



# Health e-Letter

## Letter from the Editor

Such is human nature that we tend to trust people more when they come together under the umbrella of an association. The Indian Medical Association is one such example. Most of us would not question the Association's stamp of approval on things that concern our health. But when such an association starts endorsing products of multinational companies after accepting payments, do we continue to keep our innocent faith in them or do we face the harsh truth that consumer trust is up for sale?

Last month, the past president of IMA, Ajay Aggarwal, told us that they had decided to endorse Tropicana fruit juices and Quaker oats after verifying their "scientifically proven health benefits." It is another matter that the IMA took Rs 50 lakh from PepsiCo to endorse these products.

This is not the first time that IMA has negotiated such deals. It has been endorsing products such as Dettol, Pampers Diapers and even the water purifier from Eureka Forbes. It received Rs 3 crore for the endorsement from Eureka Forbes.

A body, which should ideally have set ethical standards of practice for its members, has instead succumbed to market pressures. With a membership of some 1,75,000, it is the most influential organization of doctors in India. It could do better work with the vast pool of resources instead of using the banner to bring money through questionable means.

Unlike medical associations in developed nations, which have codes of ethics for their members on various

issues and also strive towards consumer awareness as well as a better practice of medicine, many IMA members seem interested only in improving their incomes. They accept payments from pharmaceutical companies on various pretexts. Most medical conferences are held in the finest hotels. Without doubt, the bills are picked up by one pharmaceutical company or another who find such conferences an excellent platform to peddle research funded by them. For most part IMA has reduced itself to being no better than a neighbourhood club. And, at times, even worse, with doctors fighting for petty gains and positions of power in its organizational set up.

In the US such practices are partially curbed by payment disclosure laws offer that compel the pharmaceutical industry to disclose the amounts paid to doctors. In 2003 the practice was valued at \$25.3 billion. While some unethical practices may be universal, doctors' organizations try not to become a part of such practices. The American Medical Association, for instance, has strict conduct rules for doctors on when and what kind of payments they can accept. It's time we had our own rules. Until that happens, it helps to be aware that we live in a medical market.

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## PMCH woes: Three strikes in 31 days

By Jitendra Jyoti

*Patna:* When doctors at the premier medical institution in the country, the All India Institute of Medical Sciences (AIIMS) go on a strike, it hits national headlines and Union minister for health and family welfare is compelled to intervene in the interest of patient care. But at the Patna Medical College Hospital (PMCH), Bihar's biggest public hospital, politicians have taken little interest in addressing a situation where in a month alone doctors have struck work around three times.

The last was about a week ago, on May 27, when some employees misbehaved with a woman patient leading to a huge furore by her relatives and a subsequent strike by doctors. Before this, there were two other strikes, which led to the death of some of the patients who were already in a critical condition and worsened the condition of many others.

The fact is that senior faculty members and hospital management have been able to do very little. All that they have

been effective at is imposing a ban on the entry of journalists into the hospital.

The medical superintendent at PMCH Dr OP Chaudhary disagrees that doctors are going on strike at the slightest provocation. In fact, he says, the medical facilities at the hospital have been excellent. Many such incidents happen when patients come to PMCH after a case has been botched up at a private hospital. When doctors fail to save the life of such a patient, the relatives get violent, he says.

Chaudhary also blames people with ulterior motives for deliberately creating such situations. "Those who are not happy with the hospital's progress do all this," he adds.

While there may be some truth in Dr Chaudhary's statement, the fact is that many doctors at PMCH are negligent towards poor patients.

Relatives of several patients complained that senior doctors at the hospital do not give much time to the patients; many remain focussed on their academic work while neglecting patient care; only a few doctors attend to patients admitted in emergency and general wards; during the day senior doctors keep themselves busy with their private work and at night they are seen sipping tea and gossiping.

Junior doctors know that they are the back bone of an overloaded system. They are aware that if they go on a strike the whole system will collapse. Therefore, they take advantage of their position and stop work for every small reason.

PMCH junior doctors association (JDA) president Dr Anil Kumar says they don't go on strike, but only try to save themselves from violent relatives. What Dr Kumar did not say was that in doing so they stop work even at the emergency ward and several patients die as they do not get timely medical care.

### MAY MAYHEM AT PMCH

**May 27** Chaos in PMCH following misbehaviour with a woman patient.

**May 22** Junior doctors go on a 15-hour strike following a violent reaction by relatives after the death of their patient at the Indira Gandhi emergency care at PMCH.

**May 5** Junior doctors strike work for over 10 hours following an altercation with relatives in the pediatric ward of PMCH.

**May 2** PMCH calls the police after relatives of a heart patient create a furore following his death.

**May 1** Doctors go on strike for over four hours after relatives complain of negligence.

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### PMCH FACTS AT A GLANCE

Junior doctors at PMCH

**600**

Senior doctors at PMCH

**300**

Patients that come to OPD everyday

**1500**

Average patients in emergency wards

**200**

Total beds at PMCH

**1775**

## POSITIVE LIVES

### Goa matures to accept 22-year-old HIV

By Shekhar Deshmukh

Goa: In the late eighties, a young man, Dominic D'souza was arrested and incarcerated in solitary confinement, all because he had tested HIV positive. Two decades later, D'souza and his mother, Lucy's determined efforts to bring in change, are showing results. In true Goan spirit, people celebrate festivals, join in cultural programmes and celebrate life's events as positive people are finally integrated into the larger community.

D'souza died fighting the intense stigma and his mother Lucy, continued the struggle against a draconian law introduced by the Goan government which allowed mandatory testing for people suspected of HIV. The Goa Public Health Amendment Act also legalised mandatory isolation. There was no provision for confidentiality, and discrimination against a positive person was expected if not actively encouraged.

D'souza's mother, Lucy D'souza, challenged the Act in court through the well known Mumbai-based human rights lawyer, Anand Grover. They won only a partial victory. The court said it would no longer be mandatory to detain positive people, except where the authorities felt it was a 'justifiable' case. D'souza challenged the verdict in the Mumbai High Court, but lost.

But that was then. In today's Goa, neighbours and relatives of those living with HIV accept them as part of their community. They celebrate festivals and cultural programs with them. And during their difficult moments, they provide an emotional anchor for each other.

This reporter witnessed the close community bonding during his meeting with volunteers of 'Zindagi Goa', the positive peoples' network. A strong indicator of the lessening discrimination is the participation of positive people in religious events and ceremonies.

Recently, Zindagi Goa organized a mahapuja in which Brahmin priests performed the rituals without any hesitation, even as positive people participated in the religious ceremonies. Prasad prepared by positive people was distributed to people in the entire building. Later, the entire neighbourhood came together for a community lunch. At another time, people came for a Fugadi (a traditional dance form) competition with the positive people's group.

In Fugadi competition, two persons, either women or men hold each others hands and spin around as much as they can. Those who manage to take the maximum number of rounds are declared as winners. Zindagi Goa organized such a Fugadi competition, where along with people from the housing society, there was a large participation from positive people.

Zindagi Goa functions from Flat no. 11 of Pai building located at Vasco in Goa. A total of 17 people work for the organization. Most of those who work for Zindagi Goa are positive. But there are four who have joined to work as volunteer out of their commitment to do something for civil society. One such member Mahesh Govekar says "social acceptance not only gives a new life to a positive person but also encourages him to help others. In real sense, Zindagi Goa works not only for positive people but for all of civil society. For this reason, we are organising a musical night to help raise funds for a patient who has suffered kidney failure and needs expensive treatment."

People like Azad Sheikh, Santosh Malya, Jafar Inamdar are faces of Zindagi Goa. Sheikh, who is project director of this six-year-old organization, is full of energy. He does not like talking about his past though. The early years were tough. People were not willing to accept them or even rent them office space.



**Positive Prayers: Stigma ends as communities pray together**

**In today's Goa, neighbours and relatives of those living with HIV accept them as part of their community. They celebrate festivals and cultural programs with them. And during their difficult moments, they provide an emotional anchor for each other. This reporter witnessed the close community bonding during his meeting with volunteers of 'Zindagi Goa', the positive peoples' network. A strong indicator of the lessening discrimination is the participation of positive people in religious events and ceremonies.**

"Initially people refused to rent us space. When we managed to get it, our neighbours and people living in that people treated us very poorly," says Azad. "At times power and water supply to our office was cut off. People would wash the stairs everytime we used them. Neighbours would quarrel with us for no reason at all," says Azad as he recounts those early days of struggle.

All of it has now changed. "Neighbours and residents of the building are very helpful. They extend help in whatever way they can," says Azad while recalling that on one occasion they when asked their neighbour to store vegetables and some cooked food in their refrigerator, they agreed to do so.

Talking about his struggle to find space, Azad says they found a place they could rent, but the landlord had some conditions. "Our owner set two conditions before renting out the space. He wanted his rent on time and no complaints from the neighbours." When the landlord, Mr Pai, was asked what made him rent his flat to a positive people's group, he replied, "What if they are HIV positive? They are all good human beings. Why should I treat them differently? My only concern is they should help maintain the harmony of the society and pay their rent on time. Otherwise I don't see any problem in letting them stay in my building. In fact, they can stay here for as long as they wish to."

Azad believes that sharing increases happiness and reduces one's worries. They try to care for all those who come to them. A patient with tuberculosis once came to this organization for help. "We did not have the means to help her out. But we took her to a Church where the Father extended all possible help, says Azad. "Her condition is now improving."

Stories of discrimination faced by people living with HIV have been in news in Goa since the time D'souza was arrested and confined in an unused TB sanatorium. D'souza, a resident of Goa, was found to be HIV-positive when he donated blood at a Goa hospital. The test was performed without his knowledge or consent, and the results were revealed not to him, but to the local police. The story of D'souza was made into a sensitive Bollywood film, My Brother Nikhil.

It is heartening to see the change in Goa and the happiness it is bringing to the lives of positive people.

## A green card in UP? Only if you adopt family planning

By Manish Srivastava

*Lucknow:* What is common between global superpower, the United States of America (USA) and Uttar Pradesh? The answer is green cards.

The only difference is while Non Resident Indians queue up to procure the US green card, there are no virtually takers for the green card issued by UP's health department. For unlike the US green card, which is for a privileged few, UP's green card is for the underprivileged masses.

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**To acquire the status of a green card holder in UP, one must adopt family planning methods. The green card holder is then promised a few privileges in the state. However, the fact is that privileges or not, people do not want to come for government sponsored family planning programmes; more so when the state government itself has been reluctant about promoting it. In fact, the state government has forgotten all about the scheme launched way back in 1985.**

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To acquire the status of a green card holder in UP, one must adopt family planning methods. The green card holder is then promised a few privileges in the state. However, the fact is that privileges or not, people do not want to come for government sponsored family planning programmes; more so when the state government itself has been reluctant about promoting it. In fact, the state government has forgotten all about the scheme launched way back in 1985.

The seriousness can be gauged from the fact that in more than a decade down the line, only a handful of officials of the health department have even faint memories of the scheme. Even department officials admit that the scheme launched with much fanfare has lost steam due to government's apathy.

This is the reason that in the last 10 years not a single card has been issued by the department. "From where are we supposed to issue the card, when it has not been provided by the government?" questioned a senior health department official. As an interim measure, a few temporary

cards were issued, but they lacked legal sanctity.

An ambitious scheme was launched by the state government in July 1985 to check UP's population boom. Under the scheme, a green card was issued to a two-child family volunteering for tubectomy or vasectomy. The card promised a host of incentives and concessions to people adopting family planning methods.

The incentives included preference to the holder in selection for the schemes run by the rural development department, free education up to class XII for their children and preference in admission for government and aided schools, free health facilities at government hospitals, preference in the allotment of general and private wards, preference in allotment of houses and plots by urban development, housing board and other departments, preference in getting licence for fair price shops as well as preference for home and vehicle loans.

However, due to the apathetic attitude of government officials, family planning schemes have not been successful in UP. The percentage of family planning operations has dwindled in past three years. In 2005-06, it was 53 per cent; it decreased to 46 per cent in 2006-07; and till December 31, 2007 it was 22 per cent.

Director family planning Dr CB Prasad admitted that the scheme still existed but the card was not being issued. Another official added that the health department had not got the green card published for the past one decade. Prasad pointed out that they were issuing an identity card in lieu of the green card.

### DWINDLING FP OPERATIONS

The percentage of family planning operations has dwindled in past three years.

2005-06	53%
2006-07	46%
2007 (till Dec 31)	22%

## No eye bank, but Bihar asks people to pledge their eyes

By Manoj Pratap

**Patna:** Efforts to provide vision to the visually impaired have not gained momentum in Bihar. "Eye donation is the biggest donation" has been reduced to a mere slogan in the state. Due to laxity on the part of the Bihar government, a much-needed eye bank could not be set up in the state even though the government claims to have all facilities at the Patna Medical College Hospital, it is so only on paper.

Blindness is a major public health problem in India with an estimated 12 million blind in the country. To tackle this problem, National Programme for Control of Blindness was launched in 1976 with the goal to reduce the prevalence of blindness from 1.4 per cent to 0.3 per cent by developing eye care infrastructure, human resources, and better access.

Statistics show that every five seconds a person loses his vision and every five minutes five children lose their sight. The scenario in Bihar is no better. Government figures suggest that around 700,000 people in the state are visually impaired. Around 7,000 suffer from whiteness in their iris.

At a time when people in other states are coming forward to

donate eye, lack of government initiative has failed to generate a momentum for eye donation in Bihar.

In fact, figures for eye donation pledges are showing a decline. According to the state health committee programme officer (eye), during 2006-07 at least 445 people expressed their desire to donate eyes. This figure dwindled to 293 during 2007-08. The residents of the state don't even know where they could pledge to donate their eyes.

There is neither an eye bank in the state nor has the state government allocated any resources to set up one. Even if one accepts the government's claim that PMCH does have such a facility, compare this with Maharashtra where every district has a facility to store donated eyes.

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### FEWER SAY YES TO EYE DONATIONS

2006-07

People expressed their desire to donate eyes

445

2007-08

People expressed their desire to donate eyes

293

-67%



In order to check the growing incidence of blindness in the state, the Central government allocated Rs 25,000 rupees for every district during 2006-07. The sum was increased to Rs 35,000 rupees during 2007-08. During 2006-07, the state spent a total of Rs 9,75,000 for this cause, while Rs 12,25,00 were spent during the next financial year. This amount is used to spread awareness among the masses about eye donation, but the bigger question is where do people who wish to pledge their eyes go?

There is no one to answer this important question.

## More trouble for favoured NRHM: ASHAs remain underpaid

By Sudhir Mishra

*Lucknow:* It is now the turn of the Central government's ambitious rural health programme, the National Rural Health Mission, to suffer because of weak, inefficient and corrupt public health systems in some parts of the country.

The Accredited Social Health Activist worker (ASHA), who is the mainstay of this programme, is being harassed and not being paid her dues at many districts in Uttar Pradesh. ASHA belongs to the village and works towards bringing rural women to primary health centres for safe delivery under the safe motherhood programme (Janini Suraksha scheme)

In several districts of Uttar Pradesh, an ASHA has been getting only Rs 300 for every institutional delivery when the government has stipulated an amount of Rs 600 for her services. Several ASHA workers are now demanding a share in the Janani Suraksha Scheme. Many of them recently staged a protest in front of the district collectorate and the state assembly.

State's health and family welfare director general Dr Rajendra Kumar said, this would not be tolerated and the problem would be addressed soon. "The government is doing its best to make it sure this does not happen," he said. However, he added, "If a pregnant woman reports to a hospital herself, then ASHAs are not entitled to the Rs 250 travel allowance." Dr Kumar said, at some places ASHA workers were being given Rs 300, as they did not pay for their travel. "If there is any corruption, the government will look into the matter seriously," said Dr Kumar.

Every ASHA is entitled to Rs 600 for an institutional delivery which includes Rs 250 for her travel allowance, Rs 150 for taking care of the mother and Rs 200 for assisting during delivery.

**A voluntary organization, Health Watch, which conducted a survey in Banda, Gorakhpur, Chandauli, Naugarh, Azamgarh, Mirzapur and other districts found that initially ASHA workers were not being paid at all. Of late they have been getting Rs 600 in a few districts. In Chakiya block of Chandauli and Naugarh they are getting only Rs 300. In the Charganwa and Jangalkauda area of Gorakhpur, they were being paid only Rs 200. Only recently has this been increased to Rs 300.**

### WHAT AN ASHA GETS

**Rs 250**

For her travel allowance

**Rs 150**

For taking care of the mother

**Rs 200**

For assisting during delivery

Total

**Rs 600**

In order to ensure good ante-natal care for a pregnant woman, these workers have to commute long distances. In addition, they also have to deal with domestic chores and a demanding mother-in-law in their homes. If they do not get adequate compensation for their labour, they are ridiculed in their homes. "My mother-in-law says why do I work if I don't get paid for it?" said an ASHA worker.

ASHA workers at Sitapur, Kanpur and Lucknow confirmed the findings. In fact, ASHA workers at a primary health center in Azamgarh have lodged a complain with the chief minister's office and have even attached the copy of payment cheques of Rs 300 that they have been receiving. They even alleged sexual harassment and added that the PHC in-charge would deduct the amount only from the cheques of those women who did not succumb to his advances. The chief medical officer of the district confirmed such things were taking place.

In the Atraula area of the district, a different issue is coming up. Here, ASHAs are forcing rural women to share the money that the government gives them to look after their and their baby's health

if they deliver at a government facility. Here, the ASHA workers are forcefully taking Rs 700 rupees from the Rs 1,400 given to rural women.

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The NRHM has already been facing enough problems with the government hospitals and community and primary health care centres not being adequately equipped and talks of its extension to private hospitals are doing the rounds. The issue of ASHAs will only make it worse

## Now get a bypass done for 20,000 rupees

By Manish Srivastava

*Lucknow:* Ramkumar of Gorakhpur is a smalltime shopkeeper, who manages to earn only about Rs 300 in a day. Recently when he experienced a heart attack, his family thought they would not be able to get him any treatment. Doctors at a hospital in Gorakhpur district told them that Ramkumar needed a bypass surgery as two of his arteries were completely blocked. After visiting several private and corporate hospitals they found this surgery would cost at least a lakh of rupees.

With no option left, Ramkumar visited the cardiovascular and thoracic surgery department at Chatrapati Shahuji Maharaj Hospital (CSMH) in Lucknow. To his relief, doctors here told him the surgery would cost all of Rs 20,000.

This might sound unbelievable, but it is now possible to do a bypass surgery for this small amount at CSMH. For doing this low-cost surgery, doctors do not use a heart-lung machine. They keep the heart beating even as they perform this intricate surgery.

This hospital had been doing this surgery earlier but was forced to stop this of late in the absence of proper staff. Only one surgeon, Dr Shekhar Tandon, was left to attend to the entire load of patients at this department. In addition, the intensive care unit and the instruments of the department were in a sorry state.

Soon after Dr SK Singh, a surgeon at this hospital, returned from his training abroad, the hospital resumed the surgery. The hospital also benefited tremendously from his training at St Vincent Hospital in Australia. "Bypass surgery at this hospital costs anywhere between Rs 20,000 to Rs 25,000," says Dr Tandon.

What helps cut down the costs further is the hospital policy of providing free beds and free intensive care to the poor. As a result even valve replacement surgery which costs over Rs 2 lakh at a private hospital can be done at CSMH for only Rs 75,000, says Tandon.

Talking about more plans at the hospital, he says that they would soon start using thoracab method to do bypass surgery. "By using this method, a cut of only 5-6 inch is done to do the surgery. And stitching is also not done with easterners that again help in cutting down the cost." This surgery would be possible at 35,000 to 40,000 rupees that would again be one of the cheapest bypass surgeries.

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