities in the government sector. He states that the proposal is nothing but exploitation of doctors, as the pay offered is very low. Doctors should be paid on par with the private sector and given adequate facilities to lead a decent life. They would then be willing to serve in any place. He points out that the Health Policy 2002 makes no mention about universal medical care. Instead, it emphasizes on positioning India as a centre for medical tourism. He feels that the corporatization of medical care and the exploitation of a section of doctors are two sides of the same coin.

The Sambasiva Rao Committee, set up by the government to ascertain the views of all stakeholders in the proposal, met with a hostile reaction in Chennai. The students questioned the role of the Committee when the Health Minister had stated that the government would go ahead with the proposal, whatever the outcome of the consultation.
Both the DMK and the AIADMK, the main political parties in Tamil Nadu, support the students. However, on 1 December 2007, the chief minister asked the students to call off the strike by 3 December or else face closure of the colleges and hostels. This was in response to a demand from Dr S. Ramadoss, leader of the Pattali Makkal Katchi (PMK), and father of Dr Anbumani Ramdoss, Union Minister for Health.

GEORGE THOMAS, Chennai, Tamil Nadu

Nobel prize for 2007 awarded to gene researchers
The Nobel prize for physiology or medicine, 2007 was awarded by the Nobel Assembly at Karolinska Institute, Stockholm, to Mario R. Capecchi, Martin J. Evans and Oliver Smithies, for their discoveries of ‘principles for introducing specific gene modifications in mice by the use of embryonic stem cells’. Their discoveries over the past quarter century have led to gene targeting, a technology that has immense applications in basic research and in the development of new therapies.

Gene targeting can be used to inactivate single genes and thus help in learning their function. Of the over 20 000 mammalian genes, almost half had been knocked out in the laboratory. This has led to the development of over 500 mouse models in various developmental, cardiac and neurological disorders, etc.

Mario Capecchi (University of Utah, Salt Lake City, Utah, USA) and Oliver Smithies (University of North Carolina, Chapel Hill, NC, USA) independently showed that homologous recombination (the exchange of DNA sequences within chromosomes, which leads to genetic variation in the population) could be used to modify genes in mammalian cells. Martin Evans (Cardiff University, UK) used embryonic stem cells to generate mice that carried new genetic material.

Because of these discoveries, mutations can be introduced at specific times in selected cells, during development and even in adult animals, to study the functions and determine the implications. Thus, the specific roles of genes which play an important part in health and disease can now be determined. Some examples of diseases that are being studied by these techniques include cystic fibrosis and thalassaemia. (Based on material available at http://nobelprize.org/nobel-prizes/medicine/laureates/2007/index.html.)

Ig Nobel prize for 2007 awarded to sword swallowing study
Brian Witcombe, radiologist at Gloucestershire Royal NHS Foundation Trust, Gloucester and Dan Meyer, executive director of the Sword Swallowers Association International were jointly awarded the Ig Nobel prize for 2007 for their discoveries on occupational injuries among sword swallowers. Their study, published in the BMJ (2006;333:1285–7) showed that sword swallowers stood a higher chance of being injured when they were distracted or when they swallowed multiple or unusual swords or when there was previous injury.

The Ig Nobel prize, now in its seventeenth year, is awarded to real research that ‘first makes people laugh, and then makes them think’. It was started by the journal Annals of Improbable Research.

SANJAY A. PAI, Bangalore, Karnataka

The National Medical Journal of India is looking for correspondents for the ‘News from here and there’ section. We are particularly interested in getting newswriters from the north and northeast regions of India as well as from other countries. By news, we refer to anything that might have happened in your region which will impact on the practice of medicine or will be of interest to healthcare personnel in India. The emphasis of the news items in this column, which are usually from 200 to 450 words, is on factual reporting. Comments and personal opinions should be kept to a minimum if at all. Interested correspondents should contact Sanjay A. Pai at s_pai@vsnl.com or nmji@nmji.in