

News from here and there

\$10 laptop has potential to facilitate dissemination of e-access to medical literature

The unveiling of the '\$10 laptop' raised much hype and hope during the launch of the National Mission on Education through Information and Computer Technology (ICT) on the Sri Venkateswara University campus in Tirupati on 3 February 2009. Priced cheaper than a mobile phone, the prototype was not exactly a laptop, but resembled a hand-held device, 10" long and 5" wide, similar to a palm top or a modem.

This low-power consuming device with 2 GB storage memory, Wi-Fi connectivity, ethernet port(s) and USB connectivity was designed by several organizations such as the University Grants Commission, the Indian Institute of Technology, Madras, and the Indian Institute of Science, Bangalore, among others and was intended to facilitate easy web access. Further refinements are awaited before this low-cost device reaches the market.

Whether this device will eventually bridge the digital divide or not, the concept seems to be interesting and time will judge its effectiveness. Given the capability of this device to access e-books and the likes, the idea of facilitating young medical students, particularly those in medical colleges in far flung areas, online access to e-editions of otherwise unaffordable medical textbooks and journals through the National Medical Library does seem to be a realistic possibility. If broadband connectivity can be subsidized, this device can bring medical literature closer to medical students.

ALLADI MOHAN, *Tirupati, Andhra Pradesh*

Health activists ensure free intradermal antirabies vaccine provision started in Pune

The Jan Arogya Abhiyan (the Maharashtra chapter of the People's Health Movement India) after prolonged advocacy with the state health department has ensured that free intradermal rabies vaccination (IRV) will be provided in Pune and adjoining areas. Antirabies vaccine (ARV) will be administered free to all patients reporting with dog bite through the Pune as well as Pimpri-Chinchwad Municipal Corporations and also the Sassoon Hospital, which is a public teaching hospital catering to several districts in western Maharashtra. So far, ARV has been provided at health centres through the intramuscular route; now using the IRV method will bring major cost savings for government health authorities.

Rabies is an endemic disease in India. Approximately 15 million individuals get bitten by animals (mainly dogs) and require post-exposure prophylaxis. About 25 000 to 30 000 deaths are attributable to rabies every year in India. Measures taken in some cities to control stray dogs through sterilization programmes have been unsuccessful in controlling the problem. Thus, there is

a need for providing a cost-effective, post-exposure prophylactic vaccine for rabies. Since a lesser amount of vaccine is needed for intradermal administration (compared with the intramuscular route), this brings down the cost. Health activists around the country and organizations such as the Association for the Prevention and Control of Rabies in India are advocating large scale adoption of IRV in India.

ANANT BHAN, *Pune, Maharashtra*

Karnataka Medicare Service Persons and Medicare Service Institutions Bill

Alarmed by the growing number of attacks on doctors and health personnel, the Karnataka state cabinet has passed a Bill titled Karnataka Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Bill, 2008.

The move came in January 2009 after the attack on duty doctors and damage caused to property by parents and guardians following baseless reports of deaths of children given polio drops on 21 December 2008. Warning parents and guardians, the government has come to the aid of doctors and attendants of patients.

Sources in the medical education department said that they wanted to create an atmosphere where doctors could perform their duties safely. As it is the government's duty to protect hospital property and healthcare staff, the Bill has been given the cabinet nod. The rules have to be framed and a 3-year term in jail if convicted and a fine of up to Rs 50 000, and being charged with a non-cognizable offence is being planned akin to the law in Andhra Pradesh, Tamil Nadu, Punjab and Haryana.

ANIMESH JAIN, *Mangalore, Karnataka*

Violence on doctors is an offence in Maharashtra

On 25 February 2009, the Maharashtra Medical Services Persons and Medical Institutions (Prevention of Violence and Damages or Loss of Property) Ordinance was approved by the state cabinet. Attacks on healthcare providers or establishments attract a fine of Rs 50 000 or 3 years' imprisonment, or both, as well as compensation for the damage (twice the value of the damages caused). Such attacks are now non-bailable, cognizable offences. Hospitals must set up patient grievance cells with a government official, a doctor from a medical association and a member of the general public.

The Maharashtra ordinance follows a campaign by 37 organizations including the Association of Medical Consultants. The

campaign was led by T. P. Lahane, Ophthalmologist at the state government J.J. Hospital. On 24 February 2009, more than 12 000 doctors from all over the state observed a 'No Practice Day' protesting the 9 February 2009 attack on doctors at the municipal K.E.M. Hospital by the relatives of a patient who died in the hospital.

Attacks on doctors and hospitals have become common over the past decade. Doctors have frequently gone on strike in protest. The *Indian Journal of Medical Ethics* has tracked press reports of dozens of attacks on public and private hospitals by aggrieved patients' relatives. A paper published in the journal in 2006 (*Indian J Med Ethics* 2006;3:51-4), of a survey of providers, administrative staff and patients in 3 public hospitals in Mumbai found that attacks were set off by sudden deaths. Frustrated patients complained of rude healthcare providers and the absence of essential services. Doctors complained that they had to provide treatment under poor working and living conditions while also handling agitated crowds. The government has responded to these attacks by stepping up security. In 2004, the Mumbai Municipal Corporation deployed commandos at 2 of its hospitals. In 2007, the Andhra Pradesh government approved an ordinance similar to the one in Maharashtra.

'Of course we are against the attacks on doctors', said Dr Anant Phadke, co-convenor of the Jan Arogya Abhiyan, Maharashtra chapter of the Jan Swasthya Abhiyan, a national network of people's health organizations. 'We also hope that the grievance redressal cells mentioned by the government are instituted and function adequately so that the attacks themselves are avoided.' Dr Phadke pointed out that the conditions under which doctors work are 'definitely awful and may be the basic cause of attacks'. However, he emphasized that 'misbehaviour against patients cannot be condoned'. Likewise, 'patients have a raw deal, but violence cannot be justified'.

The Jan Arogya Abhiyan has been agitating for the implementation of a Standard Charter of Patients Rights, which is contained in the Rules under the Bombay Nursing Homes Registration Act (2005). The Rules are on the website of the Maharashtra government but have not received final approval of the health minister for the past two and a half years. 'The doctors' lobby is strong so the ordinance protecting them is passed swiftly', says Dr Phadke. 'But rules defending patients' rights take an inordinately long time to get cleared. And that is to be condemned.'

SANDHYA SRINIVASAN, *Mumbai, Maharashtra*

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 physicians 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 sanjayapai@gmail.com or nmji@aiims.ac.in